

CHAPTER I

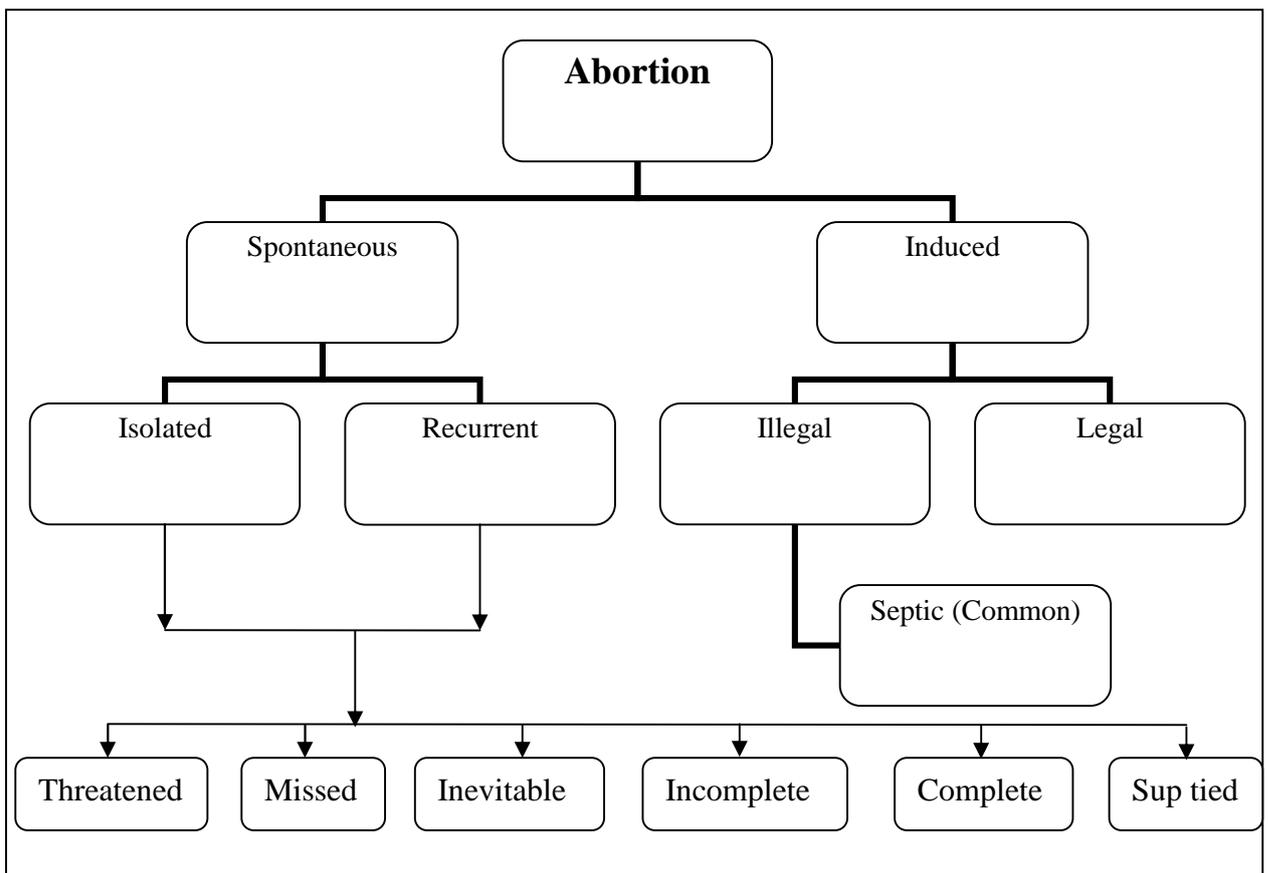
INTRODUCTION

1.1 General Background

Abortion is the termination of pregnancy before the fetus as become capable for sustaining an independent extra uterine life, i.e. while the fetus is non-viable. An abortion may occur spontaneously in the course of pregnancy when it is known as a miscarriage, or more technically “spontaneous abortion”. In everyday use abortion often takes on the meaning solely of induced abortion (Preset, 1985).

WHO has defined abortion as: “The term ‘abortion’ refers to the termination of pregnancy from whatever cause before the fetus is capable to extra uterine life.” (WHO, 1994)

Fig. 1 Types of Abortion



Source: Dutta, 2002:170.

Although, abortion is legal in Nepal for the twelve weeks pregnancy with the consent of mother if woman is above sixteen years; for the twelve weeks pregnancy with the consent of parents if woman is below sixteen years; for the eighteen weeks pregnancy resulted from rape and incest and at any time; if the health of mother is in risk and if fetus was deformed. According to a public opinion poll conducted by CREHPA, only forty-two percent of the total interviewed

people mentioned that abortion is legal in Nepal even after about three years of legalization of abortion (CREHPA, 2005).

Hospital based observation showed that roughly every tenth women admitted as obstetric and gynecological patient at the five zonal/regional hospitals located outside the Katmandu valley in an abortion complication case. The flow of abortion related complication cases admitted at the regional hospitals was observed to be quite high in Lumbini zonal hospital, Butwal (33.7%), Narayani zonal hospital, Birjung (19%) and at Bheri zonal hospital, Nepalgunj (18.4%). About 98 percent of the women visiting these hospitals for treatment of abortion complications were married and from poor economic background. Women who could afford to pay the high fees for abortions are found visiting the private clinics available in these towns (Tamang et. al. 2002).

Between 20 to 60 percent of all obstetric and gynecological admission in six major hospitals of the country are abortion complications. 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 percent of all maternal deaths in the country. The data of maternity hospital, Thapathali shows that 2,000 to 3,000 patient are admitted for treatment of abortion related complication every years since the start of post Abortion complication center in 20th may 1995, until now nearly 7,000 women have received treatment forum maternity hospital(Satyal,2004).

Nepal has higher maternal mortality rate due to illiteracy and lack of health service seventy five percent of the women who aborted their embryo have unwanted pregnancies or have a very poor economic condition and 50 percent of the total abortion are carried out by the traditional attendants, as a result of which most of the time cause fetal infection to mother who reach the hospital at a very critical situation (FPAN, 2001).

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

1.2 Statement of the Problems

In October 2000, at the UN Millennium Summit, all countries agreed on the global imperative, to reduce poverty, and inequalities. The need to improve maternal health was to define as one of the

key millennium development goals, with a target of reducing level of maternal mortality by three quarters between 1990 and 2015 A.D. The cases of maternal death are multiple, among which unsafe abortion is one. Women die because they seek to end unwanted pregnancy but lack of access to appropriate service. Despite dramatically increased use of contraception over the past three decades, an estimated 40 to 50 million abortions occur annually in the world and nearly half of these are unsafe abortion. In addition to some 70,000 women who die each year, tens of thousands suffers long term health consequences infertility. Achieving the “Millennium development goals’ or ‘improved maternity health’ and reducing maternal mortality, requires action on all these fronts (WHO, 2003).

As Nepal suffers from one of the highest maternal mortality rates in the world and the practice of unsafe abortion is responsible for approximately half of these maternal deaths. The high Mortality rates are due, in large parts, to:(i) the lack of training of abortion service providers (ii) the lack of adequate health care services available to most women in Nepal, and(iii) the sue of extremely dangerous and unsanitary traditional abortion methods by untrained providers. Methods often consistent of either the application of vaginal medication, oral medication (e.g., the ingesting of herbs, mercury, etc.), or the insertion of a foreign body/catheter into the uterus (e.g., stick covered with cow’s dung).

Similarly, as until recently woman faced criminal change for having an abortion or being suspected of having an abortion, which often resulted in prison sentences of up to two and half years. And, due to the denial of access to services, information of scientific investigation system, a majority of cases of infanticide that carry a punishment of life imprisonment (FWLD and PPGP, 2003).

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- i. The lack of training of abortion service providers.
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- iii. The sue of extremely dangerous and unsanitary traditional abortion method by untrained service providers.

Methods often consistent of either the application of vaginal medication, oral medication (e.g. the ingesting of herbs, mercury, etc.) or the insertion of a foreign body/catheter into the uterus (e.g. stick covered with cow's dung). Similarly, as until recently women faced criminal change of having an abortion or being suspected of having an abortion, which often resulted in prison sentences of up to two and half years. And, due to the denial of access to services, information of scientific investigation system, a majority of cases of infanticide that carry a punishment of life imprisonment (FWLD and PPGP, 2003). According to public opinion poll conducted by CREHPA, only 42 percent of the total interviewed people mentioned that abortion is legal in

Nepal even after about three years of legalization of abortion. Similarly, thirty percent of them said that the abortion is illegal in Nepal and 28 percent have no idea about it (CREHPA, 2005).

This unbelievable situation of the major towns of the country, from which the situation of the rural areas of the country like Bhimeshor Municipality of Dolakha District can easily be imagined, where no study on the abortion have carried out and no statistics on abortion is available even in whole Dolakha District. It is needless to say, an abortion is legalized recently, the statistics on it is more difficult to obtain the national level and it is more difficult to get the data on abortion of Dolakha District and Bhimeshor Municipality.

A large number of women are unknown regarding and reproductive health. That may be result in determined in maternal health and prevalence of maternal mortality rate. Unsafe abortion is most burning in the world is not far from it, public awareness is essential thing to protect from unsafe abortion. There was not study carried out focusing on knowledge, attitude and practice of abortion in Bhimeshor Municipality of Dolakha District. So, this study concentrates on the knowledge, attitude and practice of abortion among the female students studying in the Bachelor's Degree.

These all are due to the lack of IEC, lack of services provided by health institutions, lack of knowledge on abortion and related services and/or geographical constrain. These all factors maintain above suggest that legalization of the abortion law alone is not a solution in the country like Nepal. It is equally important for the government to educate the community, the traditional practitioners, outreach health workers and local opinion about 'safe abortion', contraception, the possible risks of abortion and institution where one can have access to abortion.

Although, abortion has been legalized in Nepal are facing many challenges like charges of abortion and related offences are still in prison no clear legal definition, miscarriage, stillbirth, infanticide, has been adopted, lack of public aware of the new abortion law are not easily available, accessible and affordable for safe abortion and lack of scientific investigation system to determine the current situation.

1.3 Objectives of the study

This study is focused to identify the knowledge, attitude and practice among female students in the study area. The specific objectives of the study area:

- i. To examine the knowledge, attitude and practice on abortion of female students in the study area.
- ii. To study the demographic and socio-economic status of female students in the study area.

1.4 Significance of the Study

Since the abortion has recently legalized in Nepal, the "Knowledge, Attitude and Practice about abortion" are very few and the data are not accessible especially in the legal phenomenon, for common people. Even in the national level, the data are insufficient. Being a remote area for INGOs and no effort from the side of government institutions to make abortion a normal issue, it has been made in Bhimeshwor Municipality of Dolakha District. However, few research works have been carried out by others relating in this topics in Dolakha.

This research study will help to know about the knowledge on legality of abortion, among the female students of Bachelor's Degree and provide information about the types of programs and policies that are needed to prevent the unsafe abortion. The study helps to aware all women to the practice of safe abortion and achieves knowledge about the legality of abortion. On the other hand the macro level researches which carried out in the national level don't present the real situation of the rural areas of the countries. So, such micro researches are important for every individual and organization who is working at grass root level. This study is also fruitful for policy makers, programmers, planners, legislatures, program implementers and demographers.

Its effect may be insufficient due to lack of information about the perception of abortion in community level in rural areas. The study fulfills the gap of research on knowledge, attitude and practice among female students of Bachelor's Degree. It helps to various INGOs, which concern with abortions. There is no sufficient study carried out focusing on knowledge, attitude and practice of female students of Bachelor's Degree in the study area.

1.5 Limitation of the Study

Due to the various kinds of barriers, this study can be limited in the following areas:

-) This study was carried out in the Bhimeshwor Municipality of Dolakha district and it only tries to predict situation of the Bachelor's level female students.
-) The study deals with the knowledge, attitude and practice of abortion.
-) The fining of the study may not be generalized in the context of the whole country.
-) This study does not cover outside the campus students of Bachelor first, second and third years under Humanities, Management and Education faculties.

