

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

There are different issues of global concern, among them unsafe abortion, sex determination along with selective abortion has occupied prime position in this modern society. As people are aware about civil rights and duties, they are misusing their rights against something that is naturally unfair; a very real and wide-spreading form of sex discrimination, which is still permitted and practiced in the world today. It is practiced with freedom in many countries including the U.S and European countries (BBC, 2016).

Abortion is the termination of pregnancy before the fetus has become capable for sustaining an independent extra uterine life. It is one of the sensitive and contention issues with religious, moral, cultural, and political dimensions. It is also public health concern in many parts of the world. Yet regardless of legal status abortion still occur, and nearly half of them are performed by unskilled practitioner and less than sanitary condition or both (PRB, 2006).

Moreover these days abortion has become one of the methods of controlling fertility; to justify, it has become one of the family planning methods which either may be safe or unsafe. Furthermore Asian countries; with Hindu Religion and patriarchal societies, where the cultural and economic value of son is at a prime concern, son preference also exist itself in many ways. Frequent abortion in favor of boy/girl child is leading towards higher maternal mortality (Bhaskar, 2010).

Mainly people go for induced as well as spontaneous abortion. Induced abortion is termination of pregnancy intentionally by traditional practitioners, self induced or medical person, which seems to be practiced from the beginning of the socialization of human beings. This type of abortion is performed especially in sex preference attitude, unwanted pregnancies occurred due to rape, incest, unsafe sex, extramarital sex, etc. It is also sometimes performed, if the health of the mother and foetus is in

danger. The main reason for induced abortion is unwanted pregnancy. Most of the women are compelled to abort because of the risk of adding new members in family which seems common in Nepal. Similarly, the pregnancy of unmarried girls, widow, sex workers also seems to be aborted. Sex preference is also found as a major reason for abortion which brings different socio-cultural disorders. Mostly abortion practiced during the period is unsafe and illegal as well (Thapa and Pandhye, 2001).

Today the abortion issue is argued rampantly by various groups. The “right-to life’ movement opposes abortion on the grounds of protecting the right of the unborn foetus, while “pro-choice’ advocates want women to have freedom of choice in controlling their own babies and future. Public opinion on these issues is divided. The complex aspects of rights and responsibilities as they affect individuals and society are not simple or easily summarized (Puppinck, 2016).

Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by lacking the necessary skill or in an environment lacking the minimum medical standards or both. Unsafe abortion compels problem of miscarriage on women, biologically chances of miscarriage of male fetus seems to be higher. Moreover modernization along with development of technology, selective abortion has brought huge differences in sex ratio. Imbalanced sex ratio perpetuates gender discrimination against women and disrupts social and familial networks (WHO, 2003).

Furthermore son preference is a global phenomenon that has existed throughout history. Today in some societies, son preference is so strong and selective practices so common that, at the population level, the number of boys being born is much greater than the number of girls. This is particularly the case in a number of South and East Asian countries (Tamang, 2006).

To continue; in India and China, a deep-seated preference for having sons over daughters is due to variety of factors that continue to make males more socially and economically valuable than females. Inheritance and land rights passes through male heirs, aging parents depend on support from male offspring and greater male participation in the workforce allows them to contribute more to family income. At

the individual and family level, the primary consequence of son preference is the intensely internalized pressure placed on women to produce male children. In the past, when having a large number of children was desirable, one option was to simply allow a family to grow until a son or the requisite numbers of sons were born; even so, female infanticide the most drastic possible expression of son preference was not uncommon (Oomman and Ganatra, 2002).

Today, in the name of son preference abortion either may be safe or unsafe is jutting up against widespread desires for smaller families. In China, strict population policies that limit family size to one or two children are also forcing people for abortion. And, of course, new technologies such as ultrasound imaging to determine fetal sex, together with sex-selective abortion, have facilitated the preference for and practice of choosing sex without having to resort to infanticide (Higgins, 2016).

Similarly in India sex determination and selective abortion can be seen in higher ratio though it is illegal. India has considerable fluctuations across different regions and localities; the northern Indian states of Haryana and Punjab are notorious for their exceedingly disparate ratios. Within these states also some districts have nearly 50% differences in sex ratio. In contrast, South Indian has normal sex ratios. In this regard, it is worth noting that the status of women in parts of South India is higher than in the rest of the sub continent; Gender discrimination and son preference apparently is not motivating women and their families to use the same accessible technology for sex - selection purposes in these regions (Gupta, 1987).

All in all most of the women are suffering from the post abortion complication as they go for selective abortion time and again which is one of the great public health problems in Nepal. This is because of the lack of awareness, carelessness and uneasy access of the safe abortion services. The people especially women are also unaware of the abortion law of the country so they are practicing unsafe abortion and taking the risk of various health problems such as the problem of uterus, back pain, and so on. In order to know about the abortion complication and to make some policies on this field and to implement some plans to improve the situation, it needs the research on abortion. And it is hoped that this study will add a little stone to help make the plans.

## 1.2. Statement of the Problem

According to Center for Research on Environment Health and Population Activities found that there are great pressures on young married women to give birth to a son. Those women who have given birth to two or more daughters consecutively are under particularly high pressure, often in the form of threats from their mother-in-laws and husbands. Such women have no choice but to become pregnant repeatedly until a son is born. Statistically, the practice of pre-natal sex determination and sex-selective abortion was found to be very low in the study population. Only 3percent (74 women) of the ever-pregnant, women who have been pregnant irrespective of the outcome of the pregnancy; women had ever sought pre-natal sex-determination tests; and only 14 percent of the women who had ever had an induced abortion had done so after pre-natal sex determination. The study subsequently points to pre-natal sex selection currently being at a preliminary stage in Nepal, in contrast to India and China, where it is a widespread phenomenon (CREHPA, 2006).

"Knowledge, Attitude and Practice towards Safe Abortion and Its Legalization Among Limbu Women", reveals the proportions of women having knowledge on all three conditions of legal abortion are further low. As a whole, educated younger and engaged in non-agricultural sector, women are forward in every aspect of abortion, only 70% women have positive perception towards abortion. And some one-third of them have no knowledge about consequences of unsafe abortion (Thapa, 2013).

"Knowledge, Attitude and Practice toward Abortion among Married Women in Sunwal Municipality of Nawalparasi District" by Saradha Aryal shows that majority of respondents were Brahmin and Chhetri in the study area where maximum women were involved in agriculture because they have not got higher education. Women with lower level of education were found with higher ratio of unwanted pregnancies and frequent abortion over the women with SLC or higher level education. Moreover, there is a clear reflection on their disagreement or negative attitude towards abortion. Due to the unsafe and frequent abortion most of the women were suffered from various types if short term as well as long term problems after abortion such as over bleeding, infection in uterus, chronic pelvic pain, uterine prolapsed etc (Aryal, 2015 ).

"Knowledge and Utilization of Safe Abortion Services" A study of Bhutni Patera VDC; Dhanusha District by Archana Saha found that most educated and respondents involved in business and other service know about safe and unsafe abortion. Most women want spacing and delayed birth to next child to born. There are still societies who want sex determined abortion for the need of male child. Even single /unmarried women who become pregnant due to various reasons are practicing the safe abortion. Since there are more Dhanuk community in the VDC, the Dhanuk women are practicing safe abortion services. There is still trend in using local homemade technique and material for abortion (Saha, 2016).

The researcher has perceived the problem of abortion because of many reasons such as quackery, ignorance, poverty, poor cultural practice, importance to son, lack of education, gender discrimination etc. in Kaski district. Still many women are illiterate here where most of the women have no general knowledge on abortion, its laws and about reproductive rights. Due to lack of awareness, they are conceiving time and again and are going for frequent abortion through illegal practice by the persons who have no competency. In that case some women are being victim to death. Thus the research work is carried stating the title "Factors Affecting Abortion and its Impact among Married Women". Since, the problem has been researched less; further research will help to find out more on the issue. This is why it can be seen to be a crucial issue to study.

The study is oriented to investigate the following research questions:

- ) What are the factors affecting abortion?
- ) What kind of impacts among married women does abortion have?
- ) What are its impacts in their life?

### **1.3 Objective of the Study**

The general objective of the study is to analyze the abortion practices and its impact in family in the Pokhara-Lekhnath Metropolitan city, Kaski district. The specific objectives of the study are as follows:-

- a) To find out the factors affecting abortion.
- b) To analyze the impacts of abortion in married women's life.

#### **1.4 Significance of the study**

This research study may help to know about the factors affecting abortion along with its impacts among the married women. As well as it could provide information about the types of programs and policies that is needed to minimize abortion. The study may contribute to aware the women and the family about safe abortion in case if it's necessary indeed. On the other hand the macro level researches which carried out in the national level may not prevent the real situation of the rural areas of the countries. So such micro researches may be helpful for every individual and organization who is working at grassroots level. Such research could be beneficial to find out why women choose abortion. After this study some hidden factors behind abortion may be explored, which could also help to minimize the practice of unsafe abortion and make strict laws against abortion along with its implementation as well. This study may be fruitful for policy makers, programmers, planner, legislatures, program implementers and demographers as well as to various INGOs and NGOs which are concerned with abortion.

#### **1.5 Limitation of the Study**

Due to the various kinds of variables, this study was limited to the people of Kaski district. This study was utilizing primary data which was collected from abortion practiced women. The study was limited within the married women of Pokhara-Lekhnath Metropolitancity, Kaski who had undergone abortion. The data was collected through interview using interview schedule.

