CHAPTER I

INTRODUCTION

1. 1. General Background of the Study

Unwanted pregnancy and induced abortion occur in every society. Every year about 40-50 million women resort to abortion, 20 million of which were considered unsafe. About 95 per cent of all unsafe abortion takes place in developing countries. Unsafe abortion is responsible for 13 per cent of all maternal death globally. (FHD, 2002)

Another hospital-based study reported that abortion have share 20 per cent of maternal mortality rate (Agnostictism, 2004). Globally 380 women become pregnant in each minute. Of those, 190 face unplanned or unwanted pregnancy, 40 women have unsafe abortion and one women dies (Sharma, 2003). Abortion mortality account for at least 13 per cent of all maternal mortality. Unsafe abortion procedures, untrained abortion providers, restrictive abortion laws and high mortality and morbidity from abortion trends to occur together.

World Health Organization (WHO) estimates, world wide in an induced abortion, approximately 50 million each year of these abortions, untrained providers or using unsafe procedure or both is performing 20 millions under dangerous condition either, death as result of unsafe abortion in developing countries are estimated at 80,000 annually i.e. 400 deaths per 100000 abortions. Laws governing induced abortion range from those prohibiting abortion with no explicit exceptions to those establishing it or right of pregnant women (Barer, 2000).

Geographically Nepal is a small land locked developing country at foothill of Himalayas with a population of 23151423 of them women, constitute 11587502 of total population in the country. Women of the reproductive age group comprise 23 per cent of total population. Near the beginning age marriage is 15-19 years are married 62 per cent of women of 15-19 years had sexual intercourse, 10-20 per cent of unmarried young people had per-martial sexual exposure (CBS, 2002).

The Nepal Family Health Survey (NFHS, 1996) provides information on the pregnancy outcome based on the analysis of the pregnancy history or ever-married women for the ten years period prior to the survey. The survey induced that 49 per

cent of all pregnancies resulted in spontaneous abortion and 0.32 per cent resulted in induced abortion (NFHS, 1996).

Annually, about 7000 women attend maternity hospital OPD for pregnancy confirmation. Approximately 2170 of them would have unplanned pregnancy and around 457 would request termination of pregnancy (Sharma, 2002).

Nepal made a historical achievement in reproductive health and rights for women in March 2002, when the House of Representative passed the 11th amendment of the Muluki Ain (Civil Code) six years after it was registered in the parliament and the Royal Seal of Approval was given by the King in September 2002. Abortion was legal on following conditions

i. Up to 12 weeks of gestation for any women.

ii. Up to 18 weeks of gestation if pregnancy results from rape or incest and

iii. At any time during pregnancy, with the advise of a medical practitioner on if the life, physical or mental health of the pregnant women is at risk or if the fetus is deformed and incompatible with life.

Previous laws did not allow abortion under any circumstance and in the past women who had abortion were imprisoned. A nationwide prison study conducted in 1997 by Center for Research on Environment, Health and Population Activities (CREHPA) revealed that out of the total 407 women resting person terms, 20 per cent were convicted for charges of abortion and infanticides. Adolescent aged 14-19 years comprised. About 15 per cent of women imprison for abortion charges (CREHPA, 2000 a). The Nepalese abortion law, safeguards the rights of an unmarried women to abortion. The case of a minor (16 years of age or under), the presence of a guardian was necessary for any decision regarding abortion privacy and confidentiality of the woman receiving abortion services are also guaranteed by the law (CREHPA, 2000 b).

This study presents the knowledge and perception of married and unmarried men and women on the abortion law, women’s reproductive right and safe abortion. There are four types of target respondents under this category. These respondents were married women and men (15-49 years for married women and 15-59 years for married men)

and unmarried women and men (15-24 years for both unmarried women and men). A multi staged systematic random sampling technique was used to select the respondents. A household was the primary sampling unit for the selection of the respondents under this category. The total sample size comprised of 1200 households. All married women of reproductive age (MWRA) residing in the sampled household were interviewed. In addition, married men aged 15-59 in every second sampled households (50%) and unmarried men (25%) and women (25%) aged 15-24 in every four sampled households were covered in the study. The study has successfully covered 1200 MWRA, 596 married men (husband of sampled MWRA), 289 unmarried women and 286 unmarried men of 15-24 years of age. (CREHPA, 2009)

1. 2. Statement of the Problem

Nepal is a country faced with many developmental challenges the majority or its popular lie below the poverty line. Although child mortality has been halved in the last two decades, maternal mortality ratios have continued to remain among the highest in world. Nepal has an estimated maternal mortality ratio 740/100000, one of the highest in the world with about 4,478 preventable maternal deaths each year. One of the most difficult questions to answer is "Who is accountable for these deaths?" Among those whose duty is to respect, protect and fulfill the right of women to survive pregnancy and child birth or abort with dignity-her immediate family, the health system, government most believe they were not responsible (UNICEF, 2004).
Each year 132 million babies are born worldwide, with almost 90 per cent (119 million) of the births occurring in the developing world and 76 million in Asia of the total annual births in the world, about 14 million babies are born to adolescents. In Asia 6 million babies are born to adolescent mothers (UN, 2001).

According to population data sheet 2001, the adolescent fertility rate in Asia in 36 births per 1000 females aged 15-19 (UN, 2001). Within Asia, adolescent fertility rates were highest in South and South West Asia (57 births per 1000) followed by 45 births per 1000 in South-East Asia and 37 births per 1000 in North and central Asia. The adolescent fertility rate was lowest in East and North-East Asia (UN, 2001). Legalization of abortion in any country is the first and the most important step to save women from dying and deformities caused by unsafe abortion. However, maternal mortality and morbidity can not be reduced by legal reform alone. Treatment of

unsafe abortion uses a disproportionate share of scarce hospital resources. Increasing public awareness about their legal rights to abortion and the health consequences of unsafe abortion practices expanding access to safe and affordable abortion care and access to the post abortion care services are important interventions that need to be carried out without much delay. One of the main post legalization challenges for Nepal is 'how to access legal, safe and affordable abortion services by women without fear and as reproductive rights As in many countries where abortion laws were revised from a highly restrictions to a liberal abortion law the demand for abortion among young women and adolescent girls is bound to increase (FHD, 2005).

Abortion is a universal problem and issue of each and every country. It has its own legalization rule and regulation code and conduct as well as norms and values. It is main problem of Nepal all pregnant women die to illegal pregnancy and abortion non-clinic personal have been aborted by traditional method, in home, jungle, cave. At that time their health condition is very serious from unsafe abortion. Its complication is controlled by nation to provide legal right to abortion. When government provides legalization of abortion only after their life is safe from unsafe abortion. Many girls/women have unknown about abortion or sage abortion. Most of the girls/women are not general knowledge and attitude on abortion. Most of them wanted abortion by non-clinical personal because they have wanted sage from family and society. Their health is very serious from induced abortion. Their health condition affected short term and long term diseases. Just like damage internal organs, infertility and most of women have been victimized by the problem of abortion. Research has seemed main problems of the study

- ❖ There is no such study about the abortion.
- ❖ Why women do not go in health sector for abortion?
- ❖ What is the level knowledge and attitude on abortion?

1. 3. Objectives of the Research

This study intended to explore the level of knowledge and attitudes towards abortion among late adolescent's girls. For the in-depth analysis of this study the following specific objectives were set as given below.

Specific objective

- ❖ To examine the knowledge of abortion among girls students of +2 level.
- ❖ To assess the attitude of abortion among girls students of +2 level.
- ❖ To examine the induced abortion within their localities among girls students of +2 level.

1. 4. Research Questions

1. Have you heard about abortion?

2. From which source have you heard about abortion?

3. What are the methods of induced abortion?

4. Is an abortion woman's right?

5. In your opinion how can we make safe abortion?

6. Have you applied any induced abortion?

7. Where did you abort?

1. 5. Significance of the Study

Since Nepal is a multi-ethnic, multilingual and multicultural country. High abortion rate has been seen since past some decades. This study gives the socio-economic and demographic characteristics of the currently only female +2 students.

Therefore, this study is conducted in Urlabari Multiple Campus, that gives the socio-economic and demographic characteristics if inhabitant homogenous girls in this area.

The issue of adolescent reproductive health received global attention after the International Conference on Population and Development (ICPD) in 1994. The conference emphasized that young people of both the sexes are poorly informed about methods of protecting against unwanted pregnancy and STD including HIV/AIDS. Hence, abortion and its complications are predominantly found in this age groups.

Although country had attempted to promote maternal health by making abortion laws liberal to women's seeking such care of all ages, still the MMR is high and as

adolescents are the vulnerable group and are the future pillars of the country, they should be concerned about this matter. Here, the investigation attempts to identify the awareness of the adolescent group regarding the issue, which will be highly useful for the policy makers and the planners to identify the path to carry out this program.

The liberalized abortion policy of Nepal allows conditional abortion upon voluntary consent of the women.

1. Within the first twelve weeks of pregnancy.
2. Pregnancy due to rape on incest within first 18 weeks of pregnancy.
3. Or when women's pregnancy poses danger to her life or to her physical and mental health abortion can be performed with the advice of a medical practitioner at any time during pregnancy.
4. Abortion can also be performed, if in view of the medical practitioners, the pregnancy would lead to the birth of a disabled child at anytime during pregnancy, with recommendation of medical practitioners, still there is large man lacking the knowledge regarding the laws and its proper utilization the study will reveal the current situation of their awareness.

1.6 Research Gap

The literature of abortion is found commonly in many international and national cases. In local situation, there has not been carried out sufficient research so there is research gap. So I have tried to fulfill such gap.

1. 7. Limitation of the Study

The study is carefully designed and planned to get most reliable data some limitation as well as decimation may arise during the course.

- ❖ It depends only 110 sample size; the finding may not resemble the national context.
- ❖ Only listed socio-economic variable are recognized for the analysis of abortion behavior of respondents.
- ❖ All the students may not be present at the day of data collection.

- ❖ Only female +2 student's was selected from Urlabari Multiple Campus.