1.6 Structure of the Study

This study has organized into six different chapters. It starts with an introduction under which the study outlines the general background, statement of the problem, objectives of the study. The

second chapter explains with the review of previous literature, which includes theoretical and empirical review and conceptual framework. Third chapter deals with research methodology, this chapter describes the study area source of data, samples designs, questionnaire design, data collection data analysis, and presentation and research design and, data processing and variables identify.

Similarly, chapter four deals with socio-economic, demographic characteristics of sample population. The fifth chapter explains the knowledge, attitude and practice of abortion of respondents and the sixth chapter presents summary, conclusion of the study and recommendations.

CHAPTER II

LITERATURE REVIEW

2.1 Theoretical Literature

2.1.1 Global views

The view that abortion is a repressible criminal act was first expressed explicitly in religious law. The first instant of secular law concerning abortion is in England in 1803. In civil law, the first widely adopted statute concerning induced abortion appeared in Napoleonic code of 1810. The subsequent reforms in 1920 and 1923 changed abortion from a crime to a misdemeanor, with reduced although still harsh sentences. The Napoleonic code forms the basis of abortion legislation in many countries with civil law systems. Reflecting its civil-law origins, socialist law prior to 1920 considered abortion as a crime, (UN, 1992).

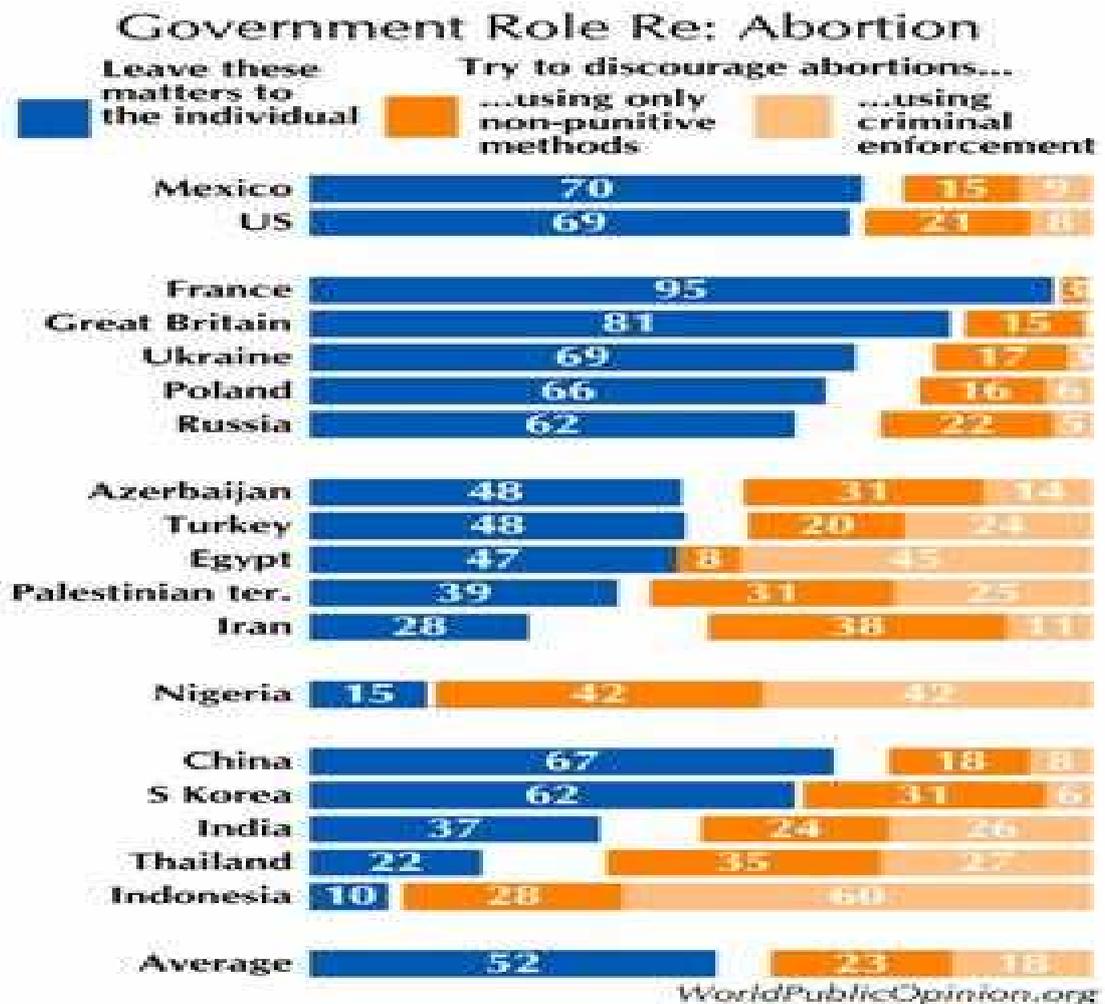
The Ebers Papyrus of 1550 BC, considered "the most ancient book in the world" contains what is believed to be the first reference in writing to a prescription to prevent conception. And, most of the Greek Philosopher, particularly Plato and Aristotle, approved of induced abortion and even encouraged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

The Soviet Union government, at the first time, legalized abortion in 1920. In 1955, law was liberalized once more in recognition of the increased maternal mortality and morbidity resulting from illegal induced abortion (UN, 1992).

Abortion has been developed as the most controversial issue and human right issue especially after ICPD, 1994 and fourth woman conference in Beijing, 1995. In the platform 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, increased the risk of unwanted and early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions. Unsafe abortions 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 services, including safe and effective, affordable, and acceptable methods of family planning of their choice as well as other 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 promoted as the method of family planning. All governments and relevant inter-governmental

and non-governmental organizations are urged to strengthen their commitment to women's health to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning prevention of unwanted pregnancies most always be given the highest priority and attempt should be made to eliminate the need for abortion" (UN, 1995).

A public poll about the government role on discouraging abortion conducted by worldpublicopinion.org is given below:



WorldPublicOpinion.org finds that in 17 out of 18 nations polled around the world, majorities reject using criminal penalties, such as fines and imprisonment, as a means to prevent abortion.

"Legal restrictions have not eliminated the abortion practices. Instead, it has prevented safe abortions, and has turned unsafe abortion into a major killer of women. The safety and legality of abortion are matters of life and death for women. Contraception, no matter how widely it is used can reduce but not eliminate the need for abortion." CREHPA, Reproductive Health Research Policy Brief Number 1, March 2000.

World Health Organization (WHO, 1995) defines unsafe abortion, as "a procedure for terminating unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both".

Nations differ on whether the government should make any effort to discourage abortion. In nine nations majorities believe their government should simply leave these matters to individuals. Seven nations favor government efforts to discourage abortions, but in only one--Indonesia--does a majority endorse their government using criminal penalties. The other six that favor government efforts are divided between minorities who favor criminal penalties and who favor only non-punitive government efforts to discourage abortion, such as education, counseling and adoption services.

In seven nations the public is at odds with their country's laws. Contrary to their public's preferences, there are criminal penalties for abortion in Egypt, Iran, Mexico, Nigeria, the Palestinian Territories, Poland and South Korea.

On average across all 18 countries, 52 percent favor leaving the matter of abortion to the individual, while 42 percent think their government should try to discourage abortions. Those who back government efforts include 18 percent who support criminal enforcement, while 23 percent favor education, counseling, and adoption services but not criminal enforcement.

"While it does appear that many people around the world are uncomfortable with abortion, few think that the government should use punitive means to try to prevent it," said Steven Kull, director of WorldPublicOpinion.org. "Clearly many governments around the world using criminal penalties to try to prevent abortions are out of step with their publics."

Interviews with 18,465 respondents were conducted in 18 countries representing 59 percent of the world's population. This includes most of the largest countries in the world--China, India, the United States, Indonesia, Nigeria, and Russia--as well as Mexico, Britain, France, Poland, Azerbaijan, Ukraine, Egypt, Iran, Turkey, the Palestinian Territories, Thailand and South Korea. The survey was fielded between Jan. 10 and May 6. Margins of error range from +/-2 to 4 percent.

In nine of the 18 nations, a majority says the government should leave these matters to the individual. This includes countries where abortion is legal: France (95%), Great Britain (81%), the United States (69%), Ukraine (70%), Russia (62%), and China (67%).

But it also includes three countries with highly restrictive laws: two predominantly Catholic countries--Poland (66%) and Mexico (70%, though laws in Mexico have been liberalizing)--as

well as South Korea (62%). In all nine of these countries, fewer than ten percent favor criminal enforcement.

Majorities in seven countries favor government efforts to discourage abortions, though only one supports criminal enforcement. The largest majority is in Indonesia, where nine out of ten (89%) back government efforts, including 60 percent who favor criminal enforcement.

In the other six nations majorities favor government efforts to discourage abortion, but not criminal penalties: Nigerians (84% government efforts/42% criminal penalties), Thais (66%/27%), Palestinians (57%/25%), Iranians (55%/11%), Egyptians (53%/45%), and Indians (53%/26%).

Support for leaving the matter to the individual rises with education, from 46 percent among those with less than a high school education to 60 percent among college graduates. Income follows a similar pattern: opposition to government intervention rises from 43 percent among those with low incomes to 63 percent among those with high incomes.

Interestingly, opposition to government involvement increases with age. Among those ages 18-29, views are divided between those who oppose government involvement (46%) and those who favor it (48%), though only 21 percent back criminal penalties. Opposition rises progressively so that 61 percent of those ages 60 and above oppose government involvement.

Abortion becomes unsafe if it is induced by the woman herself, by nonmedical or unskilled persons in unhygienic conditions. Such abortions are attempted by administering abortifacient preparations either orally or by inserting the preparations into the uterus, or by an improperly performed dilation and curettage procedure, ingestion of harmful substances, or exertion of external force.

While any pregnancy terminated *within 12 weeks* (less than 3 months) of gestation by a *medical practitioner* under *clinic situation* (approved government or private health clinics] can be termed as "Safe Abortion". Abortions can be generally *unsafe* if any of the three conditions mentioned above is unfulfilled.

2.1.2 Nepalese Context

Before 2002, abortion was against the law and actively prosecuted as a crime by the concerned authorities. The country decriminalized abortion in 2002 with an amendment to its laws, which at the time were responsible for putting in prison at least one-fifth of its female prisoner population. Many of these women were convicted of infanticide, which carries the same sentence as murder. Unsafe abortions were estimated to cause as much as 50 per cent of maternal deaths and unsafe abortion complications accounted for almost 60 per cent of hospital admissions of women. It was

nevertheless estimated that up to 70,000 abortions were performed illegally every year, frequently by unqualified and untrained personnel. Many women were imprisoned by the Nepalese authorities in the years before abortion was legalized. The first government abortion services officially began in March 2004 at the Maternity Hospital in Kathmandu.

Nepal Government began providing comprehensive abortion care (CAC) services from March 2004 after 18 months of legalization of abortion, when the government issued Safe Abortion Service Procedure in 2004. By February 2008, the government had licensed 188 centers to provide CAC services. As of July 2009, a total of 98 government hospitals and 108 non-government health institutions and private facilities have been accredited for providing CAC services. These centers have offered safe abortion services to more than 229,000 women.

Prior to the enactment of the country code of 1854(the old code), homicide laws were primarily governed by unwritten and un-codified laws based on the Hindu Dharmashastra, local customs and traditions occasionally Rayal edict. In the Lichhabi era, although no separate legal provisions relating to abortion exist, the act of abortion was considered to be immoral and those convicted of abortion were punished accordingly.

In the Malla era, the legal status of abortion was interpreted to provide for the best interest of the high class families, Where by abortion was permitted in case of pregnancies caused by sexual relationships between members of high and low castes. No provisions regarding abortion can be found before the Shah era. The country code of 1854 AD subdivided unlawful homicide into three categories: i) *Jyanmara*, ii) *Jatakmar* and iii) *Bhabitabya hatya*. Women who were accused by Jatakmar 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. Sections 28 to 33 of these chapter specifically address abortion. Section 31 provides for punishment of those convicted performing or receiving an abortion (FWLD and PPGP, 2003).