#### **1.6 Definition of the Key Terms**

**Unsafe abortion:** Unsafe abortion is the procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal standards of both which may challenge or hamper mother's health.

**Impact of Abortion:** A forceful consequence; a strong effect of abortion

**Sex selective abortion:** Termination of pregnancy in favor of girl/boy child before the fetus has attained viability i.e. become capable of extra uterine life.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

Literature review is the most important function to develop any research. An extensive review of literature provides basis for our research and it may guide to gain the technique of further researches systematically and scientifically. It helps us to avoid duplication and to find out the past and present situation of the matters entitled in our study. Literature review also helps us to find the data base for our statement of problem and helps to make an overview for the significance of our study. It also provides support to our study from various comments, ideas and conclusions from international or national organization and research in global and national contexts.

#### **2.1 Conceptual Review of Abortion**

##### **Definition of Abortion**

"Abortion is the intentional removal of a fetus or an embryo from a mother's womb for the purposes other than that of either producing a live birth or disposing of a dead fetus (WHO, 1997).

According to some Christian scholars abortion is a sin at all stages; although there is disagreement over their thoughts on what type of sin it was and how grave a sin it was held to be, it was seen as at least as grave as sexual immorality. Some early Christians believed that the embryo did not have a soul from conception, and consequently opinion was divided as to whether or not early abortion was murder or ethically equivalent to murder (Gorman, 1982).

According to some Hindu theologians and Brahma Kumari's "personhood begins at three months and develops through to five months of gestation, possibly implying permitting abortion up to the third month and considering any abortion past the third month to be destruction of the soul's current incarnate body" (Cromwell, 1995).

According to some Islamic scholars about when life begins and when abortion is permissible, most agree that the termination of a pregnancy after 120 days- the point at which, in Islam, a fetus is thought to become a living soul – is not permissible.

Several Islamic thinkers contend that in cases prior to four months of gestation, abortion should be permissible only in instances in which the mother's life is in danger or in cases of rape (Kaczor, 2010).

Mostly in the west, the discourse on sex selective abortion is often seen in the same light as abortions. The argument is that a ban on sex selective abortions is taking away the choice and right of a female to control her own body, whereas for women who want to know the sex of their fetus, "it is assumed that she does so under compulsion from the family" (Christine, 2011).

## **Types of Abortion**

### **I) Spontaneous Abortion**

If the foetus is delivered alive or dead after 20 weeks of pregnancy then it is termed as spontaneous abortion or miscarriage. This type of abortion occurs when the mother has abnormal size of uterus, if the mother severely malnourished, injury in uterus, the difference in blood groups of husband and wife, if the mother has excessive mental tension and stress during pregnancy. In some cases, the hereditary factors are also responsible for this event. In such cases, women should give attention in personal hygiene and consuming balanced diet. Mainly threatened abortion, inevitable abortion, missed abortion; septic abortion, habitual abortion complete abortion etc are the spontaneous abortion (Paudel, 2012).

### **II) Induced Abortion**

Induced abortion means the process of terminating pregnancy deliberately using medicines and with the help of health worker. This type of abortion is performed especially in sex preference attitude, unwanted pregnancies occurred due to rape, incest, unsafe sex, extramarital sex, etc. It is also sometimes performed, if the health of the mother and foetus is in danger. The main reason for induced abortion is unwanted pregnancy. Most of the women are compelled to abort because of the risk of adding new members in family. These types of women are common in Nepal. Similarly, pregnancy of unmarried girls, widow, sex workers was also found aborted. Sex preference is also found as a major reason for abortion which brings different socio- cultural disorders (Paudel, 2012).



## **Global Situation of Abortion**

The view that abortion is responsible for criminal act was first expressed explicitly in religion law. The first instance of secular law concerning abortion was included in England in 1803. In civil law, first widely adopted statute concerning induced abortion appeared in Napoleonic code of 1810. The subsequent reform in 1920 and 1923 changed abortion from a crime to a misdemeanor, although there are still harsh sentences. The Napoleonic code from the basis of abortion legalize in many countries with civil law systems. Reflecting its Civil-Law origins, social law prior to 1920 considered abortion as crime (UN, 1992).

The practice of abortion; the termination of a pregnancy, has been known since ancient times. Various methods have been used to perform an abortion, including the administration of abortifacient herbs, the use of sharpened implements, the application of abdominal pressure, and other techniques. Abortion laws and their enforcement have fluctuated through various eras. In many western countries during the 20th century various pro-abortion groups, were successful in having abortion bans repealed. While abortion remains legal in most of the West, this legality is regularly challenged by anti-abortion groups (Brodie, 1997).

The legal provisions in the past relating to abortion were based on religion, customs and traditions. According the *Manusmirti*, consumption of any food item touché or served by a woman who has had an abortion was considered as a sin. Prior to the enactment of the country code of 1854 (the old code), homicide laws were primarily governed by unwritten and un-codified laws based on the Hindu *Dharmashastra*, local customs and traditions occasionally Royal edict (FWLD and PPGP, 2003).

Nepal has been seen as a country with a strong preference for sons ever since the World Fertility Surveys first documented the phenomenon in the 1980s. Although daughters are desired, sons are especially prized for several reasons: they continue the family name, are needed to perform funeral rituals, and are expected to support their parents in their old age. The religious, political, legal, social, cultural and economic importance given to males has resulted in gender inequality, particularly in terms of limited life options (relating to job, home, marriage and other opportunities) for women and girls. Married women are often forced to bear children until they produce

the desired number of sons. This son preference strongly influence contraceptive use and fertility levels in Nepal, and can also lead to pre-natal sex selection. The rapid assessment of sex ratios at birth for the population younger than 1 year ( SRB) in 1991 and 2001 consistently showed more male than female babies being born in a number of districts in the Southern Terai plains ( UNFPA and CREHPA, 2007).

Japan is known today worldwide for its acceptance of abortion. It is estimated that two-thirds of Japanese women have an abortion by age forty, partially due to former government restrictions on contraceptive pills on 'public hygiene grounds'. The Eugenics Protection Law of 1948 made abortion on demand legal up to twenty-two weeks' gestation so long as the woman's health was endangered; in 1949, this law was extended to consider the risk the child's birth would place on a woman's economic welfare. Originally, each case would have to be approved by a local eugenics council, but this was removed from the law in 1952, making the decision a private one between a woman and her physician. In 1964, the creation of the conservative right-wing nationalist political lobbying group called Seicho-no-Ie brought about a strong opposition to the abortion laws. This campaign reached its peak strength in the early 1980s, but ultimately failed in 1983 (Ganatra, 2008).

Few studies have shed light on the impact of abortion laws on health in early life for countries outside the United States. Lin et al. (2008) study the impact of abortion liberalization in the mid-1980s in Taiwan. In the absence of within-country variation in exposure to this legal change, they focus on sex-differentiated effects of the reform, e.g., the change in neonatal mortality of girls relative to boys. They find that, in Taiwan, the liberalization of abortion increased sex ratios (defined as the ratio of male to female births), reduced female neonatal mortality relative to boys, but had no effect on sex differential antenatal care and infant mortality. In a study focusing on educational and labor market outcomes, Pop-Eleches (2006) also shows graphical evidence of an increase in low birth weight and infant mortality following an unexpected abortion ban in Romania, which led to a near doubling of the fertility rate between 1966 and 1967 (Valente, 2011).

Before the 19th century, most US states had no specific abortion laws. Women were able to end a pregnancy prior to viability with the assistance of medical personnel.

Beginning with a Connecticut statute and followed by an 1829 New York law, the next 20 years saw the enactment of a series of laws restricting abortion, punishing providers, and, in some cases, punishing the woman who was seeking the abortion. The first US federal law on the subject was the Comstock Law of 1873, which permitted a special agent of the postal service to open mail dealing with abortion or contraception in order to suppress the circulation of "obscene" materials. From 1900 until the 1960s, abortions were prohibited by law. However, the Kinsey report noted that premarital pregnancies were electively aborted and public and physician opinion began to be shaped by the alarming reports of increased numbers of unsafe illegal abortions (Lewis, 2011).

Women who had an abortion in the 5 years preceding the survey were asked the main reason for having their most recent abortion. Half of the women reported that they did not want more children, while 12% said that they wanted to delay childbearing. Ten percent of women said that their health was the reason, 9% wanted to space their births, and 7% reported that the sex of the child was undesired (NDHS, 2016).

### **Legalization of Abortion in Nepal**

Abortion was legalized in Nepal under the 11<sup>th</sup> amendment to the country code (Mulukin Ain) in March 2002, receiving royal assent in September 2002. The law enables women's right to control over and decide on their unintended pregnancies. Abortion is legal in Nepal on the following grounds:

1. Up to 12 weeks of gestation for any woman;
2. Up to 18 weeks of gestation if pregnancy results from rape or incest; and
3. At any time during pregnancy, with the advice of a medical practitioner or if the physical or mental health or life the pregnant woman if at risk or if the fetus is deformed and incompatible with life.

Abortion will be punishable on the following two conditions: Sex-selective abortion and Abortion without the consent of the pregnant woman.

### **Causes of Abortion**

Everything has a causing factor which forces something to happen, though according to time and situation reasons may vary, similarly there are various reasons behind abortion, for instance; illiteracy, poverty, family pressure, patriarchal belief, sex

selection, rape cases, forced pregnancies, unwanted pregnancies, religious faith, incest pregnancies, carelessness, mental and physical health problems of mother, fetus with defects (Rana, 2012).