1.8. Operational Definition

- ❖ **Knowledge** The general awareness and understanding about the information, facts, ideas, trusts about legal provisions of abortion in current situation.
- ❖ **Attitude** Is the personal view regarding the legalization of abortion in Nepal.
- ❖ **Practice** A thing that is done regularly
- ❖ **Abortion** Is termination of the result of conceived intentionally or unintentionally before the completion of 28 weeks or before the fetus become viable (comp able of living).
- ❖ **Legalization** The fact related to abortion of being allowed by law (passed by 11th amendment pf parliament)
- ❖ **Spontaneous abortion** Is the spontaneous termination of the pregnancy before the fetus has attained viability i.e. become capable of independent extra uterine life. This is often referred to as a miscarriage.
- ❖ **Induced abortion** Is termination of pregnancy intentionally by traditional practitioners, self induced or medical person.
- ❖ **Safe abortion** Is done by protecting mother from being danger on harm on medically safe ground by with the assistance of the conserved export i.e. gynecologist or senior nurse.
- ❖ **Unsafe abortion** Induced abortion by untrained personal in unclean setting by using unitarily instrument and using technique which is not medically accepted.
- ❖ **Health** State of being wellness from reproductive, physical, mental and social aspect of person.
- ❖ **Exiting abortion law** The continuing law which was passed by 11th amendment of National Code of Nepal on abortion ion March 2002.

1.9. Organization of the Study

The study is divided into seven chapters. The first chapter provides introduction, which includes background of the study, statement of the problem, objectives, research questionnaire, significance and limitation of the study, operational definition and organization of the study. The second chapter deals with the review of literature including global and national context, variable identified, conceptual framework. The third chapter is the methodology of the study which includes research design, sampling procedure, technique of data collection, procedure of data analysis. The fourth chapters is background characters of the respondents, The fifth chapter is presentation and analysis of dada, The sixth chapter is correlation and regression of analysis, The seventh or last chapter is summary, conclusion and recommendation. At last references also have included.

CHAPTER II

REVIEW OF LITERATURE AND CONCEPTUAL ANALYSIS

An extensive review of literature provides is the basis for our research. 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. Status of Abortion in Global Context

A global review of laws on induced abortion, 1985-1995, mentioned that currently 61 per cent of the world's people live in countries where induced abortion is permitted either a wide range of reasons on without restriction as to reason. In contrast 25 per cent reside in nations where abortion is generally prohibited when the women's life is endangered in contrast even in nations with very liberal laws, access may be limited by gestational age restrictions, requirements that third parties authorize an abortion on limitations on the types of facilities that perform induced abortion. Since 1985, 19 nations have significantly liberalized their abortion laws; only one country has substantially curtailed access to abortion (Rahman, 1998).

The two demographic and health survey in 1995 and 1999 on trends in abortion and contraception, women's attitudes toward abortion and perception of problems associated with abortion and contraption in Kazakhstan. In this, author concluded that the soviet legacy of widespread reliance on induced abortion is of critical importance to reproductive trends and policies in post soviet nations, especially as they strive to substitute contraception for abortion. (Agadjaniau, 2002)

A global review of laws on induced abortion 1985-1997 reported that although induced abortion was almost university illegal in first half of the 20th century, laws were liberalized between 1950 and 1985 in almost all industrialized nations and in a number of other nations around world. Overall, 19 countries have reduced restrictions on abortion, including 12 that have made first trimester abortion available without restriction as to reason. Countries that liberalized their abortion law between January 1985 and December 1997 are Canada, Algeria, Cambodia, Malaysia, Mongolia,

Pakistan, Albania, Belgium, Bulgaria, Czechoslovakia, Germany, Greece, Hungary, Spain, Botswana, Burkina Faso, Guiana and South Africa etc (Rahman, 1998).

The scenario in India reported that even after three decade of legalization of abortion through the medical termination of pregnancy act of 1971, the country faces many challenges in ensuring access to safe abortion to million of women who seek abortion each year. Abortion can be a safe procedure when performed properly by trained health personal. However, this issue of abortion has not been much emphasized and goes hidden with in the larger family welfare program. The mid 1990s witnessed the recognition of reproductive health approach, which also includes issues related to abortion. India too was a signatory to the ICPD plan of action where in the concepts of reproductive and sexual health and right were strongly endorsed and women's right to seek and avail abortion services were recognized. The issue of addressing to abortion per say was revived. The recent national population policy 2000 also emphasizes strengthening and expansion of safe abortion services (CREHPA, 2002).

As no pregnancy test is carried out before the procedure Medicate Reagents (MR), it is not conformed whether the women is pregnant at the time of accepting MR according, MR can be performed by any registered medical practitioner and family welfare visitor who have received training in the MR procedure. The FWV could perform MR only up to 8 weeks from the menstrual cycle i.e. up to four week from missed menstrual period. The trained doctors however could perform MR till 10 week (Khan, 2002).

South Asia (Bangladesh, India, Nepal, Pakistan and Sri Lanka) is home to 28 per cent of the world's people and accounts for about their (30%) of the world's maternal deaths. Thirteen per cent of all maternal death is South Asia is attributed to complication of unsafe abortion and is almost entirely preventable. This article reviews the legal, health system and socio-cultural barriers to safe abortion and suggests strategies to reduce abortion morbidity and mortality. Restrictive laws hamper safe abortion is most of them regime but even where laws are more liberal, limited awareness of the law has been a barrier to access such health system barriers as an insufficient member of trained provides, inequitable distribution of services and excessive costs have contributed to death from unsafe abortion. Socio-cultural attitudes, including the right of male relatives to make reproductive decisions, that

emphasis on male heirs and the strong social stigma against extramarital pregnancy also put women at risk. Government and other institutions must strive to prevent abortion services accessible to the fullest extent of the law. Health systems needed to provide emergency care for complication and post-abortion contraceptive counseling, use appropriate technology and allow non-physical provides to delivery care. Safe abortion care programs need to address the needs of the local community, particularly the needs of socially and economically valuable groups such as the unmarried and adolescents (J W A, 2000).

The view that abortion is a repressible criminal act was first expressed explicitly in religious laws. The first instance of secular law concerning abortion is in England in 1803. In civil law, the widely adopted statute concerning Induce Abortion appeared in Napoleonic code of 1810. The subsequent reforms in 1980 and 1923 changed abortion from a crime to a misdemeanor, with reduce code forms the basis of abortion legislation in misdemeanor, with reduce although still harsh sentences. The Napoleonic code forms the basis of abortion legislation in many countries which civil law systems. Reflecting its civil law origins, Socialist law prior to 1992 considerer abortion a crime (UN, 1992).

The Ebers Papyrus of 1550 BC, considered "The most ancient book in the world" contains what is believed to be the first reference in writing to a prescription to prevent conception. And, most of the Greek Philosopher, particularly Plato and Aristotle, approved of Aristotle, "If it happened among married people that a women, who already had the prescribed number of children, the view should be driven from her", He was also of the view that many women who conceived after her fourteenth year should have abortion (Chandrasekhar, 1974).

Abortion has been developed as the most controversial issue and human rights issue especially after ICPD, 1994 and fourth women conference in Beijing 1995. In the plat form for action numbers 93 and 97 of Beijing declaration in the chapter iv, about unsafe abortion, following is stated "The trend towards early sexual experience, combined with a lack of information and services, increase the risk of unwanted and early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions. Unsafe abortion threaten the lives of a large number of women representing a great public health problem as it is primarily the poorest and youngest

who take the highest risk. Most of these deaths, health problems and injuries are preventable through improved access to adequate health care service, including safe and effective, affordable and acceptable methods of their choice for regulation of fertility which are against the law. "Similarly, in the ICPD, 1994 in Para 8.25, about abortion, following is stated;" In no case should abortion be promote as a method of family planning. All governments and relevant inter - governmental and non - governmental organizations are urged to strength them their commitment to women's health to deal with the health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the head for abortion" (UN, 1996).

It has been estimated that, annually, there are approximately 25 million legal abortions performed world wide, with as many as 20 million more carried out unsafely, clandestinely or our unsafe abortion for every seven births, 90 per cent of which take place in developing countries. Substantial variation exist in incidence of unsafe abortion by region per 1000 women aged 15 - 49 years in Eastern Africa, Western Africa, Latin America and the Caribbean and former USSR to negligible in Eastern Asia, Northern America. More than one half of all reported legally performed abortions in the world take place in Asia. While the largest number of abortions occur in China. Vietnam has the highest abortion rate in the region, 100 abortions per 1000 women of reproductive age. In India, the number of legally performed abortions increased from 278,000 in 1977 to 600,000 in 1991 (UN, 1998).

Unwanted pregnancy, fundamental and immediate cause of abortion, is reality worldwide. The desire to postpone a birth or to stop child bearing is a very common reason given by women seeking abortion. In almost half of the birth- timing and family size control clusters of reasons as their most important reason. Economic reasons or women saying that they could not afford to properly care for a child seem second overall in importance. the proportion who gave this reason was more than 20 per cent in 6 of the 19 studies with relevant information (Bankole, 1998).

Being too young of fearing that parents, partners or others would object to the pregnancy is a fairly common reason for having an abortion. In 10 countries studies more than 10 per cent of women gave this as their main reason, and 20 - 37 per cent

did so in five of them. Risk to maternal health was some what important overall, having been cited as the main reason by 5 - 10 per cent in three. This factor is apparently less important in Latin America and in the developed countries (Bankole, 1998).

In studies of 40 countries, the distribution of abortions by parity varies widely. Childless woobtain fewer than 10 per cent of abortion in 12 countries, 10 - 29 per cent in 9 countries, 30 - 49 per cent in 14 countries and 50 - 68 per cent abortions. In 15 to 23 countries studies the majority of abortions are obtained by women who have at least some secondary education. However, The distribution of women according to educational attainment in a given country (Bankole, 1999).

In a report of Nordic School of Public Health, Sweden by Lindel ME and Olsson HM (2002), reported that the Sweden abortion legislation of 1975 gave women the right to make a decision about abortion before the end of the 18th weeks of pregnancy. The number of abortion is rising in Sweden as a chosen method of birth control. The attitudes of students towards abortion were studied in 1986 - 1987, where attitudes toward abortion are reported. Two third of the respondents believed that the decision about an abortion should be made by the man and women together. Nearly all respondents believed that abortion should not consider a guide for interventions to prevent the need for abortion. One fourth o all pregnancies in Sweden terminate in abortion in abortion. The students in that study thought of abortion as a solution. Authors have reported similar attitudes with different cultural backgrounds.

