CHAPTER I

INTRODUCTION

1.1 Background of the Study

Nepal is a landlocked country where 15% of land is covered by High Mountain, 68% of Mid-mountain and rest 17% of land is Terai region. The total population of Nepal is 22, 367048.

Nepal is a one of the least development countries in the world with the low per capita income. About 42% of the people is estimated to live below poverty line. Most of the Nepalese people live in rural area. They depend on agriculture and they look hand to gain only low subsistence. So they have been facing various problems in the field of economy as well as health. The major health problems of Nepal is the lack of health education, rapid population growth, malnutrition, problem of sanitation, prevalence of communicable disease, high material and child mortality rate. Beside these, reproductive health is also a serious problem in the country due to the lack of knowledge about reproductive health.

Many health problem are in front of us. Human beings are facing many health problems. Among them abortion has become a major public health problem in Nepal. legal restriction or other barriers often force women with unwanted pregnancy to seek abortion from unqualified providers under condition that endanger their lives. Each years 57,000 unsafe abortions occur in Nepal resulting in either death or long term or short term disability. About 20% of all maternal death in the country is attributed to unsafe abortion. (MOH study, 2002)

Unwanted pregnancy and induced abortion occur in every society and inevitably. It has become a major women's health issue in the world. Every year about 210 million women throughout the world become

pregnant. About 40-50 million of those women resort to abortion, 20 million of which are considered unsafe. About 95% of all unsafe abortion takes place in developing countries. (WHO, 2000)

Safe Abortion care (services) is an approach to providing abortion service that address the various factor of women health needs physical mental her personal circumstances as well as her ability to access services. Comprehensive (safe) abortion is an important component of the reproductive health for women. Comprehensive abortion care included affordable and accessible abortion and other reproductive services, such as counselling and informed consent for the termination of pregnancy informed choice for post abortion contraception identification and treatment of sexually transmitted infection, reproductive track infection and other similar aspects of reproductive health and other similar aspects of reproductive health.

Abortion refers to termination of pregnancy before the fetus become viable. Age of viability various from country to country. It is usually between 20 to 27 weeks in case of Nepal it agreed for 18 weeks (source: Maluki Ain 2008)

Abortion is the expulsion or extraction of a fetus or an embryo from its mother which weights 500 grams or less (WHO 1977). The rate of Pre-clinical and clinical less of pregnancy. Carries between 12-16%. The risk of sepsis following spontaneous abortion is minimal the risk rise to 36% after induced abortion where abortion has been legalized. Cases of septic abortion may present in two ways, with a localized infection in the uterus and fallopian tubes or with bacterium endotoxicshock. A substantial number of women, die due to complication of abortion. Many women suffer from a sequel of infection leading to sub fertility, chronic pelvic pain and related morbidity. The slogan "Women's health is a nation's health" is there but not properly regarded, pregnancy endangering

the life of the mother, conception following rape or incest. Documented failure of family planning and method congenital abnormalities in a fetus are considered indication for termination of pregnancy in many counties. In contrast, no pregnancy can be terminated on any medical ground in Nepal. This situation negatively impacts maternal health in the country. Mainly abortions are spontaneous, induced abortion.

Induced abortion is a process by which pregnancy is terminated either medical or surgically before fetus is viable. Abortion by listed trained provider in hygienic way in the listed site is safe abortion. Abortion is defined as the loss of pregnancy fetal viability 22 weeks gestation. unsafe abortion pregnancy termination attempted by an untrained person by unhygienic way which often leads to complications.

An induced abortion is called safe, If it performed with consent of women by a listed registered provider in a government certified place and fulfills the following criteria.

- Up to 12 weeks of gestation with the request of the pregnant women.
- Up to 18 weeks of gestation incase of rape or incest with request of the pregnant women.
- At any gestation, if the pregnancy is harmful to the pregnant women's physical or mental health, as certified by an expert physician.
- At any gestation, if the fetus is suffering from a severely debilitating or fatal deformity or disease, as certified by an expert physician.
- Listed medical practitioners (health service provider) will provide comprehensive care services.

- Only the pregnant women hold the right to choose to continue or discontinue the pregnancy if the pregnant women is minor (less than 16 years of age) or not in a position to give consent (mentally incompetent) the nearest guardian on relative can give consent for abortion services.

- The low prohibits termination of pregnancy of any gestation for the sole purpose of sex selection.