### **Impacts of Abortion**

The impacts of abortion can be seen in different aspects like physical, psychological and social. Some of the physical impacts are incomplete abortion, painful bleeding, weakness, pelvic /abdominal pain, miscarriage, uterine prolaps, uterus Cancer, frequent uterine pain, ruptured ectopic pregnancy, cervical tears, infertility, vomiting/diarrhea, sexual dysfunction, substances abuse. Similarly, some of the psychological impacts are depression, anxiety disorder and suicidal ideation. Likewise, some social impacts are ignoring in social activities, backbiting and use of harsh words (Rana, 2012).

### **2.2 Theoretical Review**

The relationship between sociology and medicine as disciplines and practices has always had a major impact on the field of sociology of health and illness. The sociology of health ranges over a wide territory; how some conditions come to be called disease; the experience of being sick or ill; the organization of the medical profession; the ways in which health policies are produced and the workings of hospitals. Thus sociologists are interested in health and disease not as health practitioners, but as students of society. Generally, feminist health sociologist argue that medicine and patriarchy control women by enforcing by enforcing passivity, dependence and submission as appropriate feminine traits. Aspects of women's lives surrounding their reproductive capacity have also been medicalized. Women's illness is both a consequence of, and response to patriarchal society. In feminist analyses medicine is shown to define women by their biology and their reproductive capacity; menses, pregnancy and menopause. Feminist sociologists also argued that medicine labels women's resistance to their social roles with a special set of diseases. When defined as medical problems, which can only be resolved with medical solutions, women lose control of fundamental aspects of their experience; fertility, sexuality, menopause and ageing. The history of modern medicine and its treatment of women is the history of the subordination of women. In patriarchal medicine, women's bodies are defined in contrast to the good, healthy, male body and found wanting. Hence, by

definition women are inferior, sicker and more at risk of biological disorder than men. In performing this analysis patriarchal medicine moves from social category of mother, house worker, care giver to biological category of menstruating, pregnant and menopausal and combines by sleight of hand the two, more in need of treatments (White, 2002).

### **Radical Feminism**

Radical feminism asserts the fundamental biological differences between men and women. Woman's body is privileged over men's and it is in women's interest to wrest control of their fertility and reproductive abilities from men. For radical feminists the family is the basis of the hierarchical sexual division of labor and must be overthrown. Women are in a class of their oppression, where women's role in child bearing is the cause of their oppression. As radical feminism is claimed to be quite new and distinct from liberal and Marxist feminism, it claims that women's oppression was the source of oppression. It was especially concerned with control of fertility and reproduction by men and the way that this was manifest in the ideologies and daily practices of marriage, compulsory heterosexuality and motherhood. At the same time radical feminism obscured the ways in which patriarchy is produced in specific historical moments. Patriarchy is political and not biological. Patriarchy has set power in favor of male. Through various ways, for abortion men's direct and indirect control are seen in women (White, 2002).

### **Patriarchy Theory**

It is a social system about the social relations of power between men and women, women and women, and men and men. It is a system for maintaining class, gender, racial, and heterosexual privilege and the status quo of power—relying both on crude forms of oppression, like violence; and subtle ones, like laws; to perpetuate inequality. Patriarchal beliefs of male, heterosexual dominance lie at the root of gender-based violence. Patriarchy is a structural force that influences power relations, whether they are abusive or not. Patriarchy is influencing more in the context of abortion. Patriarchy has urged a pressure in the women to go for abortion, it may be either from in-laws or from husband or from the women herself, as the decision making power is in the hand of head of the family which is always in favor of the male. Moreover, it is believed that only a son can continue the generation so for that

one's goes for selective as well as frequent abortion. To be economically successful one wish for a number of sons where it is believed that only a son can do money generating activities. In this and that way patriarchy is prevailing in our society (Miller, 1981).

### **Power Theory**

Patriarchy sets power for male in male dominated society. Power sets the agenda for patriarchy. But, conflating it with abuse or masculinity is problematic and we need a more complex analysis of the typical power and control explanations. Feminism, which is about women claiming their rights to self-determination and equality, confronts gender conformity and aims to replace relationships of power with relationships of meaning. Patriarchy has confined the power in the hand of male in our society. Moreover though the power is in the hand of female but continues in the favor of male which continues patriarchy. To link power with abortion a women goes for abortion in the pressure of family head either may be male or female, a women is forced to give birth to a number of children or go for frequent abortion to bear desired number of sons or daughters as power is confined in the base of patriarchy (Oldenburg, 1992).

### **2.3 Review of Previous Study**

"Awareness of Women on Legalization of Abortion' in Kailali district reveals the fact that out of four listed ethnic 42 percent are of Chhetri, 34 percent are of Brahmin, 12 percent are of Magar and Dalit. Out of total respondents 66 percent are involved in agriculture remaining 22 percent on business, 8 percent are government services holders, 4 percent housewives. There are 88 percent Hindu and 12 percent Christian. Educational status of the respondents is good, 96 percent of respondents are literate and 6 percent are illiterate, 16 percent are just literate. It is disclosed that 78 percent have unwanted pregnancy,8 percent rape,7 percent incest and others (complications of pregnancy) women have abortion. There are 72 percent respondents who have done abortion between 3 to 12 weeks, 24 percent did abortion between 13 to 18 weeks, 4 percent does abortion between 19 to 28 weeks have done abortion (Rawal, 2004).

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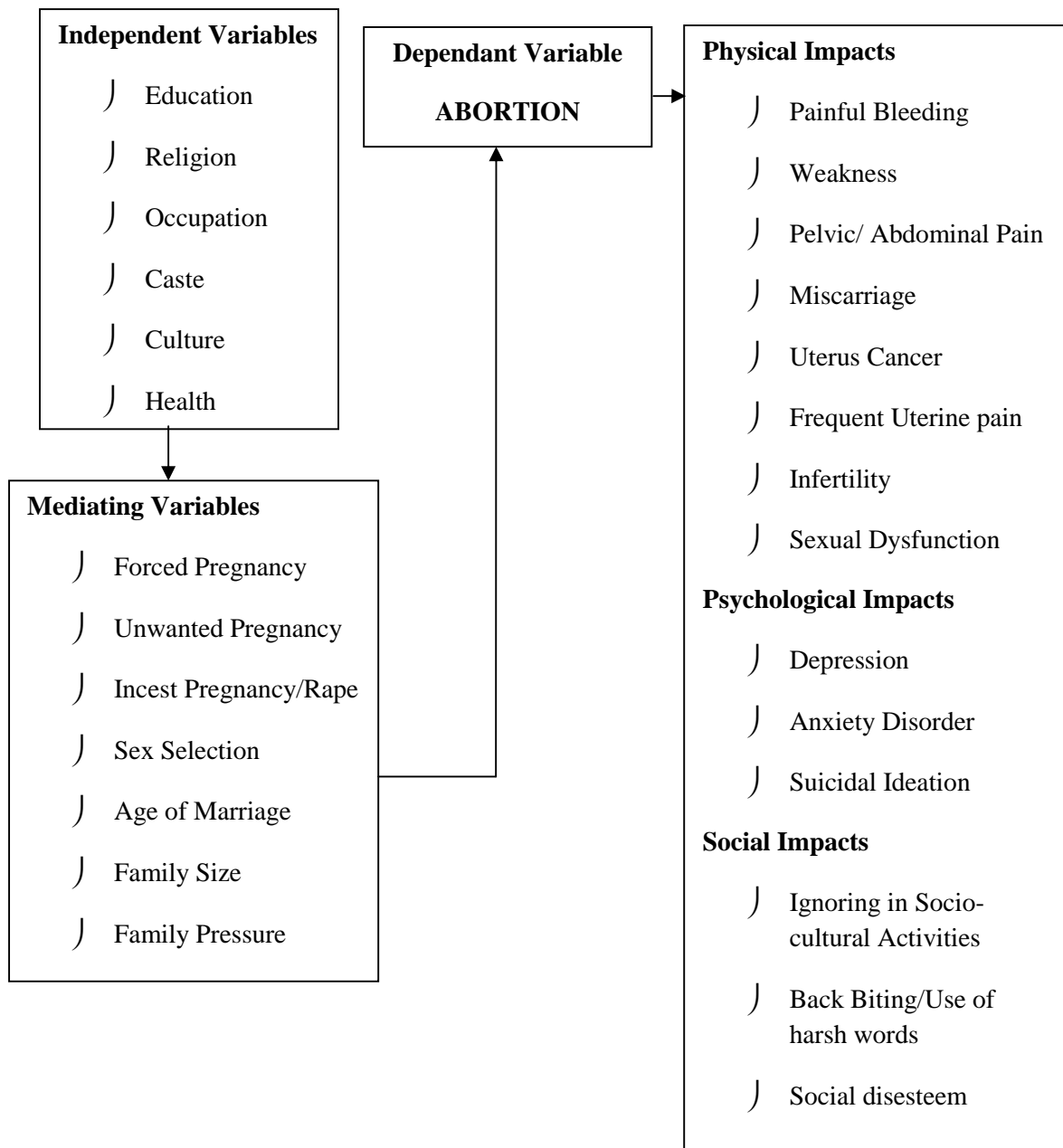
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#### **2.4 Theoretical/Conceptual Framework**

There are many variables that affect abortion. The theoretical perspective of radical feminism is used and is linked with patriarchy theory and power theory. The factors causing abortion are religion, level of education, occupation, income, culture, age of marriage, son preference, traditional beliefs, age, family size, family pressure, sex selection, rape, forced pregnancies, unwanted pregnancies, incest pregnancies and health problems whereas it's physical impacts, psychological impacts and social impacts are portrait here. Physical impacts are incomplete abortion, painful bleeding, weakness, pelvic /abdominal pain, miscarriage, uterine prolaps, uterus Cancer, frequent uterine pain, ruptured ectopic pregnancy, cervical tears, infertility, vomiting/Diarrhea, sexual dysfunction, substances abuse. Psychological impacts like depression, anxiety disorder, and suicidal ideation and social impacts like ignoring in socio-cultural activities, backbiting and use of harsh words are seen. The following framework has been developed for the study of factors affecting abortion and its impact in married women.