Sweden enjoys a well organized family planning system in which sex education has been obligatory in schools for the past 30 years and women have had the legal right since 1975 decide whether or not have an abortion before the end of the 18th weeks of pregnancy. Abortion services have been provided free for 18 years. Following the enactment of this abortion legislation the frequency of abortions initially increased,, stabilized and then increased once again in the early 1980s. The number of abortions is presently increasing in Sweden as a chosen method of birth control. This study was conducted to assess high school students' knowledge and attitudes on abortion. 421 students aged 17-18 years from 7 schools in Orebro country responded to questionnaires in 1986-87 on how sex education is taught, the anatomy and physiology of reproduction, contraceptives, sexually transmitted diseases, and legal

abortion. This sample comprised 10 per cent of the country high school population. Tow third believed that decisions about abortions should be made jointly by male and female partners, and almost all feel that abortion should not be considered as method of birth control. Abortion should instead be considered as a solution to unplanned pregnancy. Authors studying samples with different cultural backgrounds have reported similar findings with 25 per cent of pregnancies in Sweden ending in abortion, these results may be considered as a guide for interventions to prevent the need for abortion.

Among 192 countries of the world, abortion has been restricted in all grounds in 4 countries, while it has been permitted to save the life of pregnant women in 188 countries, 122 countries have permitted abortion to preserve physical health of pregnant women and 100 countries have allowed it to preserve mental health of the pregnant women. Similarly, 76 countries have permitted abortion legally, if the pregnancy was the result of rape or incest, 77 countries have permitted abortions in the ground that fetal impairment, 63 countries have allowed it in economic or social reasons and only 55 countries have permitted abortion in all seven grounds mentioned above (UN, 2001).

2.2. Status of Abortion in National Context

After the two years of legalization of abortion, the study conducted by CREHPA in 10 towns kathmandu, Bhaktapur, Bharatpur, Pokhara, Biratnagar, Dharan, Birgunj, Janakpur,, Bhairahawa and Ilam bazaar reveals the following result. Among 2665 respondent (1332 male and 1333 female) were interviewed.

In response of is abortion legal in our country or not, 42% replied abortion is legal in our country, 30 per cent replied still illegal and 28 per cent do not know. The question regarding knowledge about the three legal conditions for abortion, 37 per cent are aware that abortion is permitted on request during first 12 weeks of pregnancy, very few respondent 7 per cent are aware that abortion is permitted up to 18 weeks in case of rape on incest and just one fifth 20 per cent are aware that it is permitted if pregnancy affects the health of mother and fetus. Most of the respondents about 81 per cent viewed that maternal mortality ratio (MMR), unsafe abortion will decrease and 15 per cent mentioned that it will increase and 3 per cent said that it would remain same. Likewise, most of the respondents (81 per cent) viewed that illegal and unsafe

abortion practices will decrease because of legalization. Only a tenth of the respondents felt that it would increase. In the response of would the number of women seeking abortion service increase or decrease because of legalization majority (61 per cent) of the urban public believed that the number of women seeking abortion service will increase because of legalization, less than a fifth of the respondents opined that the demand for abortion will decrease (19 per cent) or remain the same 18 per cent. Over a half of the respondents are unaware about CAC services (72 per cent) (CREHPA, 2005).

A study conducted by CREPHA in 9 main cities (Kathmandu, Lalitpur, Bhaktapur, Dharan, Pokhara, Birgunj, Butweal, Biratnagar and Nepalgunj) among 635 male and 853 female revealed that abortion should legalized (54 per cent) male and (62 per cent) female.

Another similar type of study conducted by CREPHA in 10 main cities (Kathmandu, Bhaktapur, Pokhara, Biratnagar, Dharan, Janakpur, Birgunj, Bhairahawa, Nepalgunj and Dhangadhi). Among the 1314 male and 1299 female between the age of 18-60 in that study, 24 per cent male and 19 per cent female are reported that abortion is Nepal and the rest did not. Similarly, only 13 per cent male and 9 per cent female were known about new abortion law passed by 11th amendment of national code of abortion. But after giving information about that law (passed by 11th amendment of national code of abortion), 87 per cent respondent were pointed that it is necessary to legalize. And 87 per cent male and 86 per cent female showed the positive attitude towards the legalization of abortion. (CREPHA, 2002)

Abortion in Nepali women imprisoned has reported that the suffering of Nepali women under the country's abortion. It expresses the human rights violations in the law itself as well as those arising from the law's enforcement. Nepal primitive approach to abortion has threatened women's lives and health, reinforced entrenched gender discrimination and interfered with women's decisions making on a matter with immense personal implication. For these reason, it violets recognized of rights to life and health, the right to equity and non-discrimination and the right to reproductive self-determination. All of Nepali women endure there violation of their basic human right.(CRLP and FWLD, 2002).

Among 109 induced abortion cases, almost all aborted were aware that abortion is illegal in Nepal. Education and illiterate women with abortion experience too an abortion and only small member of woman have abortion inure (Thapa, 1992).

Liberalization of the existing abortion law along is not a solution in a country like Nepal. It is equally important for the government to educate the community, the traditional practioners, outreach health worker and the local opinion leader about "safe abortion" contraception, the possible health risk of abortion (be it safe on unsafe) and institution where one can have access to safe abortion on services communities, particularly women need to know where one can terminate unintended pregnancy safely and maintain confidentially of the act.

The community based organizations and local level non- governmental organization can play crucial roles in creating awareness among the target population about contraception, safe abortion, the danger of unsafe abortion practices by integrating abortion practices by integrating abortion in main HR invention programmers. There is also a need to strengthen the skill of the medical professional and clinicians improve. Infrastructure and resources of the existing medical institution or hospital to deal with clients requesting for abortion service. There is also a need to strengthen the skill of the medical professional and clinicians improve infrastructure and resources of the existing medical institution on hospital to deal with clients requesting for abortion services. (Tamang, 1998)

Urban Societies in Nepal, favor of legalization in the country. The conditions laid down by them for women to have right to abortion were in line with the conditions specified in the proposed abortion bill. Almost all the obstetric and gynecologist were also in favors of liberalizing abortion laws in the county (CREHPA, 2002).

After legalization of abortion, the scenarios of women's health will be changed, the material mortality hate will be reduced by 15-30 per cent and similar relief will be ached in sub fertility and chronic pelvic pain. We can prevent many children from being orphaned. Even poor women from rural area will have abortion services available in hospital where service in affordable for the poor. The number of women imprisoned in custody will be reduced. There will be consequent changes in social psychological and financial aspects of human development (Rijal and Gautam, 1999).

All together 3747 men and only 406 women were in prisons fen different crimes of them, 80(20%) women were convicted of abortion add infanticide. Nearly, one –third of them were in the prisons since past 3-5 year or even more court cases were pending for a majority of there women (56 per cent) . All these women were illiterate and from poor families complaints were failed about illegal abortions and infanticides against the women either by their family, spouse or villager. From the prospective of there women, the charges levied neighbors seeking opportunity and vying for revenge and some of them were pressured to confess their crime to the police in a considerable number of cases, the statements in the court and those narrated to the interview and at the time of the survey are found to differ widely(Tamang,2002).

The most commonly listed groups in which abortion is permitted include

a) To save the life of the mother(life ground)
b) To preserve her physical (narrow health ground) and /or mental health (broad health grounds)
c) In case economic reasons (social grounds)

There are the grounds coded in the first section. Although some counties include additional grounds for example, when there in contraceptive failure, where the pregnant women has tasted positive for the HIV, when she is a major on when the pregnancy is result of an illegitimate relationship. (UN, 1995)

After a long debated and wait finally we have abortion legalized in our country, obviously it is good in step towards strengthening women power what author believes is that there are more advantages than disadvantage. Disadvantages will be can't utilize the law in proper and suitable way. There should certainly be a clear cut vision for where to abort and how to abort or with the wish of women on against legalizing ins one aspect and educating and making people aware is another still in remote parts of country , there are lots of women illiterate, ignorant and rustic who hardly can understand what abortion means. If we utilize the law properly there will be certainly one more advantages with respect to women health, proper education, proper feeding and sound family (Dhungana, 2003).

It was reported in the report of IHRICON (2002) out of 20 articles in Nepali publication gave an opinion on abortion rights. All 23 of these articles were positive

about the new legal provision although seven articles also highlighted the ways in which the law could be abused. 24 out of 29 articles in English publication gave an opinion on abortion rights of these 23 were largely positive, although 4 were heighten the dangers of difficulties in making the law reality for most women. Only one article," women's rights to abortion (Himalayan Times 3 October 2006, page 6) gave a largely negative view of the new law stating that it could potentially escalate fetal killing with women using rape as an "excuse' to have an abortion .The article does however discuss the discrepancies between the benefits that urban women are likely to receive over rural women.

Prior to the enhancement of the country code of 1854 (the old code) homicide laws were primarily governed by unwritten and unmodified laws based on the Hindu Dharma sastra, local customs and traditions and occasionally Royal edict. In the Lichavi era, although no separate legal provisions healing to abortion were punished accordingly. In the Malla era the legal status of abortion was interpreted to provide for the best interest of the high caste families , Where by abortion was permitted in case of pregnancies caused by sexually relationships between members of high and low castes .No provision regarding abortion can be found before the shah era, the country code of 1854 A.D. subdivided un law full homicide into there categories 1) Jayanmara 2) Jatakmara 3) Bhabitabya Hatya women who were accrued by Jatakmara faced sentence of life imprisonment .The country code 1854 amended in 1935 and 1963 respectively under the country code 1963 abortion is listed under the chapter of homicide sentence 28 to 33 of this chapter specially address abortion section 31 provides for punishment of those convicted provides or receiving an abortion (FWLD and PPGP , 2003)

The house of reproductive passed the 11th amendment of the country code of 1963, on 14th March 2002 and received the Royal assent on 26th September, 2002, there by legalizing abortion in Nepal for the first time in the country's history. The 11th amendment also permits abortions during the first 12 weeks with the voluntary consent of women. It also permits abortions during the 18 weeks; pregnancy resulted from rape and incest. Also permits at any time, if the health of mother is in risk and if fetus was deformed. These exceptions required both of the advice and consent of a physician as well as the consent of pregnant women. Thus, Nepal, how has one of the most liberal abortion polices in Asia. However, the induced abortion illegal in Nepal

in some conditions, the traditional norms have been playing role to slow the change and the valuing of women as being interior still exists in most of Nepal. The large segment of the population lacks access to basic health care services and that it is unrealistic to assume that legalizing abortion will result in an immediate decrease in the high maternal mortality rate (FWLD and PPGP, 2003).