"In Nepal, induced abortion is a criminal act under any circumstances, even in case of rape or incest, punishable by imprisonment for both the woman undergoing an abortion and the service provider. The 1997 nationwide prison study of CREHPA reveals that of the total women prisoners serving jail terms, 20% were sentenced for charges of abortion and infanticide. All these women were illiterate, poor and from rural areas and were the victims of exploitation. Although illegal, many women living in major urban towns seek safe abortion services from private medical practitioner and nursing homes.

Unfortunately, most urban towns also have unqualified or unskilled practitioners who risk women's life by attempting abortions through unsafe and unhygienic procedures. In view of the increasing number of safe pregnancy terminations reported from private clinics and nursing

homes, a rapid survey of private medical practitioners was conducted by CREHPA to assess their views on abortion practices and implications of legalizing abortions on such practices. The present Brief covers the key results of the rapid survey of private medical practitioners conducted by CREHPA." CREHPA, Reproductive Health Research Policy Brief Number 3, August 2000. The house of representative 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 Nepal for the time in the country history. The 11th amendment also permits abortion during the 18 weeks, pregnancy resulted rape and incest also permits at any time, if the health of mother is in risk and if fetus was deformed. This exception required the advice and consent of a physician as well as the consent of pregnant women. Thus, Nepal now has one of the most liberal abortion policies in Asia.

2.2 Empirical Literature

2.2.1 Global Scenario

It has been estimated that, annually, there are approximately 25 million legal abortions performed worldwide, with as many as 20 million more carried out unsafely, clandestinely or one unsafe abortion for every seven births, 90 percents of which take place in developing countries. Substantial variations exist in incidence of unsafe abortion by region per thousand woman aged 15 – 49 on Eastern Africa, Western Africa, Latin America and the Caribbean and the former USSR to negligible in eastern Asia, North 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, hundred abortions per thousand 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).

Millions of women around the world risk their lives and health to end an unwanted pregnancy. Every day, 55,000 unsafe abortions take place, 95% of them in developing countries, which lead to the deaths of more than two hundred women daily. World-wide, the percentage of maternal deaths due to unsafe abortions is 13%, but in Nepal this figure rises to 50 percent.

From the medical point of view, abortion is the termination of pregnancy and is "legal under some circumstances in nearly all countries of the world: 96 percent of countries recognize a threat to a mother's life as legal basis for stopping pregnancy". (The Status of World Population, 1997: 22). Nepal is among the 4 per cent of countries where abortion is illegal even if pregnancy is a threat to the mother's health or life. That is why no hospitals in Nepal perform abortions even as a medical procedure and for this reason women are forced to seek other methods.

Historically, women have performed abortions in villages in Nepal to regulate their fertility. Many village women know some kind of traditional medicine to abort the foetus in the first 2-3 three months of pregnancy. Many village women seek the help of old women to get rid of pregnancy or go to the "village doctor", who may be male or female. Most of the time, pregnancies are terminated in the villages in a very brutal manner. A stick with mud or cow dung and even sometimes poison grass is inserted inside the vagina to induce the contraction of the uterus and cause the foetus to be expelled. Sometimes the abdomen of the pregnant woman is massaged with the hand or with the feet so that the foetus is expelled. One can easily imagine the condition and suffering of those women who have to suffer such a "procedure".

Unwanted pregnancy is fundamental and immediate causes of abortion in reality worldwide. The desired to postpone a birth or to stop child bearing is a very common reason given by women seeking abortion. In almost half of the 23 studies, about 50 percent or more of women gave the birth timing and family size control cluster of reasons as their most important reason. Economic reasons or women saying that they could afford to properly care for child seem second overall in importance. The proportion who gave this reason was more than 20 percent in six to the nine studies with relevant information (Bankole et al, 2004).

In studies of 40 countries, the distribution of abortion by parity varies widely childless women obtain fewer than 10 percent of abortion in 12 countries, 10-29 percent in 9 countries, 30-49 percent in 14 countries and 50-68 percent in 5 countries for which data are available. Women in urban areas obtain more than 50 percent abortions. In 15-23 countries studies, women who have at least some secondary education obtain the majority of abortions. However, the distribution of abortions according to women's educational attainment probably reflects in the distribution of women according to educational attainment in a given country (Bankole et al, 2005).

Among 192 countries of the world, abortion has been restricted in all grounds in four countries. While it has been permitted to save the life of pregnant woman 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 woman. Similarly, 76 countries have permitted abortion legally, if the pregnancy was the result of rape or incest, 77 countries have permitted abortion in the ground that fetal impairment, 63 countries have allowed it in economic or social reasons and only 55 countries have permitted abortion legally on request of the pregnant woman. Among 192 countries, only 52 countries have permitted abortion in all seen grounds mentioned above (UN, 2005).

Ethiopia liberalized its abortion law in 2005, primarily to reduce the incidence of unsafe abortion. However, little is known about the current extent and consequences of unsafe abortion. Almost 58,000 women sought care for complications of induced or spontaneous abortion in 2008, three quarters of the women received care in government facilities. Forty-one percent had moderate or severe morbidity, such as signs of infection that were likely related to an unsafe abortion. Seven percent of all women had signs of a mechanical injury or a vaginally inserted foreign body. More than 13,000 women seeking post abortion care required a hospital stay of at least 24 hours. The case fatality rate among women seeking post abortion care in public hospitals, where the most serious complications were seen, was 628 per 100,000 (Guttmacher Institute, 2010).

Post abortion care and safe abortion services should be further expanded and strengthened to make these services more accessible and affordable, which in turn may ease the financial burden on hospitals and allow the resources currently required for post abortion care to be used for other health needs. Ensuring that all women know that safe abortion is available and legal for many indications will further reduce morbidity from unsafe abortions (Guttmacher Institute, 2010).

A survey was conducted among 549 unmarried women aged 15–24 who had obtained an abortion in 2007–2008 at one of 16 clinics run by the nongovernmental organization Janani in the states of Bihar and Jharkhand. Differences in background characteristics and in obstacles to obtaining an abortion, between those who had an abortion in the first trimester and those who did so in the second trimester were compared, and logistic regression analysis identified associations between these factors and obtaining a second-trimester abortion.

Eighty-three percent of women realized they were pregnant within the first two months of their pregnancy, and 91% within the first trimester. Eighty-four percent decided before the end of the first trimester to have an abortion, but only 75% obtained one in this period. One in six participants said that pregnancy had resulted from a nonconsensual sexual encounter, and such reports were more frequent among those who obtained a second-trimester abortion. Women who were older or who had more schooling had a decreased likelihood of having a second-trimester abortion (odds ratios, 0.9 each), whereas those who lived in rural areas, those who did not receive full support from their partners and those who reported a forced encounter had an increased likelihood of having a late abortion (2.3–4.1, Guttmacher Institute, 2010).

2.2.2 Nepalese Situation

The legal provisions in the past relating to abortion were based on religion, customs and traditions. According to the Manusmriti, consumption of any food item touched or served by a woman who has had an abortion was considered as a sin.

In the Kirant Era, abortion was considered as sin, but no proper system of trial and punishment existed. In the Lichhchhavi Era, although no separate legal provision relating abortion existed, the act of abortion was considered to be against morality and the culprit received punishment.

In the Malla Era, law on trial and punishment for crimes of abortion was made quite liberal to protect the interests of the high caste families. During that time abortion was permitted if the pregnancy was due to sexual relations between a high caste and a low caste person. No precise legal provision regarding abortion can be found before the Shah Era of 1910 B.S (Muluki Ain 1910 BS).

The Country Code (Muluki Ain) introduced in a written form for the first time in 1910 BS had a separate legal provision on abortion under its different chapters. As per these provisions, both the woman and the person performing the abortion could be imprisoned for one year or be released on the payment of amount equivalent to the imprisonment duration. Persons abandoning a live born child could be socially ostracized and if the abandoned child dies due to desertion and exposure, then there was a provision to imprison the accused for six years (Muluki Ain 2020 BS).

The Country Code (11th Amendment) Bill, 2054 BS (1997 A.D.) was registered in the Parliament on 7 July 1997 (as a government Bill). The 11th Amendment Bill incorporated various rights related to women including the legalization of conditional abortion. The Bill provided for three different instances in which abortion would be allowed, namely:

1. Freedom to abort within the first 12 week, with the permission of husband if the woman is married;
2. Freedom to abort up until 18th week of pregnancy if the pregnancy is a result of rape or incest; and
3. Freedom to abort at any time if in the absence of it the woman's life could be endangered, or harm her physical or mental health or if she is likely to give birth to a deformed baby.

Abortion was legalized in Nepal under the 11th amendment to the Country Code (Muluki Ain) in March 2002, receiving royal assent in September 2002. The law enables women's rights to control over and decide on their unintended pregnancies. Abortion is legal in Nepal on the following grounds:

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

Abortion will be punishable on the following two conditions:

1. Sex selective abortion; and

2. Abortion without the consent of the pregnant woman.

Similarly, the The National Abortion Policy 2002 that brought into practice by the government guarantees access to safe and affordable abortion services to every women without discrimination, while the Safe Abortion Service Procedure 2003 defines clinical procedures for safe pregnancy termination, service provision facilities, client consent and lays down criteria for listing (approving) a health institution as CAC center.

The 1998 hospital-based study conducted by CREHPA revealed that the large majority of abortion patients needed higher doses of antibiotics (73%), evacuation (68%) and blood transfusion (55%). One in six women required to undergo laparotomy operations. Over half of them (55%) occupied hospital beds for 3-7 days or even more. The costs of treatment ranged from Rs 1500 to over Rs. 10,000 (Average Rs. 3912 or US\$62).

Abortion cases as percentage of total obstetric & gynecological admissions in selected major hospitals

Hospital	Number
Thapthali Maternity Hospital	61
Gandaki Regional Hospital	49
Bheri Zonal Hospital	47
Chitwan District Hospital	46
Bigunj Maternity Hospital	25
Koshi Zonal Hospital	20

Source: CREHPA, 1999.

According to NFHS (1996), about 18.1 percent women had terminated the pregnancy in Nepal. Of the total women characterized with no education about 19.3 percent said that they had terminated the pregnancy. Among the educated women, higher level of education account for 16.1 percent, followed by primary level (13.03%) and secondary level (12.9%) (Mabuhang, 1999).

Institute of integrated development studies (IIDS, 1985) estimated that out of 1,579 cases of hospital admission related to pregnancy of delivery or delivery complications, 124 or about 7.8 percent accounted for induced abortion and another 41 or 2.6 percent were possibly induced abortion.

Thapa et al. (1994) reported that, of the total women pregnant at the time of baseline survey, 1.7 percent terminated their pregnancy over the last six months. The economic hardship due to having too many children was the primary reason for women to undergo birth abortion. They

argued that, women sought abortion services despite their knowledge that abortion was illegal in Nepal.

TBAs were and are the primary service provider for one third of women, modern health professional for another third and self attempt was reported by one fourth of the women (Mabuhang, 2000).

) The 1997 nationwide prison survey by CREHPA reveals that 20% of women prisoners as against 0.3% men prisoners were there for charges of abortion or infanticide.

) Despite the highly restrictive abortion law, every year thousands of induced abortions are performed illegally in the country.

) As most unsafe abortions lead to serious health complications, treatment of abortion complications in hospital uses a disproportionate share of scarce hospital resources, including hospital beds, blood supply, and medication, access to operation theatres, anesthesia and medical specialists.

) Studies show (CREHPA 1998 & 1999) between 20% and 60% of all obstetric and gynecological admissions in six major hospitals of the country are abortion complication cases.

) Women with abortion complications occupy hospital beds for about 3 days to over one week and spend on an average Rs. 3,918 for treatment.

) One-fifth of the women with complications of unsafe abortions admitted at government hospitals are adolescents.

) Majority of the government hospitals lack sufficient manpower, equipment and space to deal with abortion related complications. Hospital beds are overloaded in most cases. CREHPA, 2000.

According to public opinion poll in abortion and abortion law carried out by CREHPA in 2004 have shown that 42 percent of the ten major city area population have the knowledge that abortion is now legal in the country. The proportion of the respondents who said that abortion is legalized is 30 percent and have no idea is 28 percent.