**Figure 1: Conceptual Framework for Factors Affecting Abortion and Its Impacts Among Married Women**



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

Methodology is a set of methods and techniques to discover a new facts and information about a particular subject matter. So, it can be called an instrument to find our reliable and effective conclusion. I have adopted the following procedures to conduct this study.

#### **3.1 Rationale of Study Area**

Pokhara-Lekhnath Metropolitan city lies in Kaski district of Gandaki zone in Western Development region of Nepal where this research was conducted. It is the Headquarter of the Western Development Region. It is surrounded by Annapurna, Madi, Rupa and Machhapuchhre Rural Municipalities in four directions. People from different areas had migrated here permanently and temporary for various purposes. Different infrastructures are developed here for comfort in different sectors. A number of service centers are established in the city which provides legal abortion services. The growing number of such centers and hospitals in the study area as well as the crowd of women in the authorized places to take the services urged the researcher to go for the research. The researcher was curious to find out the affecting factors of abortion as well as the impacts of abortion in the married women's life. The sixty married women of ward 3 and 4 of reproductive age who performed abortion in their life time are taken purposively as the sample of the study. In the co-ordination with Female Community Health Volunteer, necessary respondents were available in these two wards.

#### **3.2 Research Design**

Research design refers to the overall plan of the proposed activity with appropriate research methods and procedure for obtaining specific finding as validity, objectivity and accuracy. The research design for this study is based on exploratory research design. The main purpose of such studies is that of formulating a problem for more precise investigation or of developing the working hypothesis from an operational point of view. The major emphasis is given on the discovery of insights and ideas. Thus, in an exploratory research study which merely leads to insights or hypothesis,

whatever research design outlined is adopted, the only thing essential is that, it must continue to remain flexible. This study is focused on existing situation of abortion and its impact among married women.

### **3.3 Population and Sample**

Population of the study was selected from Pokhara-Lekhnath Metropolitan city in Kaski district. Married women of reproductive age (15-49 years) were the study population where the interview had been taken of the sixty purposively sampled women who had undergone abortion. Only sixty respondents were taken as sample because it was the number of respondents available in the co-ordination of FCHV's of ward 3 and 4. FCHV's are the person who work being in the community for the community people. So, on the basis they know more about the situation of every household. Moreover, these wards were more assessable for researcher to collect data. As recommended by the FCHV's data were collected visiting the respondent's house by pre-informing about our visit and its aim. Being with FCHV it was convenient to collect data and the collected information was accurate. To select these sixty women, they were assured to hide their identity and the abortion practices.

### **3.4 Nature and Sources of Data**

#### **3.4.1 Primary data**

The primary data were collected from primary sources during field survey from the direct interview with the respondents by using interview schedule (see Annex-1).

#### **3.4.2 Secondary data**

The secondary data were taken from various government organizations, online articles, journal, thesis etc.

### **3.5 Data Collection Technique**

#### **3.5.1 Interview**

Interview is a conversation done with the purpose of data collection, in which verbal interaction occurs between the interviewer and respondent. The interview aims to elicit unconscious as well as other types of material relating to personality, dynamics

and motivations. The data was collected through interview, from the field for the purpose of receiving real information on factors affecting abortion and its impact on their life, from the women's who had undergone abortion. During the interview, interviewer firstly went for rapport building to make the interviewee feel easy and comfortable. Moreover, the researcher visited the respondent's house to collect the data. Visiting their house in their well assessed time helped to collect data easily. Afterwards, with the permission to note down, their information was filled up in the interview schedule. Finally during the closure of interview, interviewer re-checked the information.

### **3.5.2 Case Study**

Case study usually refers to a fairly intensive examination of single unit where the single unit may be a person or a group of people or single company. A unit may be a person, group of people or single company. Case studies involve measuring, looking what is there and how it got there. The sources of case study are exploratory observation, personal documents, life history, interviews and conversations. Information was collected after taking interview with the women's who went for abortion. After interview five respondents were selected for case study, after going through the provided information by the respondents. Moreover, cases which were more useful to further justify the affecting factors as well as the impacts were taken as sample for case study. For case study the respondents were re-interviewed using checklist to acquire details furthermore. During the interview, interviewer determined the present situation of interviewee along with rapport building and collected the background information using the checklist for case studies (see Annex-2).

### **3.6 Method of Data Analysis**

The quantitative data received through the interview is analyzed using tables whereas the qualitative data is analyzed by using qualitative data analysis procedure, i.e. interpretation. The obtained data is associated with the theory analyzed in the literature review i.e. Feminist.

## CHAPTER FOUR

### SOCIO-ECONOMIC DATA PRESENTATION

This chapter mainly emphasizes on the analysis and interpretation of the demographic data. After collecting the data on the related topic by using interview schedule, the analysis and interpretation have been made with the help of tables which makes the presentation clear.

#### 4.1 Socio-demographic Information of Respondents

Demographic information includes age structure, religion, family structure, caste/ethnicity, occupation and educational status of the respondents which are presented in different tables below.

##### 4.1.1 Age Structure of Respondents

Age group determines reproductive capacity of female. In Nepal, 20-24 age groups has highest fertility rate. High fertility capacity determines higher pregnancy rate. The whole respondent has been divided into seven age groups, each in five years interval.

**Table 1: Distribution of Respondents by Age Group**

Age Group	No of respondents	Percentage
15-19	5	8.33
20-24	12	20.00
25-29	18	30.00
30-34	10	16.66
35-39	8	13.33
40-44	4	6.66
45-49	3	5.00
Total	60	100%

*Source: Field survey, 2017*

Table 1 reveals that nearly one third respondents of age group (25-29) are practicing abortion which is highest in comparison to other age groups. The ratio is highest among these groups as female's fertility rate is higher in this period. Moreover, the practice of abortion among age group 15-19 is also found in the study area which is significant here. Due to early marriage these females were forced for abortion.

#### 4.1.2 Religion of Respondents

Religious beliefs are also one of the influencing factors towards abortion. People involved in an abortion are usually affected very deeply into just emotionally but often spiritually as well. They often turn to their faith for advice and comfort, for explanation of their feeling and to seek atonement. Because abortion affects heart as well as mind as it involves life and death, many people find that purely intellectual argument about it is ultimately unsatisfying. Religion is categorized into Hindus, Buddhists and Christian for the study. The following table shows the religion of respondents.

**Table 2: Distribution of Respondents by Religion**

Religion	No. of respondent	Percentage
Hindu	34	56.66
Buddhist	17	28.33
Christian	9	15.00
Total	60	100%

*Source: Field survey, 2017*

Table 2 shows that among 60 respondents 34(56.66%) respondents were Hindu. In this study, the largest numbers of respondents were Hindu and Christians were lowest in number. In our country, majority of people follow the Hindu religion, which was also highest in the study area, where more than half of the respondents were Hindu religious.

#### 4.1.3 Family Structure of Respondent

A family is made up of two or more people, related by birth, marriage or adoption and residing in the same home. Family structures simply refer to the diversity of types of

family unit composition. The following table shows the distribution of respondents by family structure.

**Table 3: Distribution of Respondents by Family Structure**

Family Structure	No. of Respondent	Percentage
Nuclear Family	39	65.00
Joint Family	21	35.00
Total	60	100%

*Source: Field survey, 2017*

Table 3 shows that among 60 respondents two third females (65.00%) belong to nuclear family in the study area. The ratio was higher in Nuclear family as most of the females are engaged in different activities as well as are interested to have desired number and sex of the children.

#### **4.1.4 Caste/Ethnicity of Respondents**

The issue of abortion is one of the controversial subjects in these days. Directly or indirectly caste ethnicity also influences the abortion. Some caste may have belief that abortion of fetus is a sin, but still they undergo for abortion. The following table shows the distribution of respondents by caste ethnicity.

**Table 4: Distribution of Respondents by Caste/Ethnicity**

Caste /Ethnicity	No. of respondent	Percentage
Brahmin	15	25.00
Janaiati	15	25.00
Dalit	13	21.66
Chhetri	9	15.00
Other	8	13.33
Total	60	100%

*Source: Field survey, 2017*

Table 4 shows that the largest numbers of respondents were Brahmin 15(25.00%) and Janajati 15(25.00%). The practice of abortion is seen higher in Brahmin and ethnic group as the number of Brahmin and Janajati is naturally higher in the study area.

#### 4.1.5 Occupational Status of Respondents

Occupation is a means to sustain which determines the people's status. It's the social as well as economic identification of an individual. Abortion directly depends upon the female's occupation where she is involved. Here the occupational status of the respondents is given below.

**Table 5: Distribution of Respondents by Occupation**

Occupation	No. of respondent	Percentage
Business	18	30.00
Housewife	15	25.00
Service	12	20.00
Student	8	13.33
Agriculture	5	8.33
Others	2	3.33
Total	60	100%

*Source: Field survey, 2017*

Table 5 shows that nearly one third respondents 18(30%) were involved on their own business who had more abortion practice. In the study area majority of females were engaged in their own business so they wished to have limited number of children with desired sex.