According to His Majesty of Government/ Ministry of Health (HMG / MOH, 2002), 37 per cent of total pregnant women have unwanted pregnancy in Nepal. The alternative to unwanted birth is induced abortion, which is rarely safe. Consequently, women suffer from serious bodily injuries, including permanent physical disabilities, cervical trauma, sepsis, uterine perforation, hemorrhage, infertility and even death. Unsafe abortion is taking place in all parts of Nepal by qualified and unqualified persons. Abortion related complications are so high as to contribute 50 per cent of all maternal death in the country. The data of maternity hospital, Thapathali, shows that 1300 to 1600 patients are admitted for treatment of abortion related complications each year. Since the start of Post Abortion Care (PAC) Center in 28th may 1995 until last July 2004, nearly 7000 women have received treatment from maternity hospital, Thapathali (Satyal, 2004).

According to public opinion poll in abortion and abortion law carried out by CREHPA in 2004 have the knowledge that abortion is now legal in the country. The proportion of the respondents who said that abortion is the legalized in 30 per cent and have no idea is 28 per cent. Latter two type's respondents comprise a formidable percentage of the total urban respondents when combined. A higher proportion of the adult males (47 per cent) than the adult females (37 per cent) are aware about the legalization. Likewise, urban public who are high literatures (59 per cent) read newspaper regularly (55 per cent) or are exposed to radio (47 per cent) or TV (45 per cent) regularly are more aware of legalization than those who are low literatures (25 per cent) never read newspapers (21 per cent) or never listen the radio (24 per cent) or watch TV (23 per cent). A considerable proportion (25 to 49 per cent) of the urban public have the knowledge that their district hospitals provide safe abortion services (CREPHA, 2005).

Gurung are more aware of the legal aspects of the abortion because of open community and higher women's empowerment. Women who have past experience of

abortion, educated and exposed to the different communication media were more aware. Only 28 per cent had knowledge about present legal status of abortion in Nepal and very few (24 per cent) respondents had knowledge about new abortion act. Meanwhile, some respondents had expressed negative views about the act (8 per cent) too, even after giving information about the act, 20 per cent said that abortion laws and it should be legalized (58 per cent). The 21st session of the parliament passed the Muluki Ain 11th amendment bill which protects the women's right (Panday A, 2003).

2.3 Variables Identified

The knowledge on abortion is dependent upon the age of the respondent. It also depends upon the occupation they are in and the culture of their family. Sometimes the size of the family also determines the attitude of the respondent.

Independent variable

- Age
- Caste/ Ethnicity
- Occupation

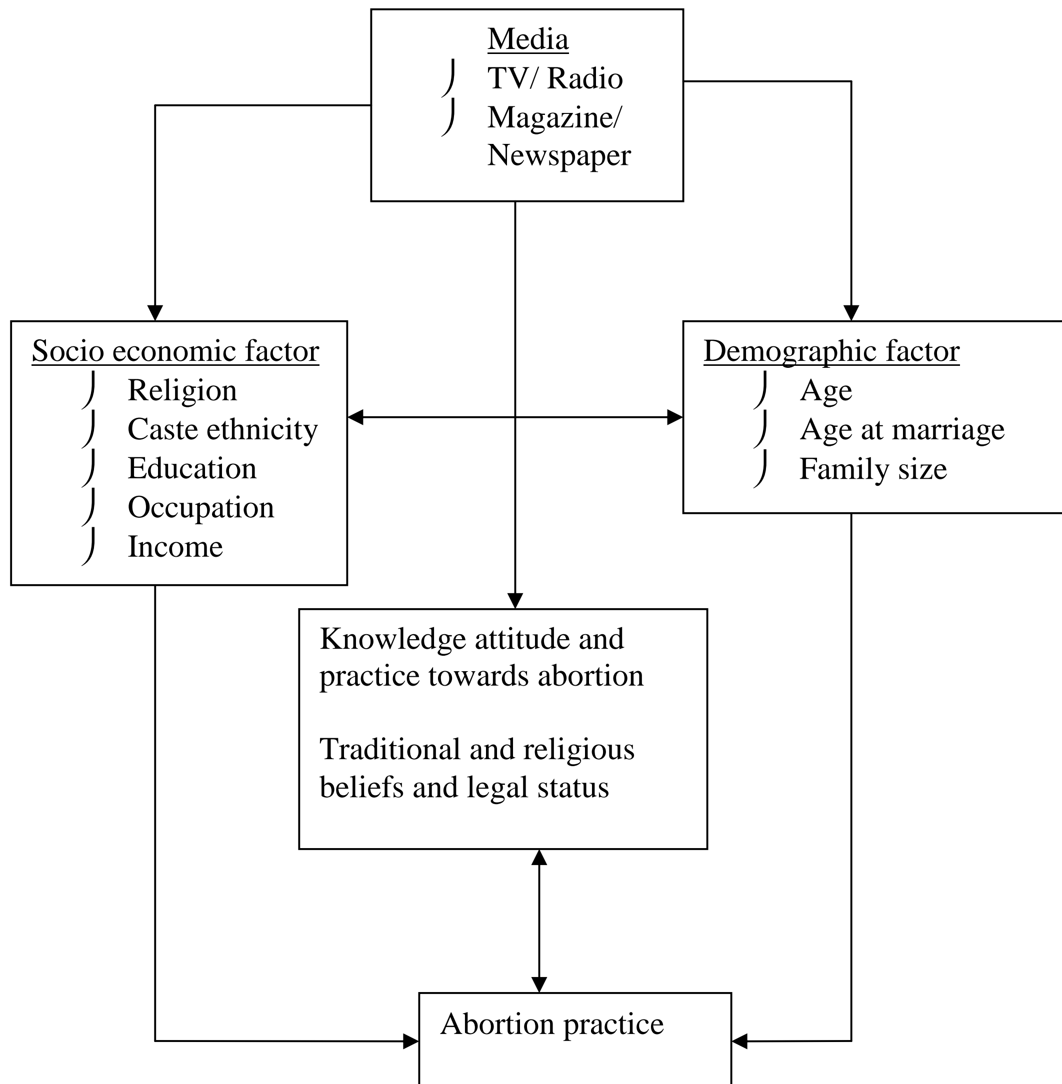
Dependent Variable

- Knowledge on abortion.

2.4 Conceptual Framework

There are too many factors affecting knowledge, attitude and practice towards abortion services. Following frame work has been developed to study the knowledge, attitude and practice towards abortion which are consider here as the independent variables.

Conceptual Framework



Independent variables such as demographic factors, socio-economic factors and media all affect the dependent once, i.e. knowledge, attitude and practice as well as traditional and religious beliefs and legal status. How ever there are so many factors affecting knowledge, attitude and practice on abortion, but here three factors have been consider as independent variables such as socio-economic factors, demographic factors and media. Media directly affects the socio-economic and demographic factors as well as the knowledge and attitude on abortion. Similarly, socio-economic and demographic factors have the great effect on the knowledge and attitude on abortion. In addition, socio-economic and demographic factors affect is others and the abortion practice equally since the knowledge and attitude on abortion affects the abortion

practice greatly, the abortion practice also has more or less affect on knowledge and attitude on abortion. And the traditional and religious beliefs and legal status of abortion on also has great influence towards abortion.

2.5 National Policies and Programs

The 11th amendment of the country code of Nepal gives all women across the country the right to have access to safe abortions service, whatever their class, caste, family or economic situation, provided the conditions of the law are observed. The procedural specifies that CAC Services should be available at reasonable cost and include high quality medical care, with appropriate technologies, counseling and post abortion family planning information and services to prevent future unwanted pregnancies. Service should be centered on the needs of women and ensure they are treated with respect need their confidentiality and privacy maintained (CREPHA, 2005).

Abortion service has legalized in Nepal since December 2003. Comprehensive Abortion Care (CAC) Service has been established in 54 districts hospital. Tenth plan also has given high priority for the safe motherhood. National Maternity Hospital pf Kathamandu is training center for abortion services and it has been providing abortion service to about 20 women per day. Both private and NGOs are eager to participate in government trainings and willing to comply with government standards, in order to ensure their providers and sites are listed under the government system and able to provide legal services. These organizations have moved forward quickly to develop services across the country, and it is clear they can play a valuable role. Family Planning Association of Nepal (FPAN) is currently operating 37 family planning clinics of different sizes and capacity across the country. To date, seven of these have been listed as CAC services. Marie Stops International (MSI) currently operates 29 clinics in different parts of the country (CREPHA, 2005).

CHAPTER III

RESEARCH METHODOLOGY

This chapter is divided into many subheading such as research design, sampling procedure technique of data collection and procedure of data analysis.

3.1. Research Design

This study is based on descriptive as well as exploratory research design which may consider as an appropriate and best for the analysis of this type of research work. This study is exploratory because it makes attempt to explore the process study area. It is descriptive because it is attempt to describe the socio-economic condition, challenges, faced by the focused group. A comprehensive methodology has been undertaken in order to achieve the goal showing the situation of knowledge, attitude and practice.

3.2. Sampling Procedure

The researcher has been used sampling procedures, the total 110 cases were interviewed with the help of structural questions.

The following sampling procedure has been used in this study.

Sampling Procedure-

$K={}^{N}/_{n}$

Where,

N= Universe (total sample size)

n= Expected number of sample.

K= Sampling interval.

$K={}^{N}/_{n}$

${}^{500}/_{100}=5$

Out of 550students, 110 students has been selected for the study. Firstly, listed the total no. of students. The Lottery has been done from no. ‘1’ to ‘5’. From ‘1’ to ‘5’ number ‘2’ has selected. Therefore, the sampling interval is ‘5’ so the selected no. ‘2’, 2+5=’7’, 7+5=’12’, …………and so on.

3.3. Techniques of Data Collection

To meet the objective of the study with considering limited time and sources, data were collected by preparing precise questionnaire schedule. Both structured and close ended question are use for the interview. The question schedules are divided into there sections. The first section is concentrated about question of the respondents, the second section is included about the socio-economic condition of the respondents and the last third section knowledge, attitude and practice about abortion.

3. 4. Procedure of Data Analysis

The raw data was first edited to omit error. The analysis is based on descriptive type of analysis data is analyzed by using simple statistical tools. Data is interpreted by using Frequency table, correlation and regression table from SPSS (Statistical Package for Social Science). All the data is tabulate with various types of single or cross tabulations to analyze the data charts, graphs and necessary diagrams is used to summarize the data, where necessary.