Latter two types of respondents comprised a formidable percentage of the total urban respondents when combined. A higher proportion of the adult males (47%) than the adult females (37%) are aware about the legalization. Likewise, urban public who are high literatures (59%) read newspapers regularly (55%) or are exposed to radio (47%) or TV (45%) regularly are more aware to legalization than those who are low literatures (25%) never read newspapers (21%) or never listen to radio (24%) or watch the TV (23%). A considerable proportion (25%-

49%) of the urban public has the knowledge that their district hospitals provide safe abortion service (CREPHA, 2005).

The 11th amendment of the country code of Nepal gives all women across the country the right to have access to safe abortion services. In the first year after CAC services began at maternity hospitals (March 2004 to end of February, 2005), a total of 7,462 women received services at 18 public hospitals (4,245 clients) and 21 private hospitals and clinics (3,217 clients) across the country (CREPHA, 2005).

Nepali laws are especially harsh to women who try to abort their foetuses. In addition to imprisonment the sentence may also include the confiscation of the woman's property. This is a provision which makes woman particularly vulnerable to false charges from greedy in-laws or other relatives. Because of these laws an estimated two thirds of the women in Nepalese jails are convicted of garbhapat (destruction of life), which is a term applied to abortion, infanticide and attempted infanticide through abandonment.

Sapana Malla, a young lawyer and the present member of Constituent Assembly, clearly states what Nepalese law says about abortion and infanticide. Abortion and infanticide is a crime against the state, dealt with under the homicide chapter of Muluki Ain, the Civil Code of Nepal. In the case of abortion, penalty for the termination of a 6 month pregnancy is 2 years imprisonment and for pregnancy above 6 months it is 3 years imprisonment. The punishment for infanticide is life imprisonment and confiscation of property' (Kathmandu Post, 1996; 4) The legal definition of abortion that links it to homicide is seen in a new light: "Bizarrely, if a woman kills her rapist within one hour of the assault, she receives legal immunity - but she goes to jail if she terminates a pregnancy resulting from the same attack." (Goodwin J., 1996: 18).

The idea of legalizing is not without obstacles. There are some Hindu religious groups that want to continue to make it illegal. Though they are not a very strong force, they have had an impact. At the same time some members of Parliament are not keen to raise the issue of abortion as they do not think that it is an issue which should be dealt in the discussion.

Medical Association of Nepal has forwarded a program in which it has clearly suggested to the doctors conditions under which abortion can be performed in hospitals. Though in the law books it is illegal to perform an abortion, in some parts of our country doctors in hospitals do perform abortion if mothers' health is in risk, or the fetus is severely damaged. It is an open secret that the government is aware of. But it is not done in every hospital and not on the request of the mother.

2.3 Conceptual Framework

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

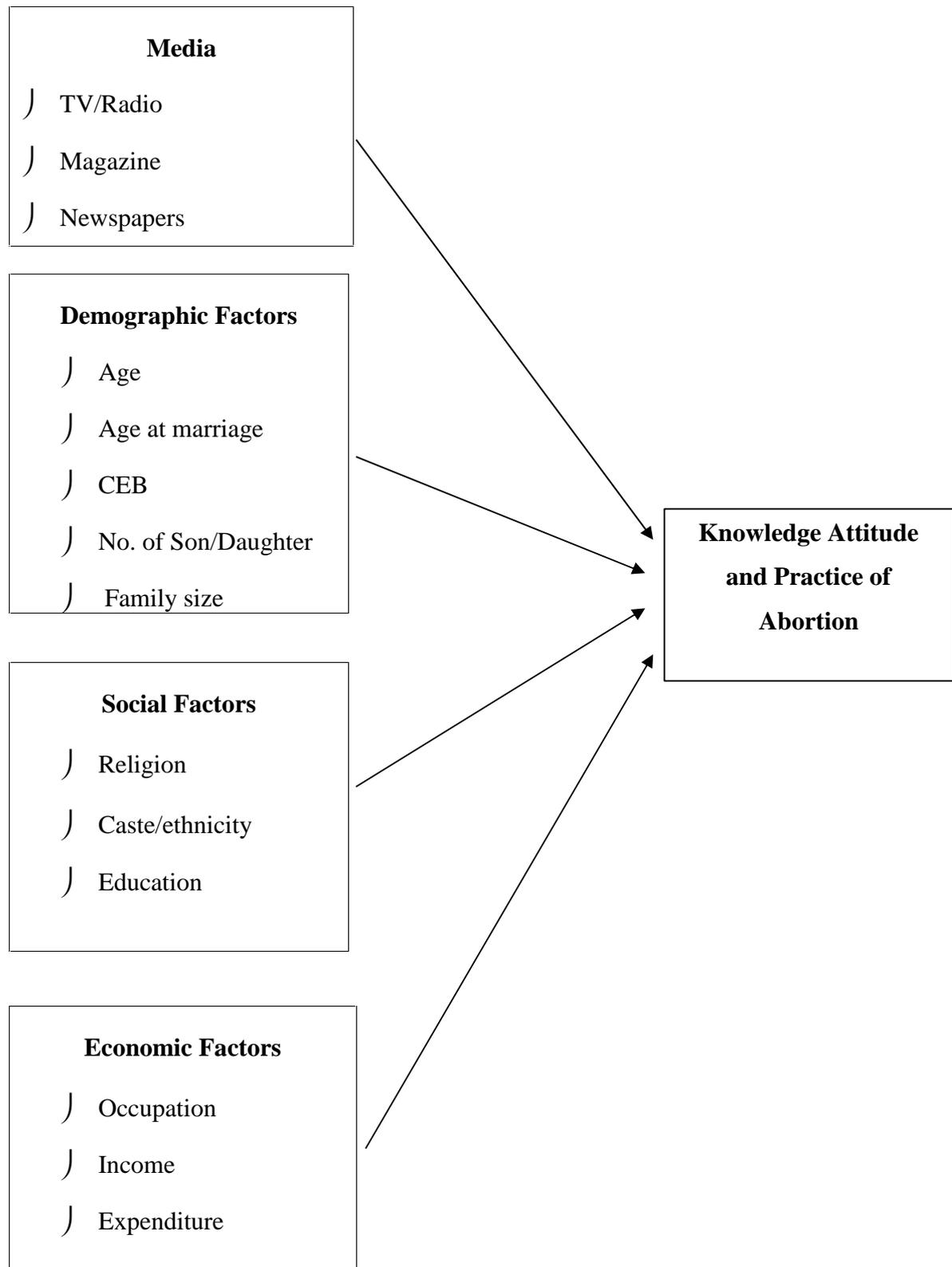


Fig. 2 Conceptual Framework on Knowledge, Attitude and Practice of Abortion

Independent variables such as demographic factors, socio-economic factors and media all affect the depended ones, i.e. knowledge, attitude and behavior as well as traditional and religious beliefs and legal status. However, there are so many factors affecting knowledge, attitude and practice on abortion, but here three factors have been considered as independent variables such as socio- economic factors, demographic factors and media. Media directly affects the socio-economic and demographic factors as well as knowledge, attitude and practice on abortion. Similarly, socio-economic and demographic factors have the great effect on the knowledge, attitude and practice on abortion. In addition, socio-economic and demographic factors affected each 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 effect on knowledge and attitude on abortion. And the traditional and religious beliefs and legal status of abortion on also has great influence towards abortion.

2.4 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 abortion services, 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. Services should be centered on the needs of women and ensure they are treated with respect and their confidentiality and privacy maintained (CREHPA, 2005).

Abortion services legalized in Nepal since December 2003. Comprehensive Abortion Care (CAC) service has been established in 54 districts in district Hospital. Tenth plan also has given high priority for the safe motherhood. National maternity Hospital of Kathmandu 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 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. Marie stops International (MSI) currently operates 29 clinics in different parts of the country (CHREPA, 2005).

CHAPTER III

RESEARCH METHODOLOGY

3.1 Study Area

Dolakha district is situated in the central development region of Nepal. It lies in Janakpur zone and the total area of the district is 2191 square kilometers. The headquarters of the district is Charikot. It has a Municipality, i.e. Bhimeshwor Municipality and 51 VDCs. According to the census of 2001, the total population of the district is 204744. Among which, 100147 are male and 104597 female. The population that is sampled for this study is the female students studying in Gaurishankar Multiple Campus, Charikot in which, 240 male and 463 female students are studying in the Bachelor's Degree in all faculties, in the academic year 2010, according to the campus admission records.

3.2 Sources of Data

In this study, the sources of data are primary and secondary. Basically, primary data are collected to find out the facts and figures about knowledge, attitude and practice of abortion among female students studying in the Bachelor's level. Primary data were collected from the complete enumeration through interview with the help of structured questionnaire. Other required information was collected from the secondary sources which were the records of the campus. Bulletins, census records and other national and international publications are also the secondary sources of this study.

3.3 Sample Design

In order to analyze the knowledge, attitude and practice towards abortion among the female students of the Bachelor's level in the campus, the random sampling method was used to interview the total number of female students. From which, 165 students were selected for the study. To sample this population, 55 students from each year of the Bachelor's level were selected by random sampling method. The detailed information about the sample selection is shown in the table below:

Table No. 1: Distribution of Respondents by year, Bachelor's Degree, Gaurishankar Multiple Campus, Dolakha

Year	Total Number of Students*	Total Female Students*	Number of Sampled Female Students	Sample Percentage
I	317	209	55	26.32
II	210	136	55	40.44
III	176	118	55	46.61
Total Sample Students			165	

*Source: Campus Admission Records, 2010

3.4 Questionnaire Design

To obtain three types of information, i.e. household, individual and KAP of abortion, a set of questionnaire was designed which were asked to the female students of the Bachelor's Degree in the campus. Household questions were to collect the demographic and socio-economic information of household. Individual information included household income, expenditure, land ownership, physical facilities at home of respondents. The third type of questions was designed to collect the information on knowledge, attitude, and practice of abortion.

3.5 Data Collection

After designing the questionnaire, the researcher visited the field to collect information. This study is based on primary sources of data. So, information were obtained from face to face interview with the respondents.

3.6 Data Processing

After data collection, data editing and coding was done for the analysis of data.

3.7 Data Analysis and Presentation

Simple descriptive statistics tools were used to analyze the obtained data. In the other word, the percentage was calculated and tables and charts were constructed to present the information more effectively.

3.8 Research Design

Descriptive research design has been used, that are interpreted on the bases of percentage distribution.

3.9 Variables Identification

This study includes three types of variables, which are independent and dependent variable.

a. Independent Variable

Media

) Radio/TV

) Magazine/Newspaper

Demographic variable

) Age

) Marital status

Social variables

) Religious

) Caste/Ethnicity

) Education

Economic variables

) Occupation

) Monthly income of family

) Monthly expenditure of family

b. Dependent Variables

Independent variable such as radios, television, and magazine newspaper are included in intermediacies variable (Media). These factors influence directly knowledge, attitude and practice of abortion. However, there are so many factors affecting knowledge, attitude and practice of abortion.

CHAPTER IV

BACKGROUND CHARACTERISTICS OF RESPONDENTS

This chapter presents the demographic and socio-economic characteristics of the respondents. Where as demographic characteristics provide information about age, age at marriage, family size, number of children and number of sons and daughter of the respondent. Socio-economic characteristics include information about caste/ethnicity, Education, occupation, income of family, Education of respondents and occupation of husbands.

4.1 Demographic Characteristics

The selected demographic characteristics of the study population are described as follows:

4.1.1 Age Groups

The numbers of respondents have been classified into five years age groups according to their age recorded in field study. Five categories of five year age groups structures of respondents were found in the study area. More than two fifth (45.45%) of respondents were in the age group 20-24 years, 36.36 percent of them were 25-29, 10.9 percent were in 30-34 years. Similarly, 3.64 percent each in the age groups 15-19 and 35 years above.