#### 4.1.6 Educational Status of Respondents

Education is one of the major factors to bring change in people's behavior. It is vital for making people conscious for everything. Literacy and level of education is crucial variable which can affect female's age at marriage, family planning, abortion practice and so on. Education status of respondents of study area is given below.



**Table 6: Distribution of Respondents by Educational Status**

Educational status	No. of respondents	Percentage
Illiterate	2	3.33
General literate	14	23.33
Under SLC	17	28.33
SLC Level	15	25.00
Intermediate above	12	20.00
Total	60	100%

*Source: Field survey, 2017*

Table 6 shows that among 60 respondents 3.33 percent were illiterate and 96.61% were literate. Here researcher classified the literate person into four categories. The above information reveals the fact that the practice of abortion is seen more among literate females than among illiterate females. Moreover, highly educated females are seen to undergo abortion practices. Being known with the complications that may arrive from the abortion practices also women are going for it, as they are more or less controlled by religious beliefs and somehow conscious for career too.

## **CHAPTER FIVE**

### **FACTORS AFFECTING ABORTION**

This chapter mainly describes the affecting factors behind the abortion which are known through interview with different respondents. The identified factors are simultaneously described below along with related case studies. The case studies are given along with the factors in the case of most significant ones.

#### **5.1 Factors Affecting Abortion**

##### **5.1.1 Desire for Abroad Work/Study**

A very different trend has been established these days. The craze of going abroad is increasing in a rapid pace where everything remains behind. So for the reason some of the respondents revealed the truth that that they aborted their fetus for going abroad. Among them also the conditions were different. Some told that after processing for overseas study they found themselves being conceived so it forced them for abortion. Moreover, some told that after marriage they were pregnant but as the respondent and her spouse planned to go abroad, it was a choice; so they thought firstly they need to set a plan for future where afterwards they can think for children and family; finally they aborted. In addition, some also told that leaving baby after birth with family is not a better idea, so if they give birth to their baby after going to determined foreign country then the baby will automatically become the citizen of the country. For the reason they aborted before going overseas. After all for all these various reasons it was clearly known that most of the abortion were done for the first time to go abroad, which they did knowingly and unknowingly about the consequences that may appear in the near and later future. All in all, it was one of the more significant factors for abortion these days. Moreover, a case study is given along with to support the factor.

### **Case Study One (Anita Pseudonym)**

My name is Anita and I am 21 years old. I am staying with my husband the family. We are newly married couples. Recently I have passed my bachelor degree, where my husband is also a student of Masters degree. After the result we planned to go for overseas study but the problem was I have conceived two months before. Being on dilemma, we thought what to do and what not to do. Everything was fine, the chances of visa approval was high, as I have meet all the criteria to get visa for abroad study. Our family told that we can go two years later after giving birth to the baby. But on the other side there will be gap in the study while applying later, where chances of visa approval may not be strong. I could not let the time going out of my hand, as going overseas has now become our dream. Moreover, it was time to decide either to focus on career or to plan for family. Finally we thought about our career and future. We also thought that we can bear children after some years there in the country where we go which will be more fruitful. Thinking for this and that, I went for abortion. Afterwards, we prepared for applying for abroad study. Doing everything I got visa along with scholarship for study as my academic qualifications, IELTS score and financial documents were strong. Now we are preparing for everything that is necessary for us. Within a month, we will be there.

#### **5.1.2 Desire to Continue Study**

In comparison to the previous generation, a number of well-educated females are gradually increasing in prevailing as well as upcoming generation. Today every daughter seems to be independent in her every activities and decisions. More probably after graduation women staying ideal doing nothing are found rarely. Female seems to be holding the chief position in different government offices, Non-government organizations, banks, national and multinational companies etc. So being in modern period everybody seems to be inspired by each and everything. However, getting married before graduation is also a problem in females as parents thinks it will be difficult them to find a right guy for their daughter to get married as for their wish. Likewise, some respondents shared their feelings as well as whatever they faced during the period in their interview. Some of them told that they got married as they

were studying. Somehow they were able to manage time for family, study and work though it was really difficult for them to adjust in the situation all of sudden. Furthermore, they got pregnant which keeps the respondents on dilemma. They couldnot decide what would be the better option. So taking everything into consideration they abort to continue their study and complete their degrees, where they also believes after graduation they could find best employment opportunity which will help her to live a sustained as well as successful life. During the period they can plan their family too. Similarly, some other told that it was time for them to develop their career rather than spending time giving birth and nurturing them because it would be difficult for them to continue their study after all. So they found study in first priority rather than planning a family. During the period most of them aborted for their first child where some other aborted in second conception. Some of them found easy to nurture single child along with their study. Women with single child having a wish to complete their study did abortion of their second conception. All in all, it reveals that one of the causes for abortion these days is also the higher education for females, but also it is less significant factor for abortion.

### **5.1.3 Maintain Family Size/Birth Spacing**

Long before people used to give birth to a number of children as god gift but along with modernization and awareness people also changed their way of thinking. They started analyzing the merits and demerits of having a large family size. Women found living in a joint family with a number of children as a burden to the mother. Therefore concept of single family emerged where couples realized living in a nuclear family with desired number of children as a boon. These days the advancement of technology has made everything possible. During the research, respondents told that for a desired family size they did abortion. In addition, they also told that to maintain gap of certain years along with desired number of children they had abortion. They also revealed the fact that legalization of abortion in our country had made them easier to adopt different lifestyle than before, as lifestyle is directly related to the number and structure of the family. Among the respondents taken, those who told reason behind abortion was to make a desired family structure were mother of one or two children. All in all, it was comparatively significant factor these days.

#### **5.1.4 Early Pregnancy**

During the period of our grandparents and parents there was system of early child marriage which gradually vanished in our generation. Moreover laws are also strictly implemented against marriage below 20 years for a girl. It was done taking females health into consideration, however, along with modernization western culture has strongly influenced our society and culture by which today's generation are the victim. Having a girlfriend/boyfriend is a type of fashion among youngsters. They do not even know the consequences of their activities. During the research, some of the respondents told that the couples were in love with love with each other so they got married without family's permission. Afterwards, the female conceived but they were not prepared for giving birth to the baby, therefore, aborted the fetus. Similarly, few others told that though it was an arrange marriage but the couple were not mentally prepared for bearing children at that time so did abortion without consulting others. They also told that they felt ashamed of early pregnancy so went for medical abortion secretly. Some of them told that they were already mother of a child but were pregnant for which they were not prepared psychologically as well as physically for bearing next child. They thought that it would be a problem to nurture their children so did abortion. All in all, it was the less significant factor for abortion.

#### **5.1.5 Desire for Boy Child**

From the beginning, our society is patriarchal in nature. No matter who is the head of the family, either male or female but the power is always in favor of male. Importance is always given to the male from the womb to tomb. Socially, economically, religiously and from many other aspects supreme power is always in male. They are always placed in superior position. It is believed that male is the source of income, investment in son will not go into vain. Son is believed to be the support system physically and economically. Moreover, there is a religious faith that after death one cannot reach to heaven without certain funeral rites along with '*Pindapani*' from their son. Being a Hindu religious country, more importance is given to son as our religious faith is on son. In addition, no matter how much the people are modernized they are grasped by the culture internally where people are not able to stay away it. Although, female are also economically independent as well as well enough to take care of their parents but our religious faith has strongly bound that every couple wish to have a

son. Increase in a number of daughters significantly increases the wish for son in every family. But it doesn't matter when there are a number of sons. This is the real scenario of the countries like our where the importance is highly given to son. The sex ratio of our country is 115/100 in the year 2016 (DPHO, 2016), which is simultaneously increasing with time. On the basis, when the research was conducted most of the respondents told that the reason behind their abortion was the desire to have boy child. Some told that they had already given birth to three-four daughters and now they want to give birth to the son so they choose sex selective abortion. In addition, they also told that from the beginning they are bound by their culture so in every aspect they feel the absence of son so they are compelled to give birth to son in any cost. Moreover, they also told the pressure is from social, economic and religious factor. Furthermore, some other told that they had gone for selective abortion two to three times. They clarified, though it is illegal, but also they went for sex determination affording high amount of money. Also the other fact was also known that through the respondents that though the fetus was determined as male, later during birth girl child was born so by this they determined twice; the sex of fetus before abortion. By all this, knowing positive as well as negative aspect of abortion respondents went for abortion in the desire of boy child. All in all, it was one of the most significant factors for abortion these days. Moreover, a case study is given as it was the case of female who went for selective abortion more than three times in favor of a boy child.

### Case Study One (Mina Pseudonym)

My name is Mina and I am 39 years old. I am staying with my husband and two daughters. My elder daughter got married 2 years before at the age of 15. My second daughter is studying at grade 9, who is 14 years old, where as my youngest daughter is only 3 years old. My husband had been to aboard (Qatar) for work few years before but these days he is staying with me and the family. These days family is dependent on agriculture and in the earning of my husband as an occasional daily wage labor.