CHAPTER IV
SOCIO-ECONOMIC CHARACTERISTICS

This chapter presents the socio economic and demographic characteristics of the respondents, age, caste/ ethnicity, religion, source of income, marital status, age at marriage, family size, education of husband.

4.1 Socio- Economic Characteristics

Although, a woman can reproduce after menarche, which begins around the age of 13 years, but generally in the demography, reproductive age begins from the age of 15 years and ends in 49 years, after which also the capacity of reproduction prevails for some women. Thus only 10+2 girls students aged 15 to 25 years are selected as the respondents for this study and their demographic characteristics have been described hare.

4.1.1 Age

The whole respondents have been divided in eleven age groups according to their current age groups each age group one year interval.

In this study, the highest proportions of women are selected from 15-25 years.

Table 1 Distribution of respondents by age groups

Age groups	Numbers	Percentage
15	2	1.82
16	5	4.55
17	25	22.73
18	21	19.09
19	22	20.00
20	13	11.82
21	8	7.27
22	6	5.45
23	4	3.64
24	2	1.82
25	2	1.82
Total	110	100.00

Source: Filed survey, 2009

Above table shows that more than 22 per cent respondents from age 17 and least proportion 1.82 per cent respondents from age group 15, 24 and 25 years.

4.1.2 Caste / Ethnicity

Similar to national scenario, Chhetri is the largest caste residing in Urlabari VDC too.

Table 2 Distribution of respondents by caste/ ethnicity

Caste/ ethnicity	Numbers	Percentage
Brahmin	22	20.00
Chhetri	35	31.81
Limbu	20	18.18
Mangar	5	4.55
Gurung	4	3.64
Newar	13	11.82
Dalit	11	10.00
Total	110	100.00

Source: Field survey, 2009

That is why the majority of the respondents (31.82%) have been selected from this caste. Similarly, the second largest number holding caste is Brahmin (20.00%) followed by Limbu (18.18%), Newar (11.80%) dalit (10.00%), magar (4.56%), at least proportion (3.64%) gurung.

4.1.3 Religion

Nepal is multi religious country similarity also exit in Urlabari VDC also.

Table 3 Distribution of respondents by Religion

Religion	Numbers	Percentage
Hindu	71	64.50
Buddhist	35	31.00
Islam	-	-
Christen	5	4.50
Total	110	100.00

Source: Field survey, 2009

The most of the highest proportion of respondent follows Hindu religion (64.50%) followed by Buddhist (31.00%) and least proportion is Christian (4.50%).

4.1.4 Source of Family Income

Being a rural area, most of the women's family are engaged in agriculture sector as their main source of family income. A little less than three-fourth (71.82%) respondents are engaged in agriculture sector as their main source of family income. Women who are housewife also are included in this category because many women in the rural area engage in the agriculture sector, and house works is not consider as the occupation separately.

Table 4 Distribution of respondents by sources of family income

Source of family income	Numbers	Percentage
Agriculture	79	71.82
Service	12	10.91
Business	19	17.27
Others	-	-
Total	110	100.00

Source: Field survey, 2009

Similarly table 4 shows that 10.91 per cent respondent's family engaged in service as source of family income, 17.27 per cent respondents are engaged in business in retail shops in the rural areas.

4.1.5 Marital Status of Women and Age at Marriage

Marriage is the important factor that influences various aspects of women's life as well as knowledge, attitude and practice towards abortion. Age at marriage of women is an important factor that influences various aspects of woman's life as well as knowledge, attitude and practice towards abortion. As shown in table 6, the age at marriage of respondents has been divided in 4 age groups.

Table 6 Distribution of respondents by marital status of women and age at marriage

Marital status	Numbers	Percentage
married	11	10.00
unmarried	99	90.00
total	110	100.00
Age at marriage*		
Less than 15	1	9.09
15 to 19	7	63.64
20 to 24	2	18.18
25 + years	-	-
total	11	100.00

Source: Filed survey, 2009

*Note: Only those who have married.

About 90% of respondents are still unmarried and just only 10 per cent are married. Majority of the respondents are married is 15 to 19 years of age.

4.1.6 Education Level of Husband

Socio -economic backgrounds not only of the respondents but also of the husband of respondents play a great role in the knowledge, attitude and practice of abortion as well as family planning. So, the education of the husband of respondents is also considered in this study.

Table 5 Distribution of respondents by education level of husband

Education level of husband	Numbers	Percentage
No schooling	-	-
Primary	-	-
Lower secondary	-	-
Secondary	-	-
S.L.C.	4	36.36
Intermediate	5	45.46
Bachelor & above	2	18.18
total	11*	100.00

Source: Field survey, 2009

About 45 per cent reported that their husband’s educational level is intermediate and about 18 per cent reported that their husband's educational level is Bachelor and above.

4.1.7 Family Size

Family size of respondents has been divided into eight categories i.e. having two, three, four, five, six, seven, eight, and more than eight family members respectively as shown in table 7.

Table 7 Distribution of respondents of family size

Family size	Numbers	percentage
Two	2	1.82
Three	4	3.64
Four	12	10.91
Five	23	20.00
Six	26	23.64
Seven	17	15.45
Eight	15	13.64
More than eight	11	10.08
Total	110	100.00

Source: Field survey, 2009

Most of the respondents (23.64%) reported that their family members are six and less respondents 1.82 per cent from two family members.

CHAPTER V

PRESENTTATION AND ANALYSIS OF DATA

Nepalese society operates on the Hindu traditions and believes. As other religions, Hinduism also restricts the abortion. The study about the knowledge, attitude and practice towards abortion is thus, a really risky task in such society. The chance of no response may be high due to the social as well as traditional and religions norms and believes in such society.

Abortion is one of the proximate determinants of the fertility. Practice of abortion unknowingly affects the level of fertility in a particular area. Unsafe abortion is a great health problem; it directly affects the nature and practice of abortion that is safe or unsafe. The knowledge, attitude and practice towards abortion differ country to country, district to district in the same country, VDC to VDC, society to society and person to person. Even within a society it varies according to age, caste/ ethnicity, religion, family size, education level occupation etc. of women of that society. Thus in this study analysis has been attempted to make in according to the above mentioned socio-economic and demographic backgrounds of respondents as well as the socio-economic background of the husband of respondents.

5.1 Knowledge on Various Aspects of Abortion

Attitudes and practice towards abortion of a person is guided by the knowledge of that person on various aspects of the abortion. In this sub-chapter, general knowledge of respondents on abortion as well as knowledge about the methods of abortion in the country has been analyzed by various socio-economic and demographic backgrounds of the respondents as far as practicable.

5.1.1 Knowledge on Abortion

To get the data on knowledge on abortion, question as “Have you heard about the spontaneous abortion and from which sources have you heard about the spontaneous abortion? And have you heard about induced abortion and from which source have you heard about the induced abortion?” were asked to the respondents. Same question for the knowledge about induced abortion were also asked to each of the respondents but same answer were responded for the both type of abortion. Only those respondents for who responded ‘yes’ for the first question have been considered as the

respondents having the knowledge on abortion and were asked next question mentioned above.

Table 8 Percentage distribution of respondents according to their knowledge on abortion and sources of knowledge

Knowledge on abortion	Numbers	Percentage
Yes	98	89.10
No	12	10.90
Total	110	100.00
Source of knowledge (multiple responses)*		
TV	64	58.18
Radio	70	63.63
Magazine	14	12.72
GO/NGO/INGO	22	20.00
Health personnel	75	59.09
Friends	98	89.09
Family members	76	69.09
Others	-	-

Source: Field survey, 2009

*Note: The sum of percentage exceeds 100 because of multiple responses.

Among the total 110 respondents the greater percentage (89.10%) women reported that they have knowledge on abortion and only 10.90 per cent women reported that they have no knowledge on abortion or they have not heard about it (table 2).

By the above table 8, we can know, among the total 89.10 per cent respondents who reported that they have knowledge on abortion, the highest proportion (89.09%) of woman reported that the source of their knowledge on abortion is their friends. The other sources are family members (69.09%), radio (6363%), health personnel (59.09%), TV (58.18%), GO/NGO/INGO (20.00%) and the least proportion of women reported magazines (only 12.72%) as the source of their knowledge on abortion (Table 2). This makes clear that informal discussion between friends is the main source of knowledge of women on abortion in 10+2 girls' students of Urlabari Multiple Campus, Ualabari. Being a rural area and due to lack of availability of newspaper/ magazines, reading of newspaper is the less.

5.1.1.1 Knowledge on Abortion by Age

Among various demographic factors, age of women is an important factor, which affects significantly to the knowledge on abortion. Knowledge of women on abortion by age groups in this study has been shown in table 3.

Table 9 Percentage distribution of respondents having knowledge on abortion by age groups

Age groups	Numbers	Percentage
15	2	2.05
16	5	5.10
17	7	7.14
18	5	5.10
19	6	6.12
20	14	14.29
21	17	17.35
22	16	16.33
23	12	12.24
24	8	8.16
25	6	6.12
Total	98*	100.00

Source: Field survey, 2009
*Note: Only those who have knowledge about abortion.

As shown in table 9, there is not much variation in knowledge by age groups. The least proportion of respondents (2.05%) having knowledge on abortion is in age group followed by age group 16 & 18 years(5.10%), 19 & 25 years (6.12%), 17 years (7.14%), 24 years (8.16%), 23 years (12.24%), 20 years(14.29%), 22 years (16.33%) and the highest proportion of respondents having knowledge on abortion is in age groups 21 years (17.35%).

5.1.1.2 Knowledge on Abortion by Family Size

The trend of living in nuclear family is increasing in Nepal. People especially those who are educated and are in non agricultural want to live in this type of family, but nowadays, most of them are living in joint family.

Table 10 Percentage distribution of respondents having knowledge on abortion by family size

Family size	Numbers	Percentage
Two	1	1.03
Three	2	2.05
Four	9	9.18
Five	22	22.45
Six	23	23.47
Seven	16	16.33
Eight	14	14.26
More than eight	11	11.23
Total	98*	100.00

Source: Field survey, 2009

*Note: Only those who have knowledge about abortion.