Safe abortion is a procedure for terminating pregnancy by trained health provider with proper equipment, correct technique and sanitary standard. Procedure and technique for early induced abortion are simple and safe. Almost all deaths and complications from unsafe abortion are preventable

Advanced Technology has been already developed to do safe abortion in health institution by trained health manpower. The safe abortion are those performed in early pregnancy by well trained practitioners work in hygienic condition in a setting in which the procedure is legal and the appropriate legal protections are enforced when abortion are performed in safe conditions. Mortality and morbidity rates are generally very low. In some representative developed countries, a women's livelihood of dying as a result of a safe abortion performed with modern methods is no more than one per 100000 procedures. This is lower than the risk of dying as a result of pregnancy or child birth. The probability of complications and death increase with gestation. For example in the US abortion at 16-20 weeks have a fatality rate of 6.9 deaths per 100000 procedures, whereas those performed at gestation of eight weeks or less have a fatality rate of only 0.4 per 100000.

In the world, abortion causes at least 13% of all deaths. Among pregnancy women, new estimates are that 50 million abortions are performed world wide each year with 30 million of them in developing

countries. Approximately 20 million of these are performed unsafely because of condition or lack of provide training. Likewise Nepal is not devoid of the abortion problem. It is estimated that Nepalese women get around 57,000 unsafe abortions every year. (Abortion in Nepal, 2004)

In Nepal, Socio-cultural factors, legal factors and educational level of women have influenced greatly on abortion. Because of lack of knowledge. Patriarchal society, early marriage, in ability to use contraception and male heirs contribute to unwanted pregnancy among all women, ultimately results in abortion.

Thousands of preventable deaths of Nepalese women can be liked to Nepal's criminalization of abortion. In response to high mortality from complications of unsafe abortion. Nepal government adopted National reproductive Health strategy in 1998 with major component of prevention and management of complications of abortion. Again in 2002 abortion has been legalized under certain circumstances (FWLD 2002/03) only after legalization, safe abortion services are available by the name of comprehensives abortion care (CAC) services. It has been started since Chaitra 5, 2060 first in Prasuti Griha, Thapathali. Now CAC service is expanding to peripheral, government hospital, private hospital and INGOs gradually.

Nation health Training Center Provides Training on comprehensive abortion care (CAC) to the health professional (Doctors, staff nurse) according to their educational background.

- Only certified and listed physician, health professional are authorized to provided CAC service.
- Only listed health institutions are authorized to provide CAC service.

List of Hospital and Health Institutions, which are authorized to provide CAC service in Nepal at present.

- Prasuti Griha, Thapathali
- Kathmandu Medical College
- Marie Stoppes
- Kathmandu Model Hospital
- Family Planning Association of Nepal, Pulchwok
- Butwal-Lumbini Zonal Hospital
- Pokhara-Gandaki Zonal Hospital
- Biratnagar-Kosi Zonal Hospital
- Itahari-FPAN
- Birganj- Marie Stoppes

CAC service is expanding to other hospitals gradually after giving training to health professional's lack of access to adequate family planning services is one of the factors contributing to the global problem of unsafe abortion.

1.2 Statement of the Problem

Globally estimated data shows that 15-30% of the total pregnancy related death result from abortion and it's complication. An average of 15% of all pregnancy ends in spontaneous abortion (WHO, complication abortion). Although accurate data on the impact of unsafe abortion in maternal death is lacking, WHO estimated 20 million unsafe abortion occur world wide 70,000 women are die each year as a result of complications following unsafe abortion. Almost 90% unsafe abortions

take place in developing countries (WHO 1994). WHO (1994) estimate that risk of death from unsafe abortion is 1 in 3700 in more develop countries where as in Asia it is 1 in 250 deaths due to unsafe abortion prior to legalization of abortion was 11.4% every day 55000 abortions take place 95% occur in developing countries. They are responsible for 1 in 8 material death. Globally 1 unsafe abortion takes place for every 7 birth. Between 10-15% of women who under go unsafe abortion need medical care for treatment of complication which consumes 50% of total hospital budget. In the developing world (excluding China) the death from abortion (safe or unsafe) is330 maternal death for 100000 abortions. (AGI 1999, cited from comprehensive abortion care service at Kathmandu medical college-An experience).

Nepal also had one of highest rates of pregnancy related death in the late 1990's. In Nepal 281 women die due to pregnancy and delivery (child birth) related complication for every 100000 live birth (NDHS 2006). According to ministry of health maternal morbidity and mortality study of 1998, approximately 5.4% of all maternal death due to abortion complication. Women are frequently not able to determine and control all circumstance of their lives, socio economic cultural psychological and social factor play a vital role for abortion.