After the birth of my second daughter and before the birth of my third child (daughter) I went for selective abortion four times. As I am highly interested on having boy child as there are various socio-religious factors for such interest on son. Moreover, I did everything that may be either religious or scientific by which I could be blessed with a boy child. Not only this, me and the family married our elder daughter at the age of 14 years as an astrologer told me that our family will have a son if our first child gets married. On the belief, I conceived again afterwards and went for sex determination where I was told that the sex of the fetus is male which brought happiness in me and my family. I was much more cautious than any other time to protect the fetus in my womb. As time passed on, the fetus completed nine months in the womb. Finally I gave birth to a girl child, which was unexpected for me and my family. We could not believe but we could do nothing. Our family was in psychological grief and pain after the birth of the girl child. Everything went on vain so I conceived again but in the 4 months of my pregnancy, I got miscarriage. More than my family I am damn crazy to have a baby boy to continue our generation. Due to many superstitious beliefs, I wish to have a baby boy in any cost. The main cause behind the abortion is the superstitious belief that is to go heaven easily with "*PindaPani*" given by the son from which I could not keep myself away. So again I conceived again and went for sex determination, but the doctor denied. On my request and high payment the doctor told that the fetus is of female sex So I aborted that time also. Moreover, my sister-in-law always makes me listen to her harsh words as she has two sons and I have only daughters. So I could not keep myself away from these beliefs. So I conceived again, now I am three months pregnant.

### **5.1.6 Desire for Girl Child**

Despite of the importance of sons in our social structure some of the respondents told that they wished for a baby girl so went for abortion. Out of total respondents, very few females told that they wish to have baby girl. It seemed like a rare case but it exists. From this a pre-assumption can be made that the importance of daughter will increase in near future. Moreover they also clarified that they already have two to three sons so now they wish to have baby girl. It was also a selective abortion but in favor of female child. They justified that a number of male child cannot replace the importance of daughter. Daughters are the real princess of the parents. Moreover, they also told, either in happiness or in grief they can find daughter beside them. Seeing the social structure they felt the importance of having a daughter so wished for a baby girl. All in all, though it was the affecting factor for abortion but it is least significant.

### **5.1.7 Unwanted Pregnancy**

Unwanted pregnancy was one of the causes for abortion. According to the respondents, some of them told that they didn't planned for the baby, but also they found themselves pregnant so abortion was the only option to go through. Some other told that they already had certain number of children and now they do not want more children. So they went for abortion. But it was the least significant factor for abortion.

### **5.1.8 Extramarital Relation**

One of the main causes behind abortion is the pregnancy by extra marital relationship. These days unemployment on one side and foreign employment on the other side has increased illegal relationships. Unemployed people are in search of easy money earning activities where others search for luxuries behind money. These two factors are knowingly increasing the number of divorcees as well as the number of abortion cases. The truth was hard to reveal but during the interview respondents told that it has been long period that their husbands had been working as foreign employee. During the period husband only send limited amount of money which was not sufficient for them to fulfill other desires of themselves. For which they found someone to help them for which they had to make relation with the person. By all this, everything was fine where they conceived which is illegal in the society. So the only and easy option



for the situation was abortion. Furthermore, some other told that they were not satisfied from their married life, but was forced to be in the relation for the sake of families. During the period, they had separate relation with other person. At that period, they conceived which is illegal to give birth as they didn't have sound relation with husband. For the name and fame of families they had abortion of the fetus. In addition, one of them told that her own cousin brother used to make a forceful relation with her by threatening for long time. At that time she got pregnant which is illegal in our society and culture. Incent pregnancy is believed to be sinful and illegal so she had abortion secretly. Though these types of illegal cases are increasing in our society but also it is less significant factor here.

#### **5.1.9 Health Problem**

Today health problem has become cause along with consequences of abortion. Lifestyle of people has direct as well as indirect effect on people's health. Especially, food untaken has direct impact on human body which is decreasing immunity power in all the people. Similarly, great many medicines taken are also constantly increasing negative side effects in people. Moreover, females from the starting of puberty age are seen to be the victim of reproductive health problem. Similarly, females who intake different medicines for family planning are also degrading their health. Furthermore, women who did abortion knowingly or unknowingly in their first pregnancy are seen to suffer more in their later age. Here during the research, respondents told that they were forced for abortion by their own health problem. During the time, most of them told that before they went for selective abortion time and again which brought problem in uterus, finally it became risk for mother's life to give birth to baby which forced for abortion. Similarly some other told that they became victim of incurable sexually transmitted disease which was transmitted from their spouse. Knowing the fact the respondents were forced for abortion to prevent giving birth to victimized baby. Moreover, some other revealed the fact that they faced the problem of heavy bleeding during the time of pregnancy, which increased the risk in mother's health, so went for abortion thinking not to give birth to anymore children. All in all, it seems to be the less significant factor in the study area.

### **5.1.10 Economic Problem to Nurture More Children**

It's obviously true that bearing a number of children will certainly become a problem in every family. Though children will never become burden for parents but also one who wants to live and give quality life to their family wants desired number of children. Moreover, when someone have problem surviving themselves will find difficulty in nurturing their children. Increase in number of street children is one of the results of economic problem in a family. After the legalization of abortion services, to overcome the problem of having more children, people preferred abortion these days. During the research some of the respondents told that it became problem for them to nurture more children so they went for abortion. Working as daily wage labor, it became difficult to fulfill the basic needs of their children they already had, so choose abortion in option. All in all, it is one of the less significant factors.

### **5.1.11 Failure of Family Planning Method**

Along with modernization, great many things are found for our comfort in daily life. Invention of different equipments has made our life easier. Similarly, one of the foremost inventions of the days is the different devices for family planning. One does not have to suffer more as before. Various methods in the area have provided happiness among the couples. Moreover, easy access along with free counseling about different devices has increased the use of such devices. But everything has their chances of failure to some extent. Similar fact was revealed during the research. Some respondents told that the pregnancy was the cause of failure of the devices they used so they went for abortion, as they haven't planned for the baby. Finally, it was one of the least significant factors.

## **5.2 Methods used by Women for Abortion**

Women have right to make decision about their body, "My body my right", right given by law to every female. By this they can decide what to do and what not to do with their body. Women have right to choose which method to take if they want to take abortion services. Medical method could be applied for a week and electrical for any weeks of gestation. In our country legalized available medicine is Mifepristone and Misopristol, where as electrical or surgical available method is manual vacuum aspiration. The following table shows the methods used by respondents for abortion.

**Table 7. Method Used for Abortion**

Method for Abortion	Number of Respondents	Percentage
CAC	47	78.33%
MAC	13	21.66%
Total	60	100%

*Source: Field Survey, 2017*

Table 7 shows that out of 60 total respondents, 47(78.33%) of the respondents preferred CAC to confirm their abortion, as MAC may fail for complete abortion sometime. Whereas, 13(21.66%) preferred MAC. Those who had unwanted pregnancy along with pregnancy with extramarital relation and those who wanted to end their pregnancy before 12 weeks of gestation, choose MAC which works properly for abortion of fetus before three months.

### **5.3. Decision Making on Abortion**

Mostly decisions are made by the head of the family in our context, either male or female. But when some decisions are ought to be made in the family or in women's life, then females cannot freely make their decision in any situation.

**Table 8: Decision Making on Abortion**

Force Factor for Abortion	No. of Respondents	Percentage
Yes	51	85.00
No	9	15.00
Total	60	100%
Decision makers	No. of respondent	Percentage
Husband	23	45.09
Family	22	43.13
Other	6	11.76
Total	51	100%

*Source: Field Survey, 2017*

In table 8, 85 percent out of the total respondents revealed the truth that they were forced for abortion by others in this or that way, where 15 percent opined that they wished themselves for abortion. For the pressure there were different factor behind as social, religious, economic etc. 51(85%) respondents were forced for abortion where 23(45.09%) told that the abortion was done in the decision made by their husband. Our social structure has confined every decision making power in the hand of husband more than the female herself. Moreover, being in nuclear family there is only husband to support for anything, so for abortion females who told that they went for abortion in husband's decision was more in the study area.

#### 5.4. Frequency of Abortion

Frequently doing abortion directly affects the health of women. Abortion is not a simple case; it's a critical period which determines the life of women. If the women have done abortion many times, they may have poor health condition and serious complications. Here, the frequency of abortion among abortion performed women was asked and their response is shown in the following table.

**Table 9: Frequency of Abortion**

Frequency of Abortion	No. of Respondents	Percentage
1 time	15	25.00
2 times	22	36.66
3 times	16	26.66
More than 3 times	7	11.66
Total	60	100%

*Source: Field Survey, 2017*

Table 9 depicts that out of total abortion performed women most of the respondents had terminated their pregnancy twice and three. It was known that respondents who did abortion only once were conscious about their health but various causes forced them for abortion. Moreover, some women who did abortion more than three times were facing serious health problems of uterus cancer and ruptured ectopic pregnancy.

## 5.5 Perception on Abortion

Very few respondents believed that it's good to have abortion. The ones who have positive view towards abortion were the respondents who had unwanted pregnancy as well as respondents who had abortion because of extra marital relationship. But most of the respondents told that abortion is not good from different view point. Although it's not good from great many aspects women are forced to do abortion. Moreover they also told that abortion brings problem in physical as well as in mental health. In addition, it also creates problems in social relationships which cripple a person. Furthermore, all the respondents are aware about the legal abortion services but also most of them went for illegal abortion services secretly. As the illegal abortion services are given in the private clinics, they paid high amount of money to hide their privacy and receive the abortion services.

## 5.6. Attendant Person at the time of Abortion

Person attending the respondent at the service site are important in respect to counseling procedure care and to attend to further referral centre in case of any serious complication at the time of procedure.