Table No. 2 Percentage Distribution of Respondents by Age Group

Age Group	Number	Percentages
15-19	6	3.64
20-24	75	45.45
25-29	60	36.36
30-34	18	10.90
35 years above	6	3.64
Total	165	100

Source: Field Survey, 2010

4.1.2 Marital Status

Early marriage is practiced in Nepal. The legal age at marriage of boys and girls are 18 with consent and 20 without consent of parents in Nepal according to the Country Codes. Majority of the respondents (60.60%) are married while 39.40 percentages of the respondents that are studying in the Bachelor's Degree are unmarried.

This vast difference in the marital status among the students is seen due to early marriage on one hand and on the other; most of the married women study in the local campus and the unmarried basically choose to go to the capital.

Table No. 3 Percentage Distribution of Respondents by Marital Status

Marital Status	Number	Percentages
Married	100	60.60
Unmarried	65	39.40
Total	165	100

Source: Field Survey, 2010

4.1.3 Family Size

From the demographic point of view, the total number of children born by a woman or a group of women is called family size but this study includes the total number of household members. The family size of the respondents has been divided into nine categories, i.e. two, three, four, five, up to more than nine. More than two fifth (43.64%) respondents have five members in the family followed by 16.36 percent with four, 12.73 percent have six members, 10.90 percent have three members and 3.64 percent each have 8 and 9 members and 1.81 each have two and more than nine members in the family. This can be illustrated in table no. 4.

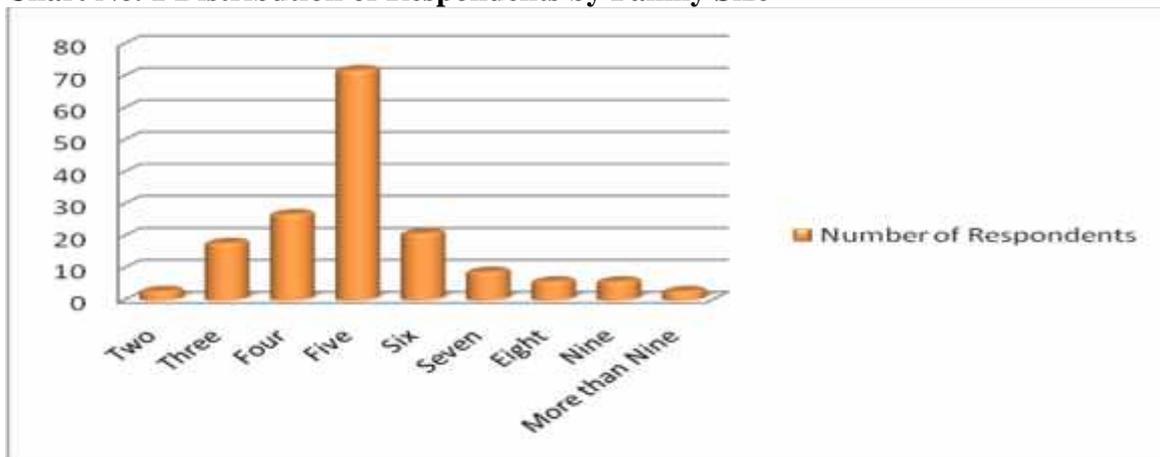
Table No. 4 Percentage Distribution of Respondents by Family size

Number of Family Members	Number of Respondents	Percentage
Two	3	1.81
Three	18	10.90
Four	27	16.36
Five	72	43.64
Six	21	12.73
Seven	9	5.45
Eight	6	3.64
Nine	6	3.64
More than Nine	3	1.81
Total	165	100

Source: Field Survey, 2010

More than two fifth (43.64%) respondents have five members in the family followed by 16.36 percent with four, 12.73 percent have six members, 10.90 percent have three members and 3.64 percent each have 8 and 9 members and 1.81 each have two and more than nine members in the family.

Chart No. 1 Distribution of Respondents by Family Size



Source: Field Survey, 2010

4.2 Social Characteristics

Socio-economic factors are the most important indicators of development of a society. Demographic variables as well as others variables in the long- term under go changes proportionately with the improvement of social-economic condition. These factors such as birth rate, death rate, population growth rate etc. but direct relation with abortion. In the context of Nepal, caste/ethnicity, occupation, education level etc. are playing dominant role of determining the knowledge, attitude and practice about. Some of the social backgrounds of respondents which are associated with the study have been discussed here.

4.2.1 Caste/Ethnicity

The majority of respondents (32.73%) each are Brahmin and Chhetri in this study area. Similarly, Tamang is 14.54 percent followed by Newar 12.73 and 3.64 each of Dalit and others.

Table No. 5 Percentage Distribution of Respondents by Caste/Ethnicity

Caste/Ethnicity	Number	Percentage
Brahmin	54	32.73
Chhetri	54	32.73
Tamang	24	14.54
Newar	21	12.73
Dalit	6	3.64
Others (Sherpa and Thami)	6	3.64
Total	165	100

Source: Field Survey, 2010

4.2.2 Religion

Nepal is a multi caste/ethnic, multi religious and multi language country. But, majority of Nepalese people are Hindu (80.6%, CBS, 2003). Similarly, highest percentage of respondents is Hindu (79.39%) in the study area, Buddhist is 16.97 percent and Christian is 3.64 percent.

Table No. 6 Percentage Distribution of Respondents by Religion

Religion	Number of respondents	Percentage
Hindu	131	79.39
Buddhist	28	16.97
Christian	6	3.64
Total	165	100

Source: Field Survey, 2010

4.3 Economic Characteristics

This sub section deals with the economic characteristics of the family as occupation, monthly income and expenditure of family and physical facilities at home.

4.3.1 Occupation of Head of the Household

More than 80 percentages of the Nepalese are involved in agricultural sectors in Nepal (CBS, 2003). In the study area, 25.46 percent family occupation is involved in agriculture. Whereas 16.36 percent family do business, 10.90 percent each in service and daily wage and 36.36 percent respondents family are engaged in other occupational sectors. Those who do social works, study, and else are put under other occupation. The following table shows the occupational trend in the study area.

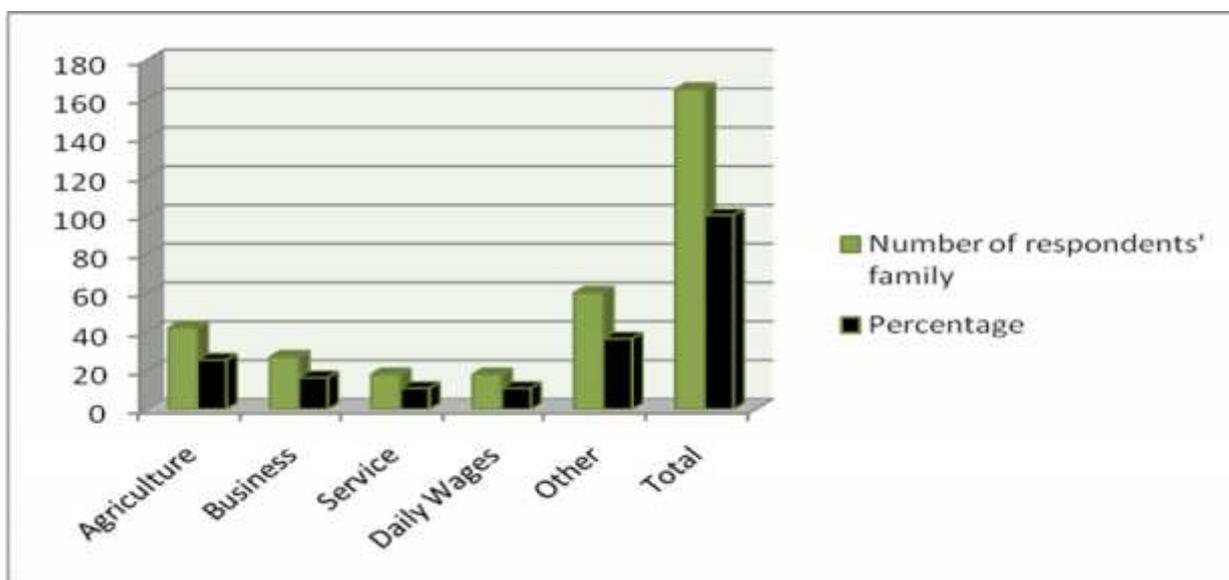
Table No. 7 Percentage Distribution of Head of the household by Occupation

Occupation	Number of household head	Percentage
Agriculture	42	25.46
Business	27	16.37
Service	18	10.90
Daily Wages	18	10.90
Other (social works, study and else)	60	36.37
Total	165	100

Source: Field Survey, 2010

The following chart shows that in the study area, 25.46 percent family occupation is involved in agriculture. Whereas 16.36 percent family do business, 10.90 percent each in service and daily wage and 36.36 percent respondents family are engaged in other occupational sectors.

Chart No. 2 Distribution of Respondents' Family by Occupation



Source: Field Survey, 2010

4.3.2 Income of Family of the Respondents

Income of the respondents' family is divided into four categories, which show the economic status of the family. Nearly half of the respondents' family (45.45%) has more than 15,000 monthly incomes, while 20 percent family has 10,001 to 15,000 incomes per month. 18.18 percent family earn less than 5,000 and 16.36 percent family earn 5,001-10,000 each month.

Table No. 8 Percentage Distribution of Respondents' Family by Income

Monthly Household Income (in Rupees)	Number of respondents' family	Percentage
Less than 5,000	30	18.18
5,001-10,000	27	16.36
10,001-15,000	33	20
More than 15,000	75	45.46
Total	165	100

Source: Field Survey, 2010

4.3.3 Expenditure of Family of the Respondents

Expenditure is also studied as income dividing it into four categories. About half of the household (47.27%) has monthly expense between 5,001 and 10,000 followed by 30.91 percent

of the family expenditure of less than 5,000 whereas 12.73 percent family has 10,001 to 15 thousands and 9.10 percent household expenditure is more than 15 thousand rupees per month.

Table No. 9 Percentage Distribution of Respondents' Family by Expenditure

Monthly Household Expenditure (In Rs.)	Number of the Household	Percentage
Below 5,000	51	30.91
5,001-10,000	78	47.27
10,000-15,000	21	12.72
Above 15,000	15	9.10
Total	165	100

Source: Field Survey, 2010

4.3.4 Physical Facilities of the Household

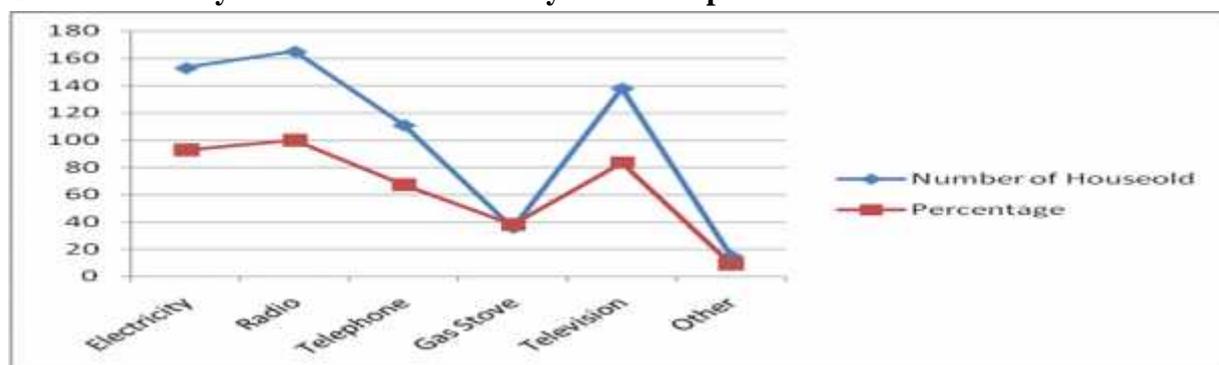
These physical facilities are very important in order to evaluate the economic status of the household. It was found that 92.72 percent respondents' household has electricity facility whereas cent percent household has radio, other 83.64 percent have television. Similarly, 67.27 percent respondents' household has telephone, 38.18 percent has gas stove and 9.09 percent has other facilities, too. Other includes vehicles and other machinery equipments such as computers.