Abortion is a universal problem and issue of each and every country. It has its own legalization rules 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 personel have been aborted by traditional method, in home jungle etc. 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 women have unknown about abortion or safe abortion. Many women are illiterate assented over in rural area in Kailali. Most of

the women are not general knowledge on abortion. Most of women wanted abortion by non-clinical personnel because they have wanted safe from family and society. Their health is very serious from induced abortion. Their health condition affected short term and long-term disease. Just like damaged internal organs, infertility and most of women have been victimized by the problem of abortion. Researcher has seemed main problems in the area of the study is that there is no such study about the safe abortion of the study area.

The following research questions are set in the study.

- What is the level of knowledge, attitude and practice of safe abortion among the respondents.
- What is the reason behind the safe abortion?

1.3. Objective of the Study

The general objectives of study is to identify knowledge, attitude, practice of safe abortion in the study area. However following are the specific objectives of the study.

1) To identify the KAP of women about the safe abortion care.
2) To find out the socio-economic characteristic of women in reproductive age group.
3) To find out the reason of safe abortion.
4) To find out the accessibility of women in safe abortion service.

1.4 Significance of the Study

The study of this subject is more significance in today's context. Our society is going in rapid change as time passes on, But our existing law is so old cruel abortion. It is influenced from religion and culture.

Our country is provided legalization of abortion but unwanted pregnant women do not follow its legal. On the religious aspect abortion is sinful act and it does not give permission to do abortion. So it can be seen that human fetus expulsed hidden place taking the great risk of life. In order to same the life of pregnant women and to protect the right of an unborn child. Clear law has been made in Nepal but women and their families do not utilize it. Maximum women are illiterate and ignorant in rural area. Their have no knowledge about safe abortion. Abortion is restricted medical termination but they are involving in illegal abortion. Various national and international researchers are agree that Nepal's maternal mortality is very high, which affected by abortion. Yet there has been done very little study to assess the level of knowledge, attitude on abortion, which affects directly on indirectly in mortality morbidity, fertility and other aspects such as demographic profile, educational status, socio-economic status family structure, cause of abortion.

If women have awareness her health they will not give more child birth, she and her baby will be healthy, which help to reduce maternal mortality rate women's knowledge and attitude should be positive about abortion. The researcher expected following significant from this study.

- Here the study sought to find out the knowledge attitude and practice of safe abortion care and prevent repeated abortion.
- It's finding will be beneficial to related programs like causes of abortion, reproductive health, women empowerment and women's rights.
- The findings of the study will be useful for planners, policy makers and different kinds of government and NGOs, INGOs to formulate and implement action research.
- This study will be beneficial to Kailali district.

- This study will provide some information as a baseline for future study on safe abortion care.
- It will help local people awareness towards the risky pregnancy and importance of referral to health facilities in the rural area.
- It will be helpful to guide the planner, educators and specialist for improving women health status in the rural area.

Research and the study area, safe abortion practice especially included area of global comprehensive Abortion care project, which was started in 2007 for 5 years covering six (6) district vij. Banki, Ilam, Kailali, Kanchanpur, Palpa and Sarlahai. The information on the study of safe abortion practice and affecting factor behind that is really helpful for reducing the unsafe abortion practice. So the information obtained often this study is more useful as a feedback for the policy maker of the concerned authorities to improve the health status of reproductive age group women by implementing health program and eliminating the unsafe abortion practice.

1.5. Limitation of the Study

The research work has been limited due to constraint time and resources. The limitation of this study is mentioned below.

1. This study has been limited with the Chauki danda ward No. 3 of Malakheti VDC in Kailali district. So finding might not be applicable for another wards.
2. This study has been limited to married women aged 15-49 having pregnant or children.
3. Required information has been achieved by using interview schedule as well as observation.

4. This study has covered the knowledge, attitude and practice of safe abortion care.

1.6. Definition of Important Terms

Abortion: - Is termination of pregnancy before the period of 28^{th} week.

Safe Abortion:- Is a Procedure for terminating pregnancy by trained health provider with proper equipment, correct technique and sanitary standard.

Knowledge:- The fact she knows about safe abortion are.

Attitude:- Verbal statement of belief values, feeling perspectives about safe abortion care.

Practice:- Verbal statement of application input practical activities about safe abortion care.

Reproductive age:- 15-49 age group is called

Spontaneous abortion:- Natural termination of pregnancy.