**Table 10: Attendant Person at the Time of Abortion.**

Attendant person	No. of respondents	Percentage
Husband	35	58.33
In-laws	13	21.66
Parents	9	15
Self(Alone)	-	-
Friends	3	5
Total	60	100%

*Source: Field Survey, 2017*

Table 9 shows that all the respondents came with the person to help them in the time of abortion, 35(58.33)% went with their husband. Here more than one third respondents told that their husband accompanied them during the period. Moreover, these days most of the families are nuclear where husband/wife is responsible for one another for every activity where help is needed. Similarly, in the absence of husband,

in-laws were the next who accompanied the respondents during abortion. Though they care less to the women, but behind abortion they are recognized to be the forcing factor, so there they were the person who accompanied the respondents. Only less percent females told that they were with their parents during abortion. It was the situation when there was there was absence of husband and could not share about the pregnancy with the in-laws family members. Similarly, there were least respondents who took friends to accompany them. Somewhere people trust their close friends more than others. So some respondents had friends to help them during abortion.

## **CHAPTER SIX**

### **IMPACTS OF ABORTION**

This chapter mainly describes the impacts of abortion seen among the females after abortion. They are here described in terms of physical impact, psychological impact and social impact. The physical impacts are described as immediate and long term complications.

#### **6.1 Physical Impacts**

##### **6.1.1 Immediate Complications After Abortion**

Abortion is critical case for women though people find it easy and simple. Actually it's a great challenge for women's health that is urged to do abortion by any cause. As we know, it's better to give birth to ten children rather than aborting once. It means abortion gives several times more pain and hampers women health than the delivery of normal child. By observation also it can be clarified that abortion performing women are having problem. When asked, all the respondents agreed that they had immediate complications after abortion. No one denied the fact. Out of them who used medicine for abortion had to face problem of incomplete abortion where they had to go for CAC or use medicine next time. Abortion in such a case highly hampered the women's health. Similarly, most of the respondents told that they had heavy bleeding after the abortion. The painful bleeding brought weakness in them which is another problem to the women. In addition, some told that intake of nutritious food helped them to overcome the problem of weakness where as some told that it was very difficult as weakness last in them for long period of time. Among the respondents weakness brought being unconscious time and again, pain in legs/arms and being unable in movement as well in doing any activities, backache, unable to take care of themselves. It was also known that women who had abortion many times were facing such problems after curing more also. Similar another complication was abdominal pain/swelling which was unbearable to most of the respondents. Similarly, vomiting/diarrhea are the other physical complications seen among the respondents. All in all these immediate complications were interrelated with one another which was difficult for females to overcome after abortion.

### **6.1.2 Long Term Complications**

Among the respondents taken, majority of the respondents told that they have complications in later period different than immediate complications which are here termed as long term complications. On the other side, rest of them told that they have no other complications rather than immediate ones. Females who did abortion in their first pregnancy told that they faced problem of miscarriage. Moreover, they also told that as they planned to give birth to the baby they stayed for complete bed rest. Miscarriage was the problem in most of the female's case. Similarly, ruptured ectopic pregnancy was another problem among few respondents. Respondents who had given birth to number of children as well as done abortion time and again told that they have problem of uterine prolaps, which creates difficulty in moving as well as doing other daily household activities also. Similarly there was a problem of chronic pelvic pain/infection among some of the respondents. They told that they feel the pain time and again. One of the respondents revealed the truth that she is the victim of uterus cancer. She also told that she had abortion a number of times which were sex selective, which brought the cancer in uterus. These types of long term complications are very sensitive but knowingly and unknowingly about such complications females go for abortion services.



### Case Study Three (Manju pseudonym)

My name is Manju and I am now 27 years old. I am mother of five daughters, who are 11 years, 9 years, 7 years, 5 years, and 2 years old respectively. I live with my father-in-law, Mother-in-law, two sister-in-laws, husband and my 5 daughters. My family is dependent on agriculture and occasional daily wage labor.

I have gone for abortion two times; before and after I gave birth to her youngest daughter. During the time of pregnancy when my youngest daughter was in my womb I went to detect sex of the fetus; as the doctor told that the fetus is of male sex, I gave birth to the child who was actually a girl child. I was in family pressure to go for selective abortion, as my husband had illegal wife who is mother of a son. This everything has kept me on trouble and has increased psychological illness too. Being the mother of a number of daughters I am deprived from husband's love and care. Similarly, my family also do not support and care about me. So to get family love and support, this time I also wish to have a baby boy. I am using temporary contraceptive to increase birth spacing which may help me to get a son; as I have listened it from my elders. By all these, I have various health problems of lower backache, low audibility, less lactation, etc. But after abortion last time, me and my family were shocked as that time we came to know that I had got uterus cancer and already crossed second stage. I felt like a huge stone was above me, I just stayed still looking at my daughters. What did I get now? I always tried to make the family happy and now the family members are ignoring me in the situation where I am in their need. And what will be the situation of my daughters, thinking about all this I am in trauma now. Abortion for several times ruined my health, if I had known about such complications I would not have done abortion time and again. Now I am just waiting for my last breath, as my family members are not interested for my treatment because of economic problem and less chances of treatment success.

## **6.2 Psychological Impacts of Abortion**

Here, more than half of the respondents told that they went through different psychological problems while others told that they didn't feel anything of that type. Respondents who told that they had some psychological problems told that they felt guilty for certain time, they could not keep themselves away from the trauma. Different types of negative thoughts used to strike the mind which usually brought sadness among them. Moreover, the behavior of family members along with community people also contributed keeping the respondents in trauma. In addition some of them opined that they already had family tension having five daughters, for the reason they detected sex of fetus time and again after each conception but could not conceive fetus of male sex. This always kept the respondents on tension, who were in need of psychosocial counseling. In addition it was known that some of them are visiting psychosocial counselor. Moreover, respondents visiting the counselor were the women who had done abortion more three times as well as mother of number of daughters. They also told living in joint family and bearing number of daughters as well as selective abortion time and again jointly created the problem in women.

#### Case Study Four (Geeta Pseudonym)

My name is Geeta and now I am 45 years old. I am staying with my three daughters and husband. My eldest daughter is student of Masters in Dental science who is 26 years old, second daughter is student of Bachelors in Dental Science who is 24 years and my little one is just 3 and half years old. We run our own company of fabric bags and one fancy shop which is enough for us to fulfill our daily expenses. Moreover my husband is lecturer and I am working as social activist being engaged in different social organizations.

Being engaged in different social activities and oriented in future of family I never had time to think about anything extra. We had a happy family with two daughters but slowly and gradually, we felt the necessity of son, we started to think if we had a son our family would be become a complete happy family. When we gather in some social occasions in our community, when we gather to celebrate our festivals people's attitude indirectly started hurting me. These small things started to create a large numbers of bad feelings inside me so we planned for a baby. After three months of conception we went for sex determination but could not abort it because of health complications in me. So we gave birth to the girl child in the gap of 21 years. Before people were less concerned about our matter but now everybody were concerned in our family matter. They started asking "why did you give birth to the baby girl in such a gap?" It was not a single question from a single person but it was the only question from everyone who visited me. It was the time which made me psychologically ill, as I was limited in my household work and the baby girl. Again after 2 years I conceived again and went for sex determination to India. It was a female fetus so I aborted the fetus. My physical pain was with me but all these activities had made me psychologically unhealthy. When anyone visited my house I did not like to see them, sometime I felt unconscious, my pressure was fluctuating time and again, bad feeling to go for suicide used to arise in my mind and many other abnormalities were seen in me so my husband suggested me to visit Psycho-social counselor. But I refused whatever my husband told. But gradually, I started to feel that I am in need of Psychosocial counselor to improve my conditions. These days I am regularly visiting the counselor to stay away from all those problems.

## **6.3 Social Impact**

### **6.3.1 Medium of Confidentiality Revealed Within Neighbors/Relatives**

Very few respondents told that they shared themselves about their situation with their neighbors/relatives but others told that they did not shared but also somehow everybody knew about the situation. Respondents who shared themselves to their about their situation were expecting help from others as they were physically weak to do different household activities and take care of themselves. Moreover, they were expecting psychological help as they were in trauma. In contrast, where the respondents did not want to tell others about their situation but also it was known by others as well. It happened when the person who accompanied them revealed the fact in presence of others. Though they shared to their close ones, it spread while sharing with one another. Most of the females who were accompanied by their husband told that their husband told to their family members through which it was known to others. Similarly, females who were accompanied by their family and friends also told that they revealed the fact of abortion to others. It was their nearest person who accompanied them during abortion who shared about the situation of the respondent to others during their gossip.

### **6.3.2. Attitude of Neighbors/Relatives After Knowing About Abortion**

Some of the respondents told that they did not have any social problems as they did not have any touch with the people living around. Normally they only were concerned with their work and family. Whereas some others told that they had to go through different problems. By means of different medium all others knew about the abortion and situation of women where majority of females were behaved positively. They were helped in daily household activities, visited frequently with nutritious food as gift to recover fast and were helped to become relief from psychological pain by accompanying for long time which helps to reduce mental pressure with unnecessary thoughts. In contrast others were negatively behaved. They were not invited in socio-religious activities. Mostly the females were ignored in socio-cultural activities in the society. Whenever they try to attend any function keeping their physical pain aside they used to be ignored by the people around. They were taken to be impure from religious and cultural aspect. Especially older generation people used to behave like that. Moreover they also told that they had to listen to the verbal harshness of the

people. Some of them told that when they used to offered food or water in when neighbors visited their house, they used to refuse the offered things. In addition, people always find time for backbiting during some grouping. After knowing, this really used to hurt the respondent.