5.1.13 Knowledge on Abortion by Caste/ Ethnicity

Similar to national scenario, socio–economic and demographic backgrounds of people in Urlabari Multiple Campus, Urlabari VDC also vary with their caste/ ethnic groups. Thus, the proportion of women having knowledge on abortion also various with caste/ethnicity groups of women. It is evident from table 4 that all Brahmin and Chhetri of 10+2 student of Urlabari Multiple Campus have the knowledge on abortion.

Table 11 Distribution of respondents by caste/ ethnicity

Caste/ Ethnicity	Numbers	Percentage
Brahmin	20	20.41
Chhetri	33	33.67
Limbu	16	16.33
Mangar	4	4.08
Gurung	3	3.06
Newar	12	12.24
Dalit	10	10.21
total	98*	100.00

Source: Field survey, 2009

*Note: Only those who have knowledge about abortion.

Above table described about the knowledge on abortion by caste/ethnicity. More than 33 per cent chhtrri respondents response that they have knowledge on abortion, followed by Brahmin women(20.41%), Limbu women(16.33%), Newar women(12.24%), Dalit women (10.21%), Magar (4.08%) and at least 3.06 per cent Gurung women response they have knowledge on abortion.

5.1.2 Knowledge about the Methods of Abortion

Only those women, who reported that they have knowledge on abortion, were asked further questions about the methods of abortion as shown in table 12.

Table 12 Percentage distribution of respondents according to their knowledge on methods of abortion

Knowledge on methods of abortion	Numbers	Percentage
Yes	85	86.73
No	13	13.27
Total	98*	100.00
Types of method known by women (multiple responses)		
Domestic	58	68.23
Medicine	72	84.70
Mechanical	83	97.65
Electrical	9	10.59
Others	-	-

Source: Field survey, 2009
*Note: Only those who have knowledge about abortion.

From the table 12, it is also clear that mechanical method of abortion is known among the most of women of Urlabari Multiple Campus. About 97.65 per cent among those who have the knowledge about method of abortion and this method of abortion and this method of abortion is popular as ‘curate’ in rural areas and in this Urlabari VDC also. Taking medicine to abort the pregnancy is effective within certain period of conception and it less reliable, is known by 84.70 per cent of respondents who have knowledge about the methods of abortion which is second popular method of abortion in Urlabari VDC. And then domestic method of abortion is known by 68.23 per cent of respondents and this method is third method of abortion in this study area. Insertion of stick with cow’s dung into the uterus, beating the womb of pregnant women, etc. are such domestic methods which are mostly harmful to heath. Eating ‘Kuvindo’ like safe and ayurvedic method also is such a domestic method. After domestic method, use of electricity to terminate the pregnancy is known only by 10.59 per cent of women having knowledge about methods of abortion.

5.3.1 Knowledge about the Causes of Abortion

Practice of pregnancy termination is not a secular aspect, but a result of various factors such as social problems, demographic reasons, accidental incidents, etc. and it

is led by socio/economic and demographic background of respondents. Thus, some causes of abortion have been analyzed in this study as well.

Table 13 Percentage distribution of respondents according to their knowledge on causes of abortion

Knowledge on causes of Abortion	Numbers	Percentage
Yes	85	86.73
No	13	13.27
Total	98*	100.00
Causes of Abortion known by women (multiple responses)		
Socio-economic	55	64.47
Incest / Rape	77	90.59
Sex selection	68	80.00
Health Problem	28	32.94
Too many children	81	95.29
Unwanted pregnancy	84	98.82
Others	10	11.76

Source: Field survey, 2009

*Note: Only those who have knowledge about abortion.

From above table, it is evident that among total 98 respondents who have knowledge about abortion, 86.73 per cent reported that they know the causes of abortion while 13.27 per cent reported that they don't know about it. Among the women who know the causes of abortion, 98.82 per cent stated that unwanted pregnancy is the main cause of abortion followed by too many children (95.29 %), incest/rape (90.59%), sex selection (80.00%), socio-economic (64.47%), health problem (32.94%) and others cause (11.76%).

5.1.4 Knowledge about Consequences of Unsafe Abortion

Some questions were asked to the respondents to get the data on knowledge of women about the consequences of unsafe abortion by only those respondents who reported that they have knowledge on the consequences of unsafe abortion. Table 6 gives the date on knowledge about consequences of unsafe abortion.

Table 14 Percentage distribution of respondents according to their knowledge on consequences of unsafe abortion

Knowledge on consequences of unsafe Abortion	Numbers	Percentage
Yes	85	86.73
No	13	13.27
Total	98*	100.00
Consequences of Abortion known by women (multiple responses)		
Infertility	23	27.06
Against the law	51	60.00
Against the social norms	82	96.47
Birth of deformed child	21	24.71
Death of women	14	16.47
Increase of prostitution	16	18.82
Others	10	11.76

Source: Field survey, 2009
*Note: Only those who have knowledge about abortion

As shown in table 14, more than 86 per cent of total respondents have knowledge about cause of abortion. They reported that they have knowledge about the consequences of unsafe abortion and the rest of the respondents don't have knowledge. Among the women who have knowledge about the consequences of unsafe abortion, most of them (96.47%) reported that the consequences of unsafe abortion is against the social norms, against the law (60.00%), infertility (27.06%), birth of deformed child (24.71%), increase of prostitution (18.82%). The least proportion of women (16.47%) reported that the unsafe abortion may cause the death of women.

5.1.5 Knowledge on Legal Status of Abortion

For a long time, abortion was illegal in Nepal till 26th September 2002. Now, abortion is legal on some conditions but almost all studies have shown that due to lack of IEC, most of the rural and on educated women believe that abortion is still illegal in Nepal or they don't have any idea about whether it is legal or not. Thus, a special attempt has been made to assess the knowledge of women of the study area on the legal statues of abortion. Table 15 shows that among total 98 respondents who have knowledge about abortion. Only 41.84 percent reported that they are aware of new law or abortion, which is small proportion of women who know about that abortion, is legal in Nepal

even after six year of legalization of abortion in Nepal. This supports that the old beliefs are still alive among the majority of women and they may search the unsafe and illegal way of abortion. Similarly 22.45 per cent respondents reported that abortion is still illegal in Nepal or negative answer and 35.71 percent reported that they don't have any idea about whether abortion is legal or illegal in Nepal.

Table 15 Percentage distribution of respondents according to their knowledge on legal status of abortion

Knowledge on legal status of Abortion	Numbers	Percentage
Yes	41	41.84
No	22	22.45
Don’t know	35	35.71
Total	98*	100.00
Knowledge about legal conditions (multiple responses)		
Every pregnancy 16 years, up to 12 weeks with the consent of mother	38	92.68
Below 16 year up to 12 weeks with consent of parents	7	17.07
Up to 18 weeks, pregnancy resulted from rape and incest	27	65.85
At any time, if the health of mother is in risk and if fetus was deformed	15	36.59

Source: Field survey, 2009

*Note: Only those who have knowledge about abortion

From the above table, the knowledge of the respondent about the legal condition have the better proportion 92.68 per cent on every pregnancy 16 years, up to 12 weeks with consent of mother. The lease per cent (17.07%) is answered as below as 16 years, up to 12 weeks with consent of parents.

5.2 Attitudes Towards Abortion

Attitudes of the personal view regarding the legalization of abortion in Nepal, of the students of +2 of Urlabari Multiple Campus many questions were asked.

5.2.1 Attitude on Abortion Towards Women's Right

In this study to know the attitude of the respondent towards abortion the question 'abortion is women's right, under which circumstance will you support and will you not support?' where asked and the respondents repossessed different answer. Which are shown in following table 16

Table 16 Percentage distribution of respondents according to their opinion about abortion of women's right and circumstances

Attitude on abortion of women's right	Numbers	Percentage
yes	98	89.09
No	10	9.09
Don't know	2	1.82
total	110	100.00
Attitude about support of circumstances to abortion(multiple responses)		
Premarital pregnancy due to rape of incest	90	92.00
Multiple children	5	5.00
Mother's health is in danger	85	87.00
Unplanned pregnancy	12	12.00
others	-	
Attitude about dose not support of circumstance to abortion (multiple responses)		
Abortion after sex selection	9	75.00
Unplanned pregnancy	7	58.00
Others	-	-

Source: Field survey, 2009

In table 16, the opinion about abortion of women's right and circumstance is shown. In the question on attitude on abortion of women's right, maximum respondents (89.09%) have given positive answer that abortion is women's right. The only 9.09 per cent of respondents gave negative answer. Similarly the least per cent (1.82%) said that they have no idea or they don't know.

To know the attitude about support of circumstances to abortion, different option was given to the respondents they gave multiple responses among positive answer, like premarital pregnancy due to rape of incest (92.00%), mother's health is in danger (87.00%) unplanned pregnancy 12 per cent and multiple children 5 per cent.

There were also the multiple answers who does not support of circumstance to abortion. The high proportion of respondents 89 per cent responded that they don't support abortion after sex selection, 64.55 per cent don't support to unplanned pregnancy. Lastly 10.91 per cent of respondents do not support other attitude like family force.

5.2.2 Attitude Towards Make Safe Abortion and Legalization

Some questions were asked to the respondents to get the data on attitude of opinion towards make safe abortion and legalization. In this study two questions asked 'in your opinion how can we make safe abortion and 'in your opinion what circumstances abortion should be legal respondents responses that shown table 17.

Table 17 Percentage distribution of respondents according to their opinion to make safe abortion and circumstances on legal abortion

Opinion to make safe abortion (multiple responses)	Numbers	Percentage
By making abortion laws	102	92.73
Production of sufficient no. trained health personal for abortion	25	222.73
Development of sufficient recognized abortion center and risk of unsafe abortion	35	31.82
Providing effective family planning service	102	82.73
Others	7	6.36

Source: Field survey, 2009

As shown in table 17, more than 92 percent of total respondents who reported that by making abortion laws to make safe abortion, 82.73 percent reported that providing effective family planning services, 31.82 percent development of sufficient recognized abortion center and risk of unsafe abortion and least proportion is 22.73 percent production of sufficient number of trained health personal for abortion. Some woman reported that other (6.36%) way to make safe abortion. In this way second question also give the data. It is also shown in table 17.

5.2.3 Attitude towards Awareness Regarding the Legalization of Abortion Law

Commutation is the effective means to raise public awareness regarding the legalization of abortion laws. In this study the questions' what may be effective means of communication it raise public awareness regarding the legalization of abortion laws' asked and get different responses as shown in table 18.