Induced abortion:- The intentional termination of pregnancy.

Pregnancy:- The period during which a women carries a developing fetus pregnancy last for approximately 266 days or from conception until the body is born and fetus develops in the womb.

Fetus:- Embryo during the later stages of development with in the womb.

CREPHA:- Center for research on Environment Population and Health Activities, which is lunched program in overall country.

1.7 Organizations of the Study

Organizations of the study has been made starting from introduction. Thus It consists of background of the study, statement of the problem, objective of the study, significance of the study, limitation of the study and definition of important terms. Chapter two deals with review of literature. Chapter three deals with research methodology and consists of research design, rational of the selection of study area, sampling procedure, source of Data, Data collection procedure and Data Analysis and interpretation. Chapter four deals with analysis and presentation of data and chapter five deals with summary, conclusion and recommendation.

CHAPTER II

REVIEW OF LITERATURE

Literature review is the most important component of the pervious research from which the researcher provides the other's experiences.

The purpose of this chapter is to review the literature pertaining to "KAP of safe abortion care in Malakheti VDC". In this chapter the researcher has attempted to locate the literature related to this study. A review provided a basis to design the research methodology and explain the result from the analysis carried out in the thesis.

Abortion is the termination of pregnancy before the period of viability, which is considered to occur before 28 weeks of gestation. However for international acceptance the limit of viability is brought down to either 20^{th} week or fetus weighting 500 gm (Dutta, 2000). Abortion can be spontaneous or induced. Spontaneous abortion is the termination of pregnancy before the twenty-eight week of gestation as a result of abnormalities of conception or maternal environment, while an induced abortion is the termination of pregnancy before the fetus has developed to live if born. Abortion can be safe or unsafe depending upon how it was initiated (safe motherhood Newsletter, 2002).

World data (2001) shows abortion is practice 11% in Africa, 58% in Asia, 9% in Latin America and Caribbean countries. The annually legal abortion exercised 20% and 15% illegal among 15-49 years women in world.

FPAN (1999), Nepal has maternal mortality ratio is still very high. i.e. 539 per 100,000 live births. In most developed countries, It is less than 10 i.e. septic induced abortion causes almost half of the maternal death in Nepal. In addition to mortality death it cause and significant

morbidity. The duty of doctors and other health professional is to educate women, social volunteers, Journalists, political workers and planners about the very serious consequences of septic induced abortion.

Women and convened individuals should create pressure for the legalization of abortion on medical and social sounds. Poor women also will have access to abortion service in hospitals after legalization reducing the their maternal morbidity and mortality. Many children will be saved from becoming orphans and women will be able to live healthy and prosperous live.

Published on "Nepal Samachar Patra in September 17, 2003, a women died of excessive bleeding after an unsuccessful attempt to abort with assistance from a former peon at a health post in Inaruwa in eastern Nepal. Likewise the mother of three who was six months pregnant had paid the peon Rs. 2000 for the services. The peon was reportedly absconding. The report quoted locals as saying that several young women working in the mills area in Sonapur go to the peon for abortion services.

The Kathmandu post September 20, 2003 reported of a medical doctor with no training in abortion, risking the from the doctor and having paid a huge sum of money (Rs. 6000) Mrs. Manashova Baral's attempt to abort a four month embryo was a frasco as Dr. Ram Raj Panthi was not able to perform a successful abortion even after two attempts. Because of the complications caused by the two unsuccessful attempts at abortion, the patients had to be rushed to lucknow for treatment, which resulted in an additional expense of Rs. 40,000.

Kantipur Daily on July 29, 2004 reported that a woman died after 5 months of abortion. Unknown person raped the woman. She used iron stick for abortion. She put iron stick in vulva, Which affects her ovary and intestines. She could not collect money for treatment. Her 2 children (7 and 3 years) are alone after her death. Her husband is out of house for

4 year. Susila Johsi said before her death, she got abortion to escape from social shame.

In today's world unwanted pregnancy and unsafe abortion have become a major public health issue. Globally 380 women became pregnant in each minute of those 190 face unplanned or unwanted pregnancy nearly forty desperate women undergo and unsafe abortion and one women dies. (Sharma, 2002) The risk of dying from an unsafe abortion in developing country is 1:250 procedures while in developed countries it is 1:3700 procedures (WHO, 2004)

Kantipur Daily August 8, 2009 reported the government told that legalization of abortion helped Nepal reduce the maternal mortality rate (MMR) immensely and that a six month polite project, which ran this year to implement medical Abortion (MA) has shown signs that it will help decrease the rate further.