Table No. 10 Percentage Distribution of Respondents' Family by Physical Facilities

Physical Facilities	Number	Percentage
Electricity	153	92.72
Radio	165	100
Telephone	111	67.27
Gas Stove	36	38.18
Television	138	83.64
Other	15	9.09
Total	165	100

Source: Field Survey, 2010

Chart No. 3 Physical Facilities of Family of the Respondents



Source: Field Survey, 2010

The above figure suggests that 92.72 percent respondents' household has electricity facility whereas cent percent household has radio and 83.64 percent have television. Similarly, 67.27 percent respondents' household has telephone and 38.18 percent has gas stove. Vehicles and other machinery equipments such as computers are in the houses of 9.09 percent respondents.

CHAPTER V

KNOWLEDGE, ATTITUDE AND PRACTICE OF ABORTION

Knowledge is such a powerful thing that guides the level of perception of something and the behavior of an organism. In this chapter, general knowledge of respondents on abortion, the method of abortion, legal provision, causes and consequences of unsafe abortion have been analyzed on the basis of the respondents' general knowledge, their attitude and practice of abortion.

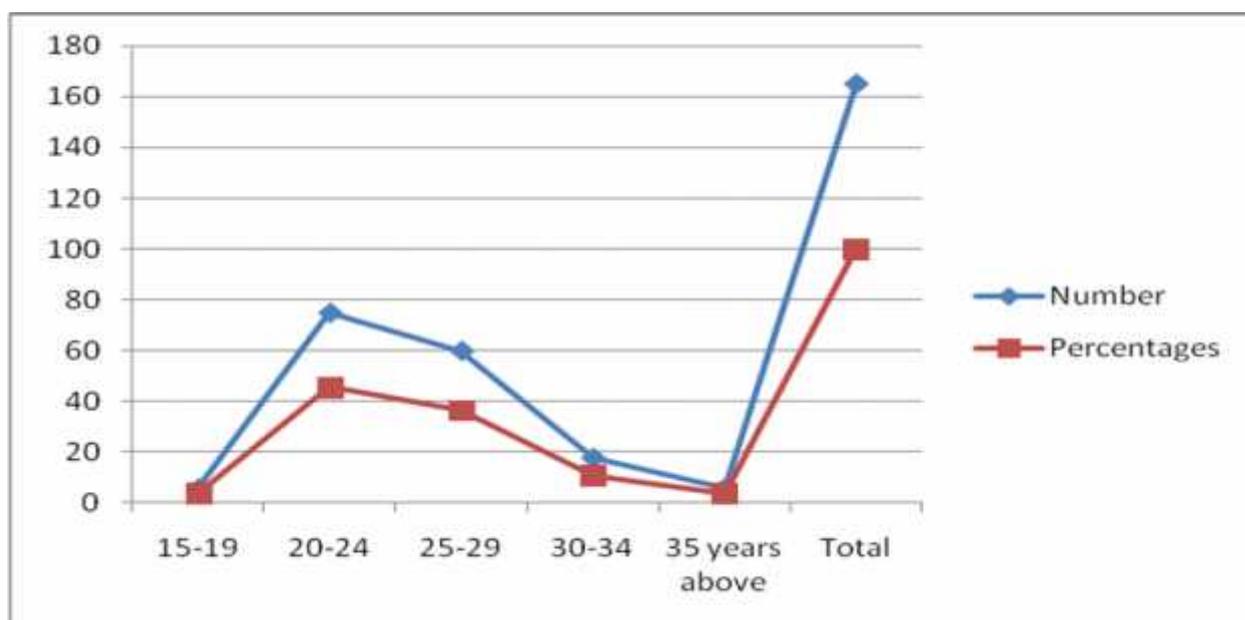
5.1 Knowledge on Induced Abortion

In order to obtain data on knowledge on abortion, a yes no question was asked in the questionnaire and it is obvious that all the respondents, the students of Bachelor's level, know it. Different sub titles under it are discussed as follows:

5.1.1 Knowledge on Abortion of Respondents of Different Age Groups

As the respondents of Bachelor's degree level have been taken, all of them in each age group know about abortion. More than two fifth (45.45%) of respondents were in the age group 20-24 years, 36.36 percent of them were 25-29, 10.9 percent were in 30-34 years. Similarly, 3.64 percent each in the age groups 15-19 and 35 years above.

Chart No. 4 Percentage Distribution of Knowledge on Abortion of Respondents by Age Group

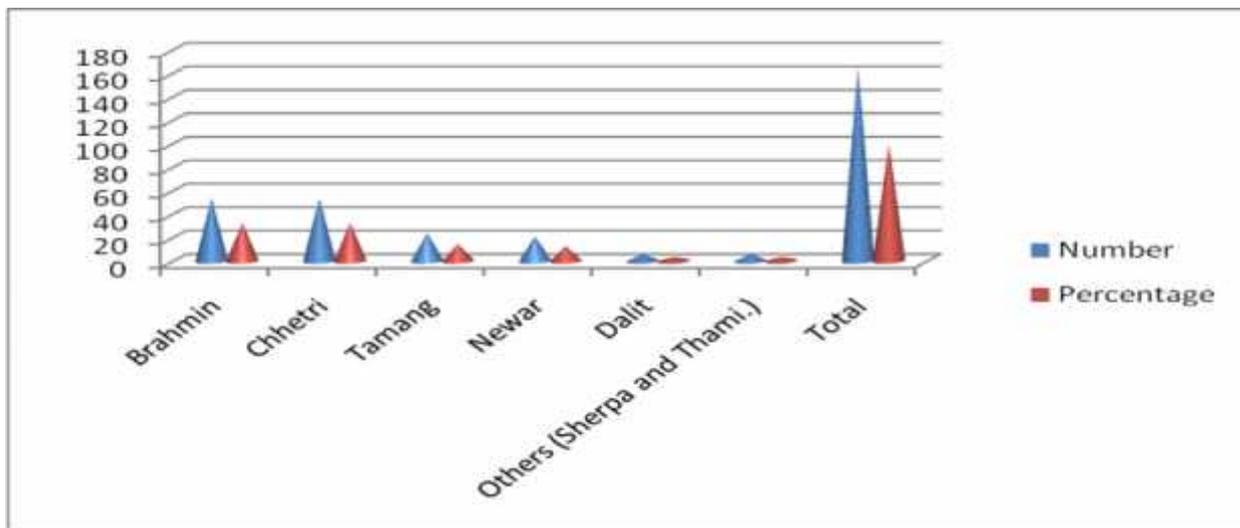


Source: Field Survey, 2010

5.1.2 Knowledge on Abortion of Respondents of Different Caste/Ethnicity

The respondents of different caste/ethnicity know about abortion. In the survey, it was found that the majority of respondents (32.73%) each are Brahmin and Chhetri in this study area. Similarly, Tamang is 14.54 percent followed by Newar 12.73 and 3.64 each of Dalit and others.

Chart No. 5 Percentage Distribution of Respondents by Caste/Ethnicity



Source: Field Survey, 2010

5.1.3 Sources of Knowledge on Abortion

Among the respondents, more than a four fifth (81.82%) of them know about abortion from radio. Television is the second major source of knowledge with 78.18 percent followed by newspaper (54.54%). Similarly, the other sources are health personnel (47.27%), friends (41.82%), magazine (38.18%), family members (30.91%), and NGOs/INGOs are sources of knowledge for 27.27 percent respondents. This huge amount of percent is seen due to multiple choices provided to them as they have multiple facilities and sources of information.

Table No. 11 Percentage Distribution of Respondents by Source of Knowledge

Sources	Number	Percentage
TV	129	78.18
Radio	135	81.82
Newspaper	90	54.54
Magazine	63	38.18
NGOs/INGOs	45	27.27
Health personnel	78	47.27
Friends	69	41.82
Family Members	51	30.91

Source: Field Survey, 2010

5.1.4 Knowledge of Legal Provision

Abortion was illegal in Nepal till 2002. After then, it is legal on some condition but many studies have shown that due to lack of information, education and communication to the uneducated women and other women of rural areas think that it is still illegal in Nepal. Some of them show their lack of ideas. As this is the study of the educated respondents, there is different case about it, i.e, among the respondents, about ninety percent (147 out of 165) respondents know about the legal provision however, all of them do not know about all of the provisions, and rest of them (about ten percent) do not concern or unaware so they do not know anything at all about the legality of abortion.

All the respondents (147 out of 147) who said that abortion is legal in Nepal reported that it is legal if pregnancy above 16 years up to 12 weeks with the consent of mother. 63.25 percent said that pregnancy can be terminated at any time in case of health hazards of fetus and the pregnant woman, 53.06 percent said that every pregnancy resulted from rape/incest can be aborted. Similarly 48.98 percent of them told that it is legal to terminate within 12 weeks of conception for below 16 year old mother with the consent of her parents.

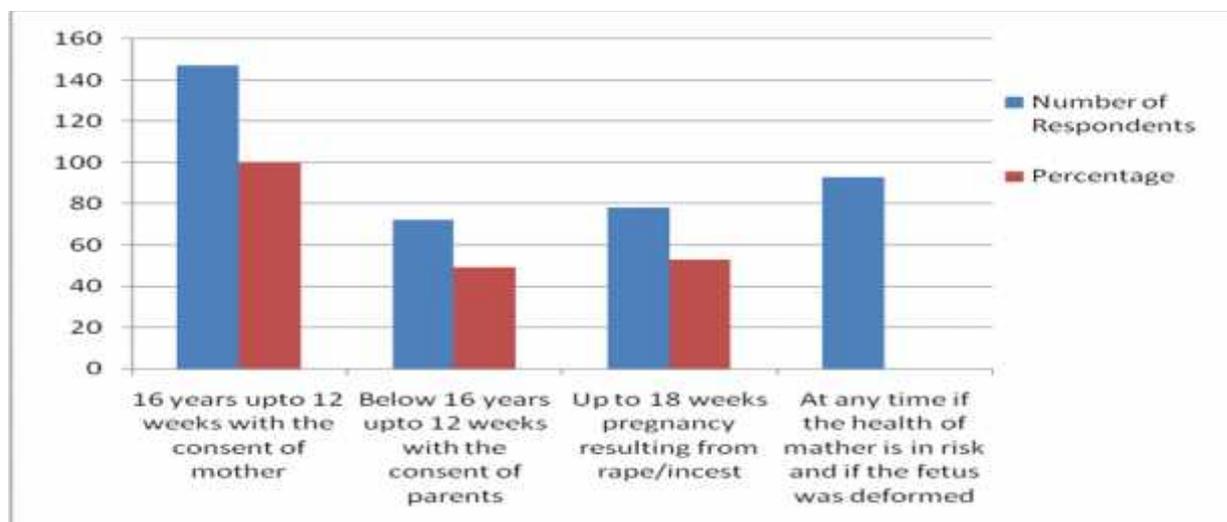
It shows that most of the respondents in the study area are aware of the legal provision on abortion due to their level of education and gaining knowledge through different sources.

Table No. 12 Percentage Distribution of Respondents by their Knowledge on Legal Status of Abortion

Knowledge	Number	Percentage
Abortion is Legal	147	89.10
Abortion is Illegal	18	10.90
Total	165	100

Source: Field Survey, 2010

Chart No. 6 Knowledge on Legal Status of Abortion of the Respondents



Source: Field Survey, 2010

5.1.5 Knowledge on Consequence of Unsafe Abortion

In this study, it was observed that 94.55 percent respondents had knowledge about consequences of unsafe abortion and the rest of them or only 5.45 percent had no idea about it. That is to say, 156 out of 165 respondents knew about the consequences of unsafe abortion. Among them, 86.54 percent each reported that there will be infertility and death of mother due to unsafe abortion. 82.69 percent views came that there will be the high chance of abnormal birth, 53.85 percent told that will be against social values and 48.08 percent told that will increase prostitution while other 10.90 percent told that it is against the law. The high proportion of the percentage is seen due to the multiple responses.

Table No. 13 Percentage Distribution of Respondents by their Knowledge on Consequences of Unsafe Abortion

Knowledge on Consequences	Number	Percentage
Yes	156	94.55
No	9	5.45
Total	165	100
Consequences	Number	Percentage
Infertility	135	86.54
Against Law	18	10.90
Against Social Values	84	53.85
Chance of Abnormal Birth	129	82.69
Death of Mother	135	86.54
Increment of prostitution	75	48.08

Source: Field Survey, 2010

5.2 Practice of Abortion

There are different elements that affect on the practice. People practice it in order to avoid the unwanted birth, to select the sex and so on and the affecting factors are the knowledge, necessity, economy, and so on. Among the 165 studied respondents, 17.58 percent have practiced abortion and more than 82 percent have not practiced it.