Table 18 percentage distribution of respondents according to their attitude towards awareness regarding the legalization of Abortion law

Attitude towards awareness regarding the legalization(multiple responses)	Numbers	Percentage
Creating awareness through radio/ TV, poster, pamphlets etc	105	95.45
Conducting seminar, meeting, role play, discussion etc	29	26.36
Conducting female Training classes	32	29.09
Creating community awareness regarding Abortion	87	79.09
Others	15	13.64

Source: Field survey, 2009

Table 18 shows, high proportion (95.45%) out of total respondents reported that creating awareness through radio, TV, poster, pamphlet etc, following by 79.09 percent responses that creating community awareness regarding abortion, conducting female training classes (29.09 %), conducting seminar, meeting, role play, discussion etc (26.36%) and some respondents responses that other way to be the effective means of commutation to raise public awareness regarding the legalization of abortion laws.

5.2.4 Attitude on Premarital Sex

The premarital sex is in intercourse between the two partners before marriage. Most people today have premarital sex this can be consider safe if done be consent between the two partners by assume. In this study, a question 'what is your opinion about having premarital sex?' asked and the respondent give different responses as shown table 19.

Table 19 percentage distribution of respondents according to their attitude on pre marital sex

Attitude on pre marital sex	No of respondents	Percentage
Good	-	-
Worse	80	72.73
Complicate but can handle	5	4.55
Society does not permit it	25	22.72
Others	-	-

Source: Field survey, 2009

In this study, more than 72 percent of total respondents reported that premarital sex is wrong, 22.72 percent reported that society does not permit it and least proportion (4.55%) responses complicated but can handle it. know one report that premarital sex is good.

5.3 Practice on Abortion

Practice of pregnancy termination is directly affected by the knowledge on various aspects of abortion as well as the accessibility, affordability and reliability of the family planning methods. Causes of pregnancy termination have, in ortherhand, prominent role in the practice of abortion as well. Similarly, legal status of induced abortion in the country is another important factor that has a great influence in the practice of pregnancy termination. Along with these factors, socio-economic and demographic background of respondents has the primary, long term, and permanent effect on the practice of pregnancy termination. Thus, the data on the practice of pregnancy termination among students of Urlabari Multiple Campus have been analyzed based on respondent's socio-economic and demographic backgrounds.

5.3.1 Methods Used by Women for Abortion

Knowledge availability accessibility and reliability of methods of abortion determine the pattern and use of the methods. In this study, the question' have you applied any method of induced abortion?' and which method had you applied?' were asked and respondents gives different responses as shown in table 20.

Table 20 Percentage distribution of respondents according their practice on method of abortion

Applied method of Abortion	Numbers	Percentage
Yes	5	4.54
No	105	95.46
Total	110	100.00
Used methods		
Domestic	1	20.00
Medicine	3	60.00
Mechanical	1	20.00
Electrical	-	-
Others	-	-
Total	5*	100.00

Source: field survey, 2009

*Note: Only those who have applied method of abortion

As shown in table 20, among 60 percent women who have aborted their pregnancy

reported that they had aborted their pregnancy by using medicine, 20 percent women who have aborted their pregnancy by using mechanical methods which is known as ‘safai' in the rural area. And last 20 percent women reported abortion by domestic methods like eating 'Kuvindo', beating the womb of pregnant women.

5.3.2 Causes of Abortion

In this study, out of total respondents 4.54 per cent have applied method of abortion. They applied method of abortion by different causes. The question 'why did you apply induced abortion' were asked and the give different responses.

Table 21 percentage distribution of respondents according to their causes of abortion

Causes of abortion	Numbers	Percentage
Unwanted pregnancy	4	80.00
Sex selection	-	-
Physical problem	1	20.00
Social problem	-	-
Economic hardship	-	-
Family size contest	-	-
Others	-	-
Total	5*	100.00

Source: Field survey, 2009.
*Note: Only those who have applied method of abortion

Out of total applied method of abortion (4.54%) was different causes.80 per cent women abort their pregnancy due to unwanted pregnancy and only 20 per cent women reported that they abort their pregnancy by physical problem.

5.3.3 Place of Abortion Performance

Being a rural area, most of the women having experience of pregnancy termination reported the place of their abortion without essential minimum facilities that is village, home , private clinic etc., as shown in table 22.

Table22 percentage distribution of respondents according to their place of abortion performance

Place of abortion performance	Numbers	Percentage
Home	1	20.00
Village	-	-
Private clinics	4	80.00
Government hospital	-	-
Others	-	-
Total	5*	100.00

Source: Field survey, 2009

*Note: Only those who have applied method of abortion

This table shows that the maximum women (80%) aborted their pregnancy in private clinic out of total applied method of abortion women (4.54%). and 20 per cent abort in home.

5.3.4 Physical Problem After Abortion

Due to unsafe process of abortion, most of the women having experience of pregnancy termination, reported various types of physical problem in students of Urlabari Multiple Campus. Among total 5 students having the experience of pregnancy termination, around 60 per cent having physical problems reported that they are suffering from lower abdominal pain followed by backache and around 40 per cent respondents reported that they have no physical problem (Table 23).

Table 23 percentage distribution having physical problems after experience of pregnancy termination

Physical problems	Numbers	Percentage
Yes	3	60.00
No	2	40.00
Types of Physical problems (Multiple responses)		
Lower abdominal pain	3	60.00
Backache	3	60.00
Infertility	-	-
Problems in uterus	-	-
Others	-	-

Source: Field Survey, 2009.

5.3.5 Practice on Abortion in Neighborhood

In this study, the students of Urlabari Multiple Campus reported that their neighbors have used induced abortion (20 people), 58 respondents reported that their neighbors have not use induced abortion and 32 women's reported that they don't know about it. Who reported that neighbors used induced abortion (20 People) responses that they go to abort in private clinics.

From induced abortion apply, some women in problem like lower abdominal pain, backache and problem in uterus.

The question 'Do you remember any death of women due to the problem of unsafe abortion in your neighbors?' this question asked to respondents but they give different responses. One respondent said that one woman had died by cause of abortion, 22 responded 'No' and 87 respondents 'don't know'.

5.3.6 Case Study

While in the field survey, a case was discussed about the complication of post abortion. One of the respondent of my field survey told a case of her neighbor of a 16 years old married lady who got complication while induced abortion and finally died.

The lady was only in the age of 16 years and married forcibly by their parents. She was the second wife of her husband; the first wife had 4 daughters. When she was pregnant, her family took her in the private clinic to find out the sex of upcoming baby. They found that the sex was female and then forced her to do abortion in private clinic. While abortion, the bleeding started and was not controlled. She was referred to the hospital but during on the way to hospital, the lady died.

So, in the above case we early said that there is still the experience of sex discrimination. For this, remarriage is also found. Still the early marriage and forced abortion is also found in Nepalese society. The case made so sad to the listeners in this 21st century. Therefore, the awareness program to this kind of case is essential.

CHAPTER VI

CORRELATION AND REGRATION

6.1 Correlation

An attempt is done to investigate the relationship between heard about induced abortion, applied any method of induced abortion, cause of induced abortion and method of induced abortion through SPSS Software.

Table 24 Correlation between heard about induced abortion, applied any method of induced abortion, cause of induced abortion and method of induced abortion.

Name of variable	Correlation			
	Heard about induced abortion	Applied any method of induce abortion	Causes of induced abortion	Methods of induced abortion
Heard about induced abortion	1	-.204*	.496**	.496**
Applied any method of induce abortion	-.204*	1	.092	.092
Causes of induced abortion	.496**	.092	1	1.00**
Methods of induced abortion	.496**	.092	1.00**	1

*Correlation is significant at the 0.05 level (2- tailed)

**Correlation is significant at the 0.01 level (2- tailed)

There is significant correlation between heard about induced abortion (r=-.204*p<0.05) and applied any method of induced abortion. Heard about induced abortion and applied any method of induced abortion has low degree of negative correlation at 0.05 significant level.

There is significant correlation between cause of induced abortion (r=.496**p<0.01) and heard about induced abortion. Cause of induced abortion and heard about induced abortion has medium degree of positive correlation at 0.01 significant level.

There is significant correlation between method of induced abortion (r=.496** p<0.01) and heard about induced abortion. Method of induced abortion and heard about induced abortion has medium degree of positive correlation at 0.01 significant level.

There is significant correlation between causes of induced abortion (r=1.00** p<0.01) and methods of induced abortion. Cause of induced abortion and method of induced abortion has perfect correlation at 0.01 significant level.

6.2 Regression Analysis

MODEL 1

A. MODLE: Applied any method of induced abortion and married.

Variable Entered/ Removed

Model	Variables Entered	Variable Removed	Method
1	Married		Enter

Dependent variable: Applied any method of induced abortion.

Model Summary

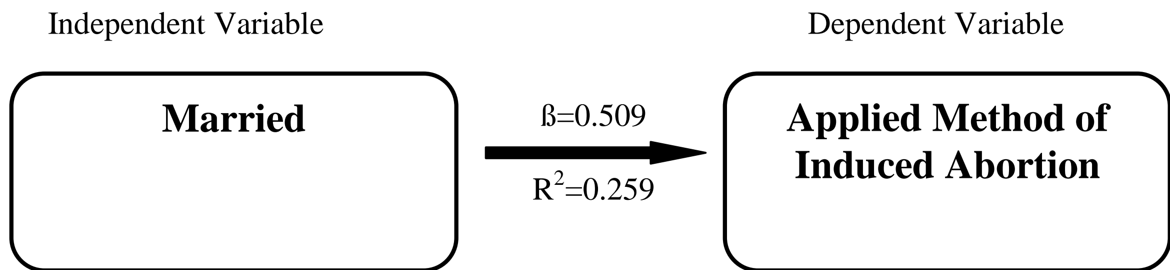
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.509a	.259	.252	.18

Predictors (constant), married.

Coefficients

Variable	Unstandardized coefficient		Standardized coefficient	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.283	.111		11.598	.000
Married	.354	.058	.509	6.148	.000

Dependent variable: Applied any method of induced abortion.



Above figures shows that the relationship between dependent and independent variables; married is independent variable and applied any induced abortion is dependent variable. The dependent variable (applied any induced abortion) is explained by independent variable (married) in 25.9 per cent (R2 = 0.259).
Shift independent variable (married) from one group to another the dependent variable (applied any induced abortion) Changes by the multiple of 0.509(ß), which is significant at 0.000 level of significant.