Abortion was legalized in Nepal in March 2002. The immediate effect was reduction of MMR from 539 per 100,000 live births in 1996 to 289 in 2006. Nepal aims to bring down MMR to 134 by 2015.

The safe abortion procedural order 2060 (2003/04) of the ministry of Health and population (MOHP) approved medical abortion (Pharma cological) as one of the alternative technologies for safe abortion.

Presenting the key findings of the pilot project and recommendation to scale up safe MA services, chairperson of the government MA task force Meera Ojha told "The service has already been expanded to all the districts of the country with 245 listed certified abortion care centers, 610 doctors and 94 trained nurses". According to Ojha, 229,000 women have received abortion services till 2009.

In 2008, MOHP developed a strategic guideline to expand safe abortion services through MA and a six month long pilot study was

implemented in six districts Chitwan, Dhading, Jhapa, Kailali and Surkhet, Covering all five development region.

The pilot project was conducted in 32 listed service sites in the districts. "A total of 26, 620 women received safe abortion services while 1,718 women received the same through MA" Said Ojha.

An Overview of safe abortion service in Nepal from 2004-2009.

- 245 sites listed for providing services.
- 610 doctors trained as service providers
- 94 Nurses trained as service providers.
- Services expanded to 75 districts.

With in five years time frame more than 2 lakhs women were reported receiving safe and legal abortion services. Safe and legal abortion means listed providers, listed sites, listing certificates, cost of service and logo should be hung in public place.

Access to high quality abortion care is essential to women health as evidence by the dramatic decrease in pregnancy related morbidity and mortality since the legalization of abortion in US the past two decades have brought important advanced in abortion care as well as increasing cross disciplimar use of abortion technologies in women health care. Abortion is an important option for pregnant women who have serious medical condition or fetal abnormalities and fetal reduction techniques are not well integrated into infertility treatment to reduce the risk of multiple pregnancies resulting from assisted reproduction.

Since Nepal liberalized it's abortion law in 2002 and introduce comprehensive care to its citizens more than 105000 safe abortion have been performed. Those statistics are more than just a number, they

represent what can be done when governments, non-governmental organization and health sector work together guarantee women's reproductive health and save countless lives. In Nepal the provision of safe abortion care make great progress accomplished during a time of civil unrest between government and Maoist rebels. Nepal's also had one of the Asia's highest rations of Pregnancy related deaths, in the late 1990's the MMR 530 deaths per 100000 live birth and in 1998 it was 596-683. (MMS, 1998, MOH) It was more than half of gynaecological and ostrich hospital admission were due to abortion related complication. By the 2006 MDHs way reached the MMR plummeted 281 Dr. B.K. Subedi, director of Nepal's family health division has said that availability and use of safe abortion care might one of the factor in the significant decrease.

As part of safe motherhood programmes IPAs work with his majesty government and technical committee for comprehensive abortion care to institutionalize comprehensive abortion care a model that include pre-and post abortion counselling as well as provision of contraceptive to prevent repeat unwanted pregnancies throughout the country. As of December 2006, 71 of Nepal's district even those in relatively remote region have trained abortion providers a remarkable achievement of national training programme in which IPAs has been instrumental. The sites that how have trained staff include government operates family planning clinic those operates by non-governmental organization as Marie stops international and private clinic (IPAS-Nepal achieve milestone in safe abortion). This flyer describes women centered comprehensive abortion care as a model of care that includes a range of medical and related health service to support women in exercising their sexual and reproductive right and health (IPAS-2003). Comprehensive abortion care services includes examination by the doctor or health worker counselling on abortion and family planning option and services, abortion services

using manual vacuum aspiration effective pain management and other reproductive health services if needed. In FY 2063/64, 114 doctor were trained as service providers and 36 new sites from both public and private were listed for service delivery. During this fiscal year 77, 235 women received service from 167 sites from government hospital, Marie stopes international, family planning association, medical college, private hospitals and nursing home. CAC services is made available in 70/75 districts. (Annual reports). The government of Nepal has developed the national policy, July 2003 statement of comprehensive abortion care services.