Table No. 14 Percentage Distribution of Respondents by Practice of Abortion

Abortion Practice	Number	Percentage
Yes	29	17.58
No	136	82.42
Total	165	100

Source: Field Survey, 2010

5.2.1 Cause of Abortion

On the course of studying the causes of abortion, of the total (29) aborted respondents, 41.38 percent said that the reason for abortion was unwanted pregnancy. Similarly, desire of the son was another major cause with 34.48 percent followed by due to health condition of mother 13.79 percent and the rest of them 10.35 percent said that the cause of abortion was to control the family size. The percentage distribution is given below:

Table No. 15 Percentage Distribution of Respondents by Causes of Abortion

Abortion Causes	Number of Respondents	Percentage
Unwanted pregnancy	12	41.38
Desire of son	10	34.48
Health problem	4	13.79
To control the family	3	10.35
Total	29	100

Source: Field Survey, 2010

5.2.1 Process of Abortion

It was found that more than fifty percent (55.17%) claimed of using equipment as the process of induced abortion. Followed by medical process, 37.93 percent used this method to terminate their pregnancy. And, only 6.90 percent said that they used domestic process to abort it.

Table No. 16 Percentage Distribution of Respondents by Process of Abortion

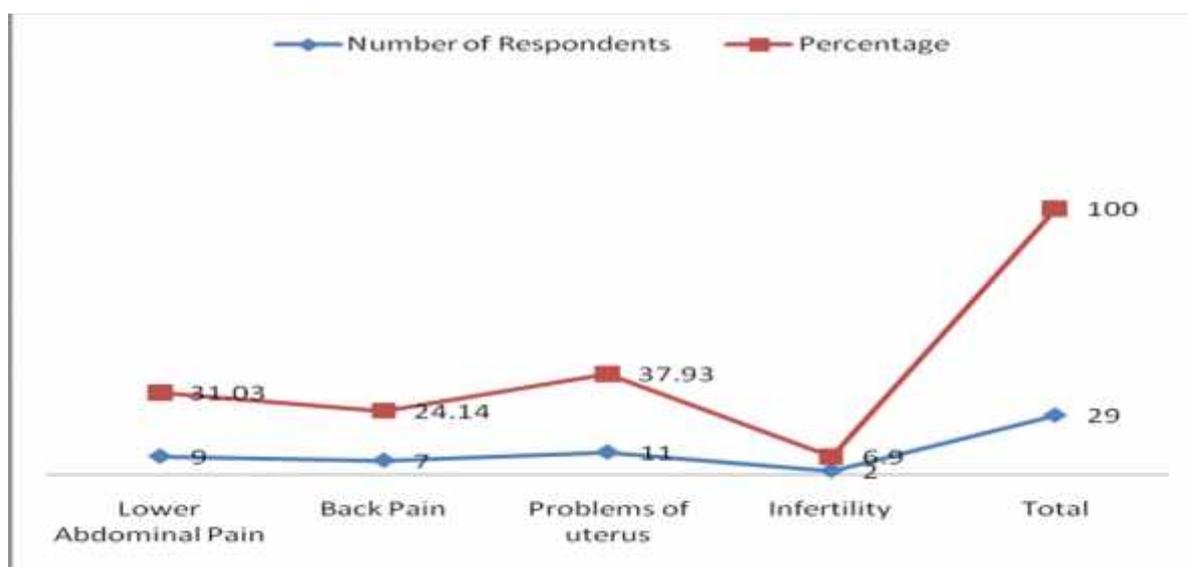
Process	Number of Respondents	Percentage
Domestic	2	6.9
Medicine	11	37.93
Use of Equipments	16	55.17
Total	29	100

Source: Field Survey, 2010

5.2.2 Physical Consequences of Abortion

Due to unsafe abortion, most of the women are having different physical problems. Among the total (29) respondents that aborted their pregnancy, 37.93 percent respondents said that they were suffering from problem of uterus. Other 31.03 percent said that lower abdominal pain is the most severe problem for them. Similarly, 24.14 percent are suffering from back pain and 6.90 percent faced infertility after abortion.

Chart No. 7 Physical Consequences after Abortion



Source: Field Survey, 2010

5.2.3 Place of Abortion

Abortion can be done at different places. In the city area, it is performed at the hospitals and clinics, but in the rural areas as they use domestic process, they abort at houses. In this study, 44.83 percent of 29 respondents aborted at Marie Stops Centers/FPAN/Clinic, 27.58 percent got abortion service at private hospitals. Similarly, 20.69 percent got this service at government hospitals and 6.90 percent at home.

Table No. 17 Percentage Distribution of Respondents by Place of Abortion

Abortion Places	Number of Respondents	Percentage
Government Hospitals	6	20.69
Marie Stops Centers/FPAN/Clinic	13	44.83
Private Hospitals	8	27.58
Home	2	6.90
Total	29	100.00

Source: Field Survey, 2010

5.3 Attitude towards Abortion

Knowledge and/or experience of abortion determine the perception of women towards it. However, adequate knowledge and positive consequences of termination of abortion lead to positive perception and vice versa. The factors that also determine the perception towards abortion are level of education, income, occupation, age, age at marriage, caste/ethnicity, etc.

All the respondents in this study have the knowledge of abortion and among them, 76.36 percent reported that they have a positive perception towards abortion. Whereas, 20 percent said that they take it as negative and 3.64 percent did not say anything whether it is good or bad or they

have no idea. The large number and percentage of the respondents told it as a positive phenomenon because they are all bachelors' level students and they know the cause, right, consequences and legality of the termination of pregnancy. The following table will show the perception towards abortion.

Table No. 18 Percentage Distribution of Respondents by Perception towards Abortion

Perception towards Abortion	Number of Respondents	Percentage
Positive	126	76.36
Negative	33	20
No Response	6	3.64
Total	165	100

Source: Field Survey, 2010

5.3.1 Attitude towards Abortion and Caste/Ethnicity

Caste/ethnicity is a major factor that affects on the perception due to the social norms and values their society is experiencing. Above 85 percent Brahmin respondents reported that they have a positive attitude, while 11.11 percent of them told that it is negative 3.70 percent told they don't have any idea. Similarly, 81.48 percent of the Chhetri respondents said it is positive, 66.66 percent each of Tamang, Newar, and Dalit have a positive attitude towards it. The detail is given below.

Table No. 19 Percentage Distribution of Respondents According to Perception towards Abortion by Caste/Ethnicity

Caste/ethnicity	Positive		Negative		No Response		Total
	No.	%	No.	%	No.	%	No.
Brahmin	46	85.19	6	11.11	2	3.70	54
Chhetri	44	81.48	10	18.52	-	-	54
Tamang	16	66.66	5	20.83	3	12.50	24
Newar	14	66.66	2	9.52	5	23.80	21
Dalit	4	66.66	-	-	2	33.33	6
Other	2	33.33	2	33.33	2	33.33	6
Total	126	-	25	-	14	-	165

Source: Field Survey, 2010

5.3.2 Perception towards Abortion as a Right of Women

In the questionnaire, a question about the right of women was asked in Q. No. 77 and 76.36 percent said that abortion is the right of women. Similarly, 15.15 percent said that it is not the right and 8.49 percent said that they have no idea.

Table No. 20 Percentage Distribution of Respondents by their Opinion about whether Abortion is Right of Women or Not

Abortion is Right of Women	Number	Percentage
Yes	126	76.36
No	25	15.15
No Response	14	8.49
Total	165	100

Source: Field Survey, 2010

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter deals with the major findings, conclusion and recommendation of this study. On the basis of information presented in chapter four and five, the major findings of the study can be summarized as below:

6.1 Summary of the Findings

This sub section summarizes the demographic, social and economic characteristics of the respondents and their knowledge, attitude, and practice of abortion.

6.1.1 Demographic Characteristics of Respondents

-) The highest proportion of the respondents, i.e. 45.45 percent of them was from the age group 20-24 due to the selection of the study area. Mostly this age group studies in the Bachelor's Degree and the lowest proportion is from the age group 15-19 and 35 above.
-) Forty-five percent of respondents got married at the age between 20 and 24 and only two percent got married above 30 years of age.
-) More than 43 percent respondents had five members in their family, and only about two percent had each of two and more than ten members in their family.

6.1.2 Social Characteristics of Respondents

-) About 33 percent respondents each were from Brahmin and Chhetri families, followed by Tamang 14.54, Newar 12.73 Dalit and other castes each 3.64 percent.
-) The majority of the respondents were the Hindu with 79.39 percent. The Buddhists were about 17 percent and the Christian were 3.64 percent.

6.1.3 Economic Characteristics of Respondents

-) Agriculture is the dominating occupation of the Nepalese, and 25.45 percent respondents' families is involved in agriculture, followed by Business 16.63 percent, service sector and daily wage each 10.90 percent and other occupational sectors 36.36 which includes social works, study and else.
-) More than 45 percent respondents said that their monthly family income is above 15,000 rupees and the lowest is 16.36 percent whose monthly income is between 5,001 and 10,000 rupees.
-) About 31 percent respondent had below Rs. 5,000 monthly expenditure and only 9 percent had above 15,000 rupees per month.
-) 92.73 percent respondents had electricity facility; cent percent family had radio including other physical facilities.

6.1.4 Knowledge on Abortion

- J Out of 165 respondents, all of them said that they had knowledge on abortion. This is due to their level of education. That is why there is no variation in knowledge on abortion with different caste, religion, age group and so on.
- J The main source of their knowledge were radio for 51 percent while TV for 45 percent respondents and other media such family members, health personnel, friends, etc. were also other sources.
- J More than 89 percent respondents reported that abortion is legal in Nepal and a few were unaware of the legality, may be due to the lack of care and interest in it.
- J However, all of them knew that there are negative consequences of aborting pregnancy. Among them, 81 percent each reported that infertility and death of women would be the fatal consequences of abortion.

6.1.5 Attitude towards Abortion

- J More than two third of the respondents had positive attitude towards abortion. 20 percent had negative attitude and some three percent had neither attitude.
- J More than 85 percent Brahmin and the lowest 33 percent other caste women, which includes Sherpa and Thami, have positive attitude towards abortion.
- J About 77 percent reported that abortion was the right of women. 15 percent told that it was not the right and 8.43 reported of being unknown.

6.1.6 Practice of Abortion

- J Only 17.57 percent (29 out of 165) reported that they practiced abortion. More than 20 percent Tamang women and the lowest about 15 percent Brahmin said that they aborted their pregnancy.
- J Among the aborted respondents, 41.38 percent said that they terminated pregnancy due to the unwanted pregnancy, and the lowest of them 10.34 said that the main cause of abortion is to shape the family. Apart from this, desire of son was also another major cause of abortion.
- J More than 55 percent respondents said that they used equipment while aborting the pregnancy. And, the lowest of them (6.90%) told that they used domestic process.
- J All of them were suffering from different problems after abortion. About 38 percent reported that they were facing problem of uterus, and the lowest 6.90 were suffering infertility, too.
- J Marie Stops Centre/FPAN/Clinic is the major place of abortion. About 45 percent respondents went to such place for pregnancy termination while the lowest about 7 percent got abortion at home, too.

6.2 Conclusion

The study was carried out in order to determine the knowledge, attitude and practice of abortion among female students of Bachelor's Degree level in Dolakha district. The study included 165 sample sizes. The majority of students studying in this level is 20-24 years age group and the sample was mostly from Brahmin and Chhetri families. It states that the majority of such family's women/girls go to campus for higher studies.