## **CHAPTER SEVEN**

### **SUMMARY, FINDINGS, CONCLUSION AND SUGGESTIONS**

#### **7.1 Summary**

Abortion is the expulsion or extraction of a fetus or an embryo weighting 500 gram or less from its mother's womb. It refers to the termination of women's pregnancy in which expulsion of fetus from the womb before it is able to survive independently. Abortion was prohibited before amendment of 11th country code in March 2002.

The present study entitled "Factors Affecting Abortion and Its Impact Among Married Women" in Pokhara-Lekhnath Metropolitiancity of Kaski district is based upon the 60 married reproductive aged women. The main purpose of this study was to identify the factors affecting abortion and its impacts upon married women in the study area.

This study is explorative in nature and based on qualitative as well as quantitative data. It includes mainly primary data, which are collected from 60 respondents who are the inhabitants of Pokhara-Lekhnath Metropolitan city and are the females who had gone for abortion, along with some secondary data are used from some journals, online articles, reports of NGO's and GO's. The respondents were selected through purposive sampling procedure. Interview schedule was the major tool which was used to get necessary information. Data were collected from the respondents with the help of research tools. The data had been tabulated and analyzed according to the objectives the study. Simple statistically techniques have been used in analyzing demographic and quantitative data whereas descriptive method to clarify the qualitative data.

Sex selection is the major cause of abortion these days, while many other causes like early pregnancy, desire to continue study, abroad study, maintain family structure, desire for girl child, unwanted pregnancy, extra marital relation, health problem, economic problem to nurture many children and failure of family planning devices were the root cause these days for abortion. Whatever may be the reasons its impacts were directly influencing women's health. Incomplete abortion, heavy bleeding, weakness and abdominal pain are the immediate complications seen in abortion

performing women. Going for abortion time and again brought infertility, birth of dead baby inside the womb, ectopic pregnancy, uterine prolaps, chronic pelvic pain among the abortion performing women. These types of complications were seen in later stage after performing abortion.

## 7.2 Major Findings

The major findings of the study are as follow:

- ) Higher numbers of respondents (56.66%) were Hindu, (28.33%) were Buddhist, 15% were Christian, Muslim respondents were not found.
- ) Most of the respondents (65.00%) belong to nuclear family where (35.00%) live in joint family.
- ) One-third respondents were Brahmin (36.66%), 23.33% were Chhetri (20.00%) were Janajati, 11.66% were Dalits and 8.33% were other caste.
- ) Most of the respondents (30.00%) were involved in their own business, (9.00%) in agriculture, (20.00%) were housewives, (15.00%) were doing service, (6.66%) were students and (3.33%) were engaged in other occupation.
- ) Most of the respondents (96.67%) were literate.
- ) Most of respondents choose electrical method for abortion while some of them choose medical method for their abortion.
- ) Factors affecting abortion are:-
  - Z Desire for boy child;
  - Z Early pregnancy;
  - Z Desire to continue study;
  - Z Desire to go for abroad work/study;
  - Z Maintain family size;
  - Z Desire for girl child;
  - Z Unwanted pregnancy;
  - Z Extra marital relation;
  - Z Health problem;
  - Z Economic problem to nurture many children;
  - Z Failure of family planning devices;

- ) Most of the women have terminated their pregnancy twice and thrice in their life time.
- ) Out of total respondents, all the respondents told that they faced some immediate problems/complications after abortion.
- ) Immediate complications are:-
  - Z Incomplete abortion,
  - Z Heavy/painful bleeding,
  - Z Weakness/ pain in legs/arms,
  - Z Abdominal pain/swelling and
  - Z Vomiting/diarreha.
- ) Most of the respondents faced long term problem where only less number of respondents don't have long term problems.
- ) Long term complications are:-
  - Z Spontaneous abortion;
  - Z Chronic pelvic pain;
  - Z Problem of uterine prolaps,
  - Z Uterine cancer;
  - Z Ectopic pregnancy.
- ) Most of the respondents believed having abortion is not good from various view point where others think that abortion has advantage in some conditions.
- ) In most of the women's case their husband went with them for abortion, where In-laws, parents and friends were others to accompany them.
- ) After abortion majority of women did not want to share with other where some of them shared about their situation to neighbors relatives.
- ) Privacy is leaked through the own family members and friends who went for accompany during abortion.
- ) Not all but most of the respondents got positive behavior from their neighbors/relatives where some of them were victim of negative attitude of others.
- ) Majority of respondents felt nervous and sad to terminate their pregnancy.
- ) Ignoring in different functions, backbiting, verbal abuse and some other social problems were faced by the some of the respondents after abortion.



### **7.3 Conclusion**

On the basis of data analysis, various affecting factors and its impacts are found. All the women are aware about the complications that can be brought by abortion but practice of abortion is in rapid pace among women. Frequent abortion and intake of different types of medicine and use of contraceptive devices for family planning brought complications among women's health. Planning for nuclear family, some women went for abortion. They aborted taking their pregnancy as unwanted.

Here researcher used Radical Feminism along with patriarchy and power theory which shows though females are literate and empowered but still females are lacking the supreme power. Still the decision making and leading power is in the hand of male for their own favor. Using the theory, behind abortion many reasons are known, they are sex selection, early pregnancy, desire to continue study, abroad study, maintain family structure, desire for girl child, unwanted pregnancy, extra marital relation, health problem, economic problem to nurture many children and failure of family planning devices.

Whatever were the reasons but its impacts were directly influencing women's health. Those impacts are physical, psychological and social impacts. Incomplete abortion, heavy bleeding, weakness and abdominal pain are the immediate complications seen in abortion performing women. Going for abortion time and again brought infertility, birth of dead baby inside the womb, ectopic pregnancy, uterine prolaps, chronic pelvic pain among the abortion performing women. These types of complications were seen in later stage after performing abortion. Psychological impacts are depression, nervousness and sadness in terminating. The social impacts are ignoring in different social functions, backbiting and verbal abuse.

As per the research, most of the women believed that abortion is sinful act but still forced for the abortion by various reasons. Every woman is aware of the fact that frequent abortion is one of the major causes of maternal mortality these days. But this survey shows most of the women have positive attitude for sex selection. They said that "Sex selective abortion should be permitted" for which the patriarchal belief as well as the male dominance was behind it. Though the right to their body was given by law but still male power is influencing all over.

#### **7.4 Suggestions**

The study area selected was Pokhara-Lekhnath Metropolitan City, which is the Headquarter of Kaski district where a number of people from various regions migrate for permanent and temporary settlement. In this place, maximum women are literate but also abortion rate is increasing. So local communities, clubs, leaders, health workers, teachers, policy makers, local NGO's, GO's should work actively for awareness program of abortion and its law. As it was a research to fulfill partial requirement for MA degree, the following suggestions are given for further study:

- a) This research is not sufficient to seek the problem, so further research should be carried out for this problem.
- b) Further studies might include other variables such as culture, income etc.
- c) Further studies should include whole Kaski district.
- d) National level survey should be conducted to find out various facts related to abortion.

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**Annex-1**

**Interview Schedule for Abortion undertaken Females**

Age

Religion

Type of Family

Caste

Occupation

No. of Children

Education

1. When did you undertook Abortion?

.....

2. By which procedure you did abortion? Was it MAC or CAC?

.....

3. Why did you undertook abortion?

.....

4. Did anybody forced for abortion?

a) Yes

b) No

5. If yes ,who forced you?

a) Husband    b) Family    c )Others

6. How did you felt during the whole period, when you performed abortion?

.....

.....

7. How many times did you went for abortion?

.....

8. Have you got any immediate complications after abortion?

.....

.....

9. If yes, what type of complications have you got?

.....

10) Have you got any long term complications?

.....  
.....

11) What is your perception about abortion? Is it right to undertake abortion or Not?

.....  
.....

12) Who facilitated or accompanied you when you went for abortion? Why?

.....

13) After completion of abortion procedure did you shared about it with your neighbors/ relatives?

.....  
.....

14) Did they knew about your situation and abortion you undertook? How?

.....  
.....

15) If they knew how did they took it?

.....  
.....

16) Do you believe you were psychologically ill after abortion? What types of problems did you have?

.....  
.....

17) According to our culture it's not accepted socially, what types of social problems did you faced?

.....  
.....



**Annex-2**

**Checklist for Case Studies**

i) Date of Birth:

ii) Date of marriage:

iii) Type of Family:

iv) Education:

v) Education level of Husband:

vi) No. of Children:

vii) Occupation:

viii) Husband's Occupation:

ix) By which procedure you did abortion? Was it MAC or CAC?

.....

x) Why did you undertook abortion?

.....

xi) Did anybody forced for abortion?

a) Yes

b)No

xii) If yes,who forced you?

a) Husband    b) Family    c )Others

xiii) How did you felt during the whole period, when you performed abortion?

.....  
.....

xiv) How many times did you went for abortion?

.....

xv) Have you got any immediate complications after abortion?

.....  
.....

xvi) If yes, what type of complications have you got?

.....  
.....

xvi) Have you got any long term complications?

.....  
.....

xvii) What is your perception about abortion? Is it right to undertake abortion or Not?

.....  
.....

xviii) Who facilitated or accompanied you when you went for abortion?

.....  
.....

xix) After completion of abortion procedure did you shared about it with your neighbors/relatives?

.....

xx) Did they knew about your situation and abortion you undertook? How?

.....  
.....

xxi) If they knew how did they took it?

.....  
.....

xxii) Do you believe you were psychologically ill after abortion? What types of problems did you have?

.....  
.....

xxiii) According to our culture it's not accepted socially, what types of social problems did you faced?

.....  
.....