- Comprehensive abortion care services will be safe, accessible and affordable.
- Comprehensive abortion care will be provided through service providers listed as per the safe pregnancy termination order.
- An effort will be made to offer a choice of available method, medical and surgical.
- The process associated with listing the institutions and individuals practitioners authorized to provide comprehensive abortion care service will be made simple as possible
- Referral linkage will be established between health institution providing comprehensive abortion care service for first trimester (Primary health centre and district hospitals) and those health institution (zone, regional and maternity referral hospitals) that can provide CAC for second trimester and capable of managing post CAC complications.
- Comprehensive abortion care service will be expanded through private sector (primary health centre and district hospital) and

semi-autonomous institutions, NGO's and the private sector to maximize accessibility.

- Authorized CAC service providers performing these services in good faith will be protected under the law.

- Pregnancy termination shall not be used as a method of family planning. Pregnancy termination shall not be performed based on sex selection.

- Community based health workers will play an important role in helping women avoid unwanted pregnancy through providing information and contraceptives, and informing them about the consequences of unsafe abortion, informing women how to obtain safe, legal abortion care without under delay and referring women with complication of unsafe abortion for appropriate care (reproductive health, clinical protocol)

As most of the abortion related death due to complication of unsafe abortion which are preventable. ICPD 1994, called for access to safe abortion services, access to compassionate quality service for complication arising from abortion, post abortion counselling and family planning services at the 1994 international conference on population and development (ICPD). The world's nations agreed that unsafe abortion is a major public health concern and that government should work to eliminate unsafe abortion and make abortion safer in countries where it is legal (UN 1994; WHO 1998) Nepal is fully committed to implement the programme of action of ICPD and MDG's.

As the evidence long term effort of legalization abortion is to cut the rate of maternal death and injuries official recognition of the moral imperative to reduce maternal mortality has been intensifying 2000. 189 countries adopted the united nations millennium development goal

(MDG's) one of the eight goal is to improve maternal health, with a specific target to reduce the ratio of maternal death to live birth by three quarter between 1990 and 2015.

Since 1995 when the united Nation women's conference in Beijing plate form for action called on governments to deal with the health impact of unsafe abortion a major public health concern 17 countries representing all major region of that world have removed legal registration on abortion. As an extension of the incident and severity of unsafe abortion is increasing seen as a matter of human rights. Amnesty international has now taken a stand on the issue after a long review and consultative process among its affiliates world wide. As it's biennial meeting this past, August, which by coincidence took place in Mexico city the renowned human right organization declared that it would work to "Support the decriminalization of abortion to ensure women have access to abortion when their (physical) health or human rights are in danger". "This policy is binding upon all country members including in countries where abortion is illegal" (Guttmachar Policy Review 2007)

Access to safe abortion care service in Nepal is hampered because we do not have sufficient trained CAC service provider. Poor transportation facilities hampered treatment in tertiary clinic. We need to involve more private clinic and teaching hospital. Women have to less access to education, health, economic opportunities and social services then men in our country which can lead to health related disparities. Linkage between community and service provider is a key factor in preventing unwanted pregnancies and abortion, this linkage is lacking in our countries because if the distributed political situation at present and other social factor.

The seventh and eighth week of gestation is the optimal time for termination of pregnancy. The risk of death is 7 times higher for women who wait until the second trimester to terminate pregnancy.

Unsafe abortion causes different complications to women health. These complication can be very simple to severe and some time can cause death of women. Based on severity, these complications can be divided into two types, immediate complication and long term complications.

Although there are chances of getting complications in spontaneous abortion, but there are greater chances of getting severe complications among the unsafe induced abortion. In unsafe abortion, following complications can occur.

Immediate Complications

- Incomplete abortion
- Hemorrhage
- Endometriosis
- Itra abdominal injury
- Septic shock

Long term complications

- Chronic pelvic pain
- Pelvic inflammatory disease
- infertility
- Entopic Pregnancy
- Premature labor
- Spontaneous abortion
- RH sensitization

Beside these complications, following problems can be seen in aborted women.

- Economic problems
- legal problems
- Socio-cultural and religious problems
- Family relation problems.

CHAPTER III

RESEARCH METHODOLOGY

The following methodological procedures were used in this study.

3.1 Research Design

In this study, descriptive and exploratory design was used because it helps to gain more information about characteristic with in a particular field of study. It involves systematic collection and presentation of data to give a clean picture of a particular problem. In this study the investigator explored the knowledge, attitude and practice about safe abortion among the married women of Reproductive age.

3.2 Rationals of the Selection of Study Area

This study was conducted in Malakheti VDC Chauki Danda ward no. 3 of Kailali district, which is 15 Kilometer far from Dhangadhi Municipality. It was backward from socio, economic and health sector where, reproductive health of women is very poor. In this area most of the women are involved in Abortion case. This study area was selected since it is a poverty sticken area and there is lack of reproductive education and awareness among the people. Ethnically the study area was dominated by Dalit.