About 45.45 percent family has more than Rs. 15,000 income per month, whereas, about half of them have the monthly expenditure of Rs. 5,001-10,000. Almost all have different physical facilities at their home such as radio, TV, electricity, etc. being the Bachelor's level students; all knew different processes of abortion and its consequences. They also know about the legal provision, but all are not aware of all the provisions asked. However, about 90 percent of them told that up to 12 weeks' pregnancy of at least 16 years old mother can be aborted with their consent, followed by 56.36 percent, who said that abortion can be done at any time if the health of the mother is at risk and of the fetus was deformed. It is the satisfactory knowledge among them. Other exceptional percentage of the respondents had no interest in such matters, so they don't know about its legality.

More than two-third respondents said that they had positive attitude towards abortion. 76 percent of them reported that it was the right of women.

It was found that only 17.58 percent of the respondents practiced abortion. Among those who had practiced abortion, told the major cause of abortion was the unwanted pregnancy followed by 34.48 percent who revealed that they aborted due to the desire of son. They went to different places for abortion. The majority of them (45%) went of Marie Stops Centre/FPAN/Clinic for abortion. They reported that 55.17 percent of them used equipment as a process of abortion and 37.93 percent used medicine. Only 6.90 percent told that they applied domestic process. It states that they were practicing safe abortion place and process.

Although a safe abortion, it is an unnatural process against pregnancy and its delivery. That is why the aborted respondents were facing different problems. About 38 percent said that they had a problem of uterus after abortion followed by 31 percent who were fighting with lower abdominal pain. 34.14 percent were facing back pain and 6.90 percent experienced infertility due to abortion.

The educated women were selected from the urban area, i.e. staying in the urban area and studying in the campus, but it was not easy to get the responses especially on abortion practice. They were hesitating to reveal their facts. It may be due to socio-culture of Nepal.

6.3 Recommendation

Keeping in mind the situation of knowledge, practice and perception of the Bachelor's Degree level students towards abortion in the study area, the following points should be recommended:

-) To extend the advocacy on abortion in community level, which enables people to talk and discuss, counseling, sharing their experience towards abortion.
-) To provide counseling on family planning and the use of contraceptives in order to stop unwanted pregnancy taking in mind 'prevention is better than cure'.
-) To conduct various awareness programs such as seminars, street drama, discussion, etc. particularly focusing on how to reduce the causes of abortions cases as far as possible.
-) To train the health personnel in order to lessen the post abortion complication.
-) To conduct awareness campaign to stop abortion at home and by untrained persons.
-) To produce effective radio and TV programs to broadcast, audio and visual materials available in all the local markets easily so that the level of awareness about the advantage and disadvantage of both safe and unsafe abortion.

6.3.1 Recommendation for Further Research

-) This study is limited to the students of Bachelor's Degree level. It couldn't cover the large number of married and unmarried women who weren't studying and sampled. The study could be more representative for knowledge, practice and perception towards abortion, if both in and out both students were enclosed.
-) In this study, very limited variables are used to study the level of knowledge, practice and perception on abortion, so the selected variables are insufficient to explain knowledge, practice and perception of women on abortion.
-) The outcome of the study is based on the sample survey carried out at Gaurishankar Multiple Campus of Dolakha District. The data could be more trustworthy if we could take account of all campuses of the country.
-) This study doesn't take some impacts of abortion in account such as the impacts on education, socio-cultural situation, etc. could be studied in the future.
-) The impacts of education, age at marriage and socio-cultural situation could be studied.

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	agriculture?		
4.	If yes, how much the land?	1 ropani.....1 2 ropani.....2 3 ropani.....3	
5.	How much is the monthly income of your household or family?	Rs.....	
6.	What is the monthly expenditure of your family?	Rs.....	
7.	Do you have any following facilities? (multiple choice)	Electricity.....1 Radio.....2 Telephone.....3 Gas stove.....4 Television.....5 Others(specify).....6	

Individual Information

8.	How old are you?years	
9.	What is your religion?	Hindu.....1 Buddhist.....2 Islam.....3 Christian.....4 Others(specify).....5	
10.	What is your caste/ ethnicity?	
11.	Are you married?	Yes.....1 No.....2	16.
12.	How old were you at the time of marriage?years	
13.	If married, can your husband read or write?	Yes.....1 No.....2	
14.	If yes, what is the educational level of your husband?	No Schooling.....1 Primary.....2 Lower Secondary.....3 Secondary.....4 Intermediate.....5 Bachelor and above.....6	
15.	What is the occupation of your husband?	Agriculture.....1 Service.....2 Business.....3 Daily wages.....4 Others(specify).....5	
16.	How many members are there in your family?	
17.	How many children have you ever born alive?	Sons.....1 Daughters.....2	

Questionnaires of Knowledge, Attitude and Practice on Abortion

KNOWLEDGE

18.	Have you ever heard about abortion?	Yes.....1 No.....2	
19.	What are the major sources of information on abortion? (multiple choice)	TV.....1 Radio.....2 Magazine.....3	

		Newspaper.....4 GO/NGO/INGO.....5 Health personal..... 6 Family members..... 7 Friends.....8 Others(specify).....9	
20.	Do you know how many types of abortion?	Yes.....1 No.....2 Don't know.....3	
21.	Have you heard about spontaneous abortion?	Yes.....1 No.....2 Don't know.....3	
22.	From which major source have you heard about spontaneous abortion? (multiple choice)	TV.....1 Radio.....2 Magazine.....3 Newspaper.....4 GO/NGO/INGO.....5 Health personal.....6 Family members.....7 Friends.....8 Others(specify).....9	
23.	Have you heard about induced abortion?	Yes1 No.....2	
24.	From which major source have you heard about induced abortion? (multiple choice)	TV.....1 Radio.....2 Magazine.....3 Newspaper.....4 GO/NGO/INGO.....5 Health personal.....6 Family members.....7 Friends.....8 Others(specify).....9	
25.	Do you know the methods of induced abortion?	Yes.....1 NO.....2	
26.	What are these methods? (multiple choice)	Domestic.....1 Medicine.....2 Mechanical.....3 Electrical.....4 Surgical.....5 Don't know.....6 Others(specify).....7	
27.	Can you say the causes of induced abortion?	Yes.....1 No.....2	
28.	What cause do you know? (multiple choice)	Socio/economic.....1 Incest/rape.....2 Sex selection.....3 Health Problem.....4 Too many children.....5 Unwanted pregnancy.....6 Don't know.....7 Others(specify).....8	
29.	Have you ever heard about safe abortion?	Yes.....1 No.....2	
30.	Have you ever heard about method of safe abortion?	Yes.....1 No.....2	

31.	What are these?	Domestic.....1 Medicine.....2 Mechanical.....3 Electrical.....4 Surgical.....5 Don't know.....6 Others(specify).....7	
32.	Do you heard about unsafe abortion?	Yes.....1 No.....2	
33.	Do you know the consequences of unsafe abortion?	Yes.....1 No.....2	
34.	What are these? (multiple choice)	Infertility.....1 Against the law.....2 Against the social norms.....3 Birth of deformed child.....4 Death of women.....5 Increase of prostitution.....6 Others(specify).....7	
35.	Do you know a place or person where one can go for abortion counseling and services?	Yes.....1 No.....2	37.
36.	If yes, where or by whom?	Government Hospital.....1 FPAN(Family Planning Association of Nepal).....2 Marie Stops Center.....3 Clinic.....4 Home.....5 Health professional.....6 TBA (Traditional Birth Attendant).....7 Family members.....8 Self attempt.....9 Others (specify).....10	

PRACTICE

37.	Do you know the place for safe abortion?	Yes.....1 No.....2 Don't know.....3	39.
38.	If yes, where?	Hospital1 FPAN(Family Planning Association of Nepal).....2 Marie Stops Center.....3 Clinic.....4 Home.....5	
39.	Why women want to do abortion? (multiple choice)	Unwanted pregnancy.....1 Sex selective.....2 Desire for son / Daughter.....3 Completed family size.....4 Illicit relationship.....5	

40.	Is abortion legal in Nepal?	Yes.....1 No.....2 Don't know.....3	
41.	Do you know about the recent abortion act?	Yes.....1 No.....2 Don't know.....3	
42.	In which situation the induced abortion is legal in Nepal?	Every pregnancy above 16 years, up to 12 weeks with the consent of mother.....1 Below 16 years up to 12 weeks with the consent of parents.....2 Up to 18 weeks pregnancy resulted from rape and incest.....3 At any time, if the health of mother is in risk and if fetus was deformed.....4	
43.	Did your husband or boy friend know about induced abortion?	Yes.....1 No.....2	
44.	Did he create any problem?	Yes.....1 No.....2	
45.	Did your family members know about it?	Yes.....1 No.....2	
46.	Did they create any problem?	Yes.....1 No.....2	
47.	Do you know any induced abortion in your neighbor or friends?	Yes1 No.....2 Don't know.....3	49.
48.	If yes, where had they gone to abort?	Government Hospital.....1 FPAN(Family Planning Association Nepal).....2 Marie Stops Center.....3 Clinic.....4 Others(specify).....5	
49.	Is there any woman, who has the problems due to the induced abortion, in your neighborhood or friends?	Yes.....1 No.....2	
50.	What are the problems?	Lower abdomen ache.....1 Backache.....2 Problem in uterus.....3 Infertility.....4 Others(specify).....5	
51.	Have you applied any method of induced abortion?	Yes.....1 No.....2	53.
52.	If yes, which method had you applied?	Domestic.....1 Medicine.....2 Mechanical.....3 Electrical.....4 Surgical.....5 Others(specify).....6	
53.	How old are you when you did abortion?years	

54.	Why did you want that induced abortion?	Unwanted pregnancy.....1 Sex selective.....2 Physical problem.....3 Social problem.....4 Economic hardship.....5 Family size control.....6 Others(specify).....7	
55.	Where did you go for abortion?	Government Hospital.....1 FPAN(family planning association of Nepal).....2 Marie Stops Center.....3 Clinic.....4 Home.....5 Others(specify).....6	
56.	Who assisted you in performing abortion?	Health professional.....1 TBA(Traditional Birth Attendant).....2 Family members.....3 Self attempt.....4 Others(specify).....5	
57.	How many times have you aborted during your life time?	No. of abortion.....	
58.	Have you ever experienced any complications or adverse affects following an abortion?	Yes.....1 No(s).....2	
59.	What are the problems?	Lower abdomen ache.....1 Backache.....2 Problem in uterus.....3 Infertility.....4 Others(specify).....5	

ATTITUDE

60.	How do you rate the skills of the service provider?	Very satisfactory.....1 Satisfactory.....2 Unsatisfactory.....3	
61.	Are you currently living with whom?	Joint Family.....1 Nuclear Family.....2	
62.	Who accompanied you when you went for abortion?	Husband.....1 Mother/ in – law.....2 Friends.....3 Health worker.....4 Others(specify).....5	
63.	What is your perception about abortion?	Positive.....1 Negative.....2 Not stated.....3	
64.	What you think the induced abortion is right or wrong?	Right.....1 Wrong.....2 Don't know.....3	
65.	Can unmarried women do an abortion?	Yes.....1 No.....2	

66.	What do you think sex selective abortion is right or wrong/ legal or illegal?	Right.....1 Wrong.....2 Don't know.....3	
67.	What do you think that, to get reliable or update information is clients/ service user's right?	Yes.....1 No.....2	
68.	Do you have any access of abortion in your area?	Yes.....1 No.....2	
69.	If yes, what is that?	Hospital.....1 FPAN(Family Planning Association of Nepal).....2 Marie Stops Center.....3 Clinic.....4	
70.	Do you prefer for safe abortion?	Yes.....1 No.....2	
71.	If yes, why do you? (multiple choice)	Because, Safe for pregnant women.....1 Done by health professional.....2 Do not harm in health.....3 Others (specify).....4	
72.	Do you remember any death of women due to the problems of unsafe abortion in your neighbor or friends?	Yes.....1 No.....2	
73.	What you think the abortion should be secret?	I strongly agree.....1 Agree.....2 I don't agree.....3 Don't know.....4	
74.	With whom do you talk about abortion?	Family members.....1 Husband.....2 Friends.....3 Others(specify).....4	
75.	Will you agree or not if you need abortion according to legal provision?	Yes.....1 No.....2	
76.	What do you think that the right to abortion is women's right?	I strongly agree.....1 Agree.....2 Don't agree.....3	
77.	Do you have any comment about abortion?	

Thank you !