MODEL 2

B. MODLE: Applied any method of induced abortion, married and heard about induced abortion

Variable Entered/ Removed

Model	Variables Entered	Variable Removed	Method
2	Heard about induced abortion Married		Enter

Dependent variable: Applied any method of induced abortion

Model Summary

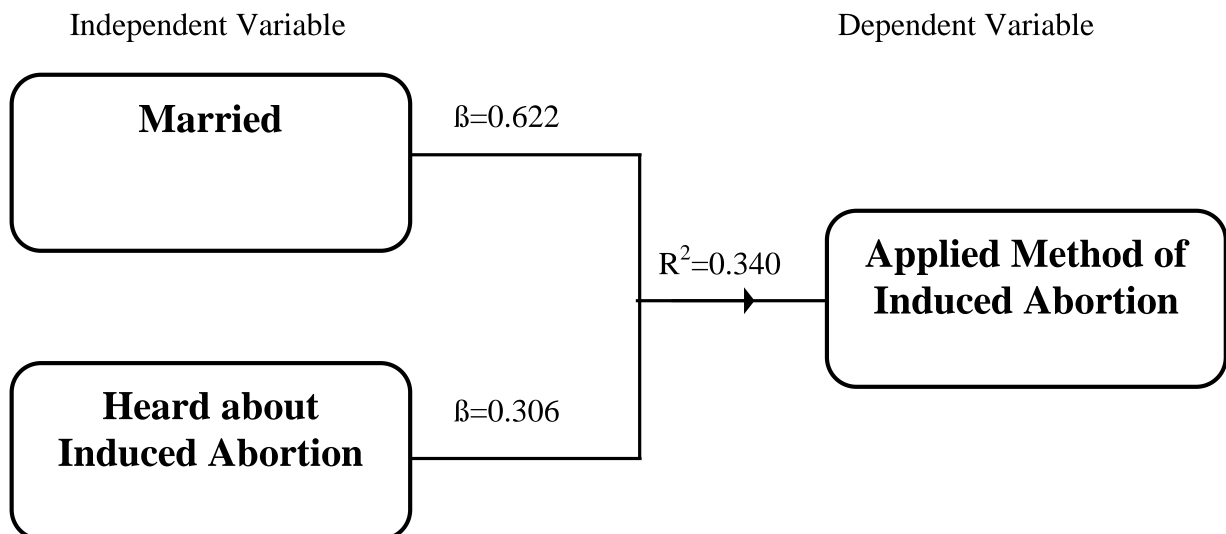
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
2	.583a	.340	.328	.17

Predictors (constant), heard about induced abortion and married.

Coefficients

Variables	Unstandardized coefficient		Standardized coefficient	t	Sig.
	B	Std. Error	Beta		
Married	.432	.059	.622	7.364	.000
Heard about induced abortion	.205	.056	.306	3.624	.000

Dependent variable: Applied any method of induced abortion.



Here married and heard about induced abortion are independent variable and applied any method of induced abortion is dependent variable. Dependent variable (applied induced abortion) is explain by independent variable (married and heard about induced abortion) in 34 per cent (R2=0.340). Shift independent variable (married and heard about induced abortion) from one group to another the dependent variable (applied induced abortion) changes by the multiple of married 0.622 (ß) and heard about induced abortion 0.306 (ß). Which married is significant at level of 0.000 level of significant and heard about induced abortion is significant at level of 0.000 level of significant.

CHAPTER VII

SUMARY, CONCLUSION AND RECOMMENDATION

7.1 Summary

This study analysis the finding on knowledge, attitude and practice of +2 girls students of Urlabari Multiple Campus towards abortion in the study area. Among total girls students 550 in class 11 & 12 of Arts, Education and Commerce faculties, 110 (20% of total) were selected as respondents Primary data were collected from the direct face to face interview with these selected respondents. Respondents were from the various socio-economic and others characteristics available in Urlabari Multiple Campus of Urlabari, Morang district and random sampling method was used to select the respondents. Some of major finding obtained by this study are as follow.

7.1.1 Finding of Socio- Economic Background

- Highest proportion (22.73%) of respondents was selected age group 17 years and least proportion were selected age groups 15, 24 and 25 years (1.82%).
- The majority of the respondents (90.00%) are still unmarried and only10 per cent are married. Majority of the respondents are married in 15 to 19 years age groups.
- More than 20 per cent reported that their family size is six and just 1.82 per cent reported that their family size is two.
- More than 31 per cent respondents are Chhetri and less than 3 per cent are Gurung community.
- A little less than two thirds of respondent (64.50%) follows in Hindu legend and less proportion of respondents believes in Chhristan religion.
- More than 71 per cent respondents reported agriculture as their source of family income and less than 10 per cent respondents reported service as their source of family income.
- About 45 per cent reported that their husband's educational level is intermediate and about 18 per cent reported that their husband's educational level is Bachelor and above.

7.1.2 Finding on Knowledge on Various Aspects of Abortion

- Among total 110 respondents, 89.10 per cent reported that they have knowledge on abortion and only 10.90 per cent reported that they have not knowledge on abortion.
- The main sources of knowledge on abortion is friends.
- The high proportion (17.35%) reported they have knowledge in age 21 years and less proportion (2.05%) reported that they have not knowledge on abortion in age 15 years.
- More than 16 per cent respondents reported that they have knowledge on abortion who has six family members.
- The high majority 86 per cent respondents reported that they know about causes of abortion. The main cause of abortion is unwanted pregnancy (98.82%, multiple responses).
- About 86.73 per cent reported that they have knowledge on consequence of unsafe abortion. Main consequence is against the social norms (96.47%).
- Most of the respondents (86.73%) reported that they have knowledge on method of abortion and 13.27 per cent have not knowledge on method of abortion. The respondents (97.65%) reported mechanical method is important method than others.
- Around 41 per cent respondents give positive answer about knowledge on legal status of abortion, around 22 per cent give negative and around 35 per cent response they don't know about it.

7.1.3 Finding on Attitude Towards Abortion

- Among total respondents, 89.09 per cent reported positive perception towards abortion where as 9.09 per cent responded negatively and 1.82 per cent reported that they have no idea either it is right or wrong.
- Most of the respondents give multiple responses on attitude on support of circumstance to abortion. The highest proportion (91.84%) reported that pre marital pregnancy due to rape or incest.
- More than 89.09 per cent respondents gives responses on attitude about the circumstance does not support to abortion.

- Respondents give their opinion to make safe abortion by making abortion law (90%).
- They have positive attitude towards awareness regarding the legalization of abortion, by creating awareness through radio/TV, poster, pamphlets etc. (95.45%).
- Most of the respondents 72.73 per cent reported that attitude on pre marital sex is worse and least proportion 4.55 per cent have attitude on pre marital sex is complicate but can be handled.

7.1.4 Finding on Practice Towards Abortion

- Most of the respondents 95.46 per cent reported that they have not applied or method used by women for abortion and just only 4.54 per cent reported that they have the experience abortion.
- The majority of the respondents who have applied method of abortion, 60 per cent used medicine method, 20 per cent used domestic and 20 per cent used mechanical method.
- Main cause of abortion is unwanted pregnancy has reported 80 per cent respondents and 20 per cent respondents reported cause of abortion is physical problem.
- The majority of the respondents reported that their place of abortion performance is private clinic and the least prefer method of abortion is home.
- Most of the respondents who have applied method of abortion, responses they have physical problem like lower abdominal pain and backache.
- Most of the respondents (58 people) reported that their neighbors have not used induced abortion and least of the respondents (20 people) reported that their neighbors have used induced abortion.
- Who reported that neighbors used induced abortion (20 people) responses that they go to abort in private clinic.
- Only one respondent said that one women died by causes ‘No’ and 87 respondents ‘don’t know’.

7.2. Conclusion-

The findings above revealed the transparent picture among the +2 students of Urlabari Multiple Campus on the knowledge, altitude and practice towards abortion. Even more than 8 years after the making of abortion law in Nepal, only 41.48 per cent of students of this Urlabari Multiple Campus have knowledge that abortion can be legally performed in Nepal which is not satisfactory level of knowledge among the Urlabari Multiple Campus. The proportion of women having knowledge on all four conditions of legal abortion is further low. The proportion of women who have the experience of pregnancy termination may be higher than it has been obtained (4.54%) from the respondents because all respondents may not report accurately due to the shy and other problems. Medicine method is the main method of abortion for the women of this Urlabari Multiple Campus. About 80 per cent of respondents who had aborted their pregnancy because it was unwanted pregnancy for them results due to inadequate knowledge, low accessibility, low affordability and low reliability of family planning methods. Due to the untrained abortion performer personnel, most of the women of this area are suffered from various types of post abortion complications private medical clinics is the place of abortion for most of the women in this VDC. Comprehensive Abortion Care (CAC) services programme is in the process of implementation in the local level government hospital.

7.3. Recommendation

The prevailing maternal mortality due to the complications of abortion is the multiple reasons of socio-economic, education, demographic, traditional and physiological factors. To achieve the target of tenth five year plan maternal mortality, along with others safe motherhood programme, some suggestion related to sage abortion and post abortion care are recommended to the policy makers, planners, GOs/NGOs and local authorities for implementation.

7.3.1 Recommendation to the State

- IEC programmes should be conducted related to abortion to make people aware about the legal status of abortion and safe abortion in Nepal.
- Various kinds of media should be promoted to give the well information about the conditions of legal abortion as well as other aspects of abortion.
- Easy, cheap and reliable safe abortion service center should be established at least in every governmental hospital.

7.3.2 Recommendation to the Governmental and Non-governmental Organization

- The trainings of safe abortion service and post abortion care should be given to all health personal who are working in the local level health institution.
- MCHVs, VHWs and other health personnel should be trained to give good counseling about the advantages of abortion.

7.3.3 Recommendation to the Individuals

- Counseling programmes related to the safe abortion should be organized through the mothers groups (Mahila Samuha) and your clubs, which are alive in the every ward of VDC.
- Abortion counseling along with the family planning counseling should be given to the women of reproduction ages.

7.3.4 Area for Further Research

- National level survey should be conducted to find out various facts figures related to abortion.
- Impact of traditional beliefs on abortion should be studied separately.
- Abortion related questionnaire should be included in NFHS, NDHS and National Population Census to collect the standard national level data.

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