3.3 Sampling Procedure

The respondents are selected on simple random sampling. Mainly the married women from 15 to 49 age groups are selected. The total population of the Dhangadhi municipality is 74835 in 2060/061 and the study area is 619 where 288 are female and 331 are male and the total household is 102. Out of total 102 households 50% households are selected for the study.

3.4. Sources of Data

The study is based on both primary and secondary sources of data. Primary data where obtained from the household survey, observation, interviews and discussions with reproductive age o women, secondary data has been collected through published and unpublished material such as research articles, books, Journals, magazine, research report and dissertation

3.5 Data collection Procedures

First of all, researcher went to Malakheti VDC office with the letter given from department of Rural Development. The researcher visited door to door in the selected area. The researcher gave own introduction to the respondents during the interview information is collected from each respondent. The researcher gave brief explanation about objectives without any doubt then collected the necessary information from the interviewing MWRA. A set of questionnaire was developed and used for interview purpose.

3.6. Data Analysis and Interpretation

After collecting the whole information details checked and verified as the field research manually to reduce errors and tabulated the data in master table, chart, figures etc. Analysis of data is based on the numerical and percentage form. After the analyzing data, it is interpreted in the thematic form. The data are described on the basis of theoretical blending.

CHAPTER-IV

DATA ANALYSIS AND PRESENTATION

4. Analysis and Presentation of Data

This chapter deals with analysis and interpretation of collected data, which are presented in the following section.

- Information related with knowledge, attitude and practice of safe abortion care.
- Socio-economic characteristics.
- Information related with reason of safe abortion.
- Information related with accessibility of women in safe abortion service.

4.1. Knowledge of Abortion

4.1.1 Sources of Information on Abortion

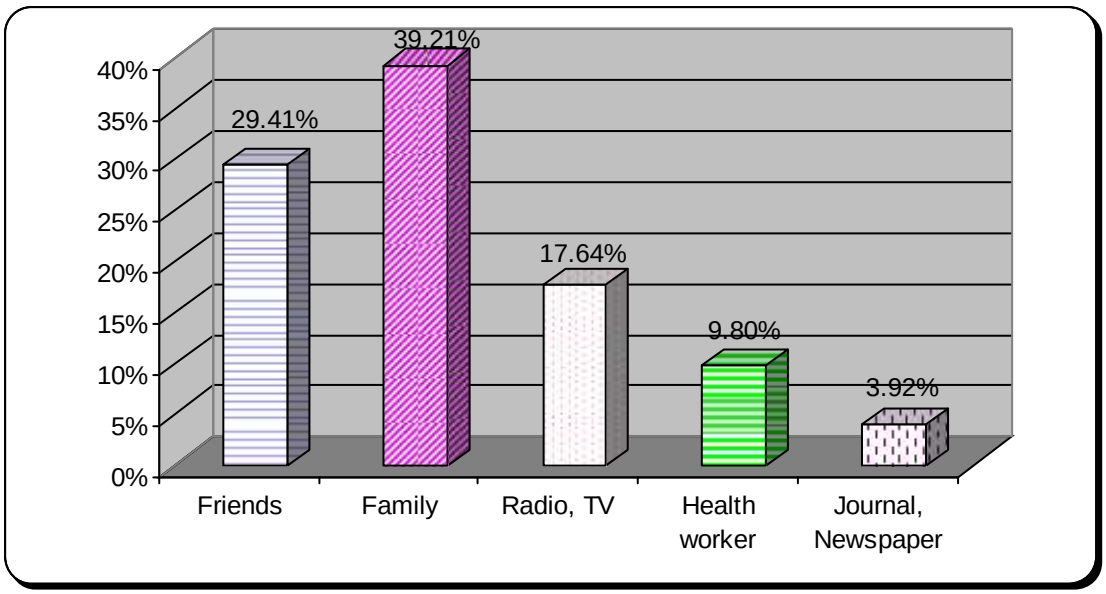
Health information and educational program are broad casted out from radio, television, news, books, pamphlet, poster, health workers, frequently. Respondents of this study have reported their sources of information on abortion as given follows.

Table No.4.1 Source of Information on Safe Abortion Care

S.N.	Sources	Respondents	Percentage
1.	Friends	15	29.41
2.	Family	20	39.21
3.	Radio, TV	9	17.64
4.	Health worker	5	9.80
5.	Journal, Newspaper	2	3.92
	Total	51	100%

Source: Field Survey, 2009

Figure-4.1



According to above figure 4.1, 39.21% women are taking information from family (parents, husband and other family member), 29.41% women are taking information from friend, 17.41% Women are taking information from radio TV, 9.80% women are taking information from health worker (doctors TBA, HA, HV nurse) 3.92% women are

taking information form journal, newspaper friends and other family members are first effective sources of information of safe abortion care.

4.1.2 Attitude of Person, Family and Society about Safe Abortion

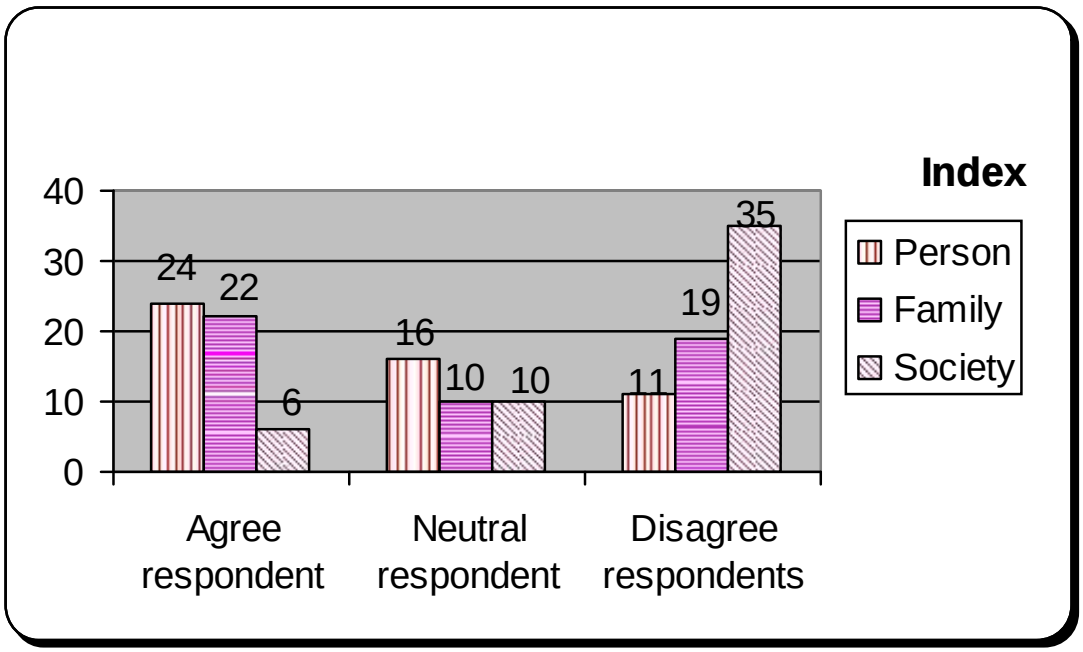
Person is a part of family. People are always positive for family and society development. Good person make good family and society development. Good person make good family and good family make good society educational society has always positive response about the safe abortion care. The Researcher has asked about attitude of person, family and society on safe abortion care which has been shown in figure- 4.2 as follows.

Table-4.2 Attitude towards Safe Abortion

S.N.	Particular	Attitude					
		Agree respondent	Percentage	Neutral respondent	Percentage	Disagree respondents	Percentage
1.	Person	24	47.05	16	31.37	11	21.56
2.	Family	22	43.13	10	19.60	19	37.25
3.	Society	6	11.76	10	19.60	35	68.62

Source:- Field Survey, 2009

Figure- 4.2



The figure 4.2 presents that 47.05% people have positive response, 43.13% family get positive and 11.76% society get positive. Similarly 31.37% person attitude is neutral, 19.60% and 19.60% family and society are neutral attitude, 21.56%,37.25%and 68.62% person, family and society get negative are seen disagree.

4.1.3 Practice of Safe Abortion

Place is plays vital role for safe life of women from safe abortion. Women practice abortion in hidden place. So such type of abortion is very danger for their health. The women who aborted in safe place, their health is sound from various health hazards.

Table -4.3 Place of Abortion

S.N	Place	Respondent	Percent
1	Primary Health Post	12	23.52
2	Marie stoppes	10	19.60
3	India (clinic)	25	49.01
4	Home	4	7.84
Total		51	100

Sources: Field Survey, 2009

Figure- 4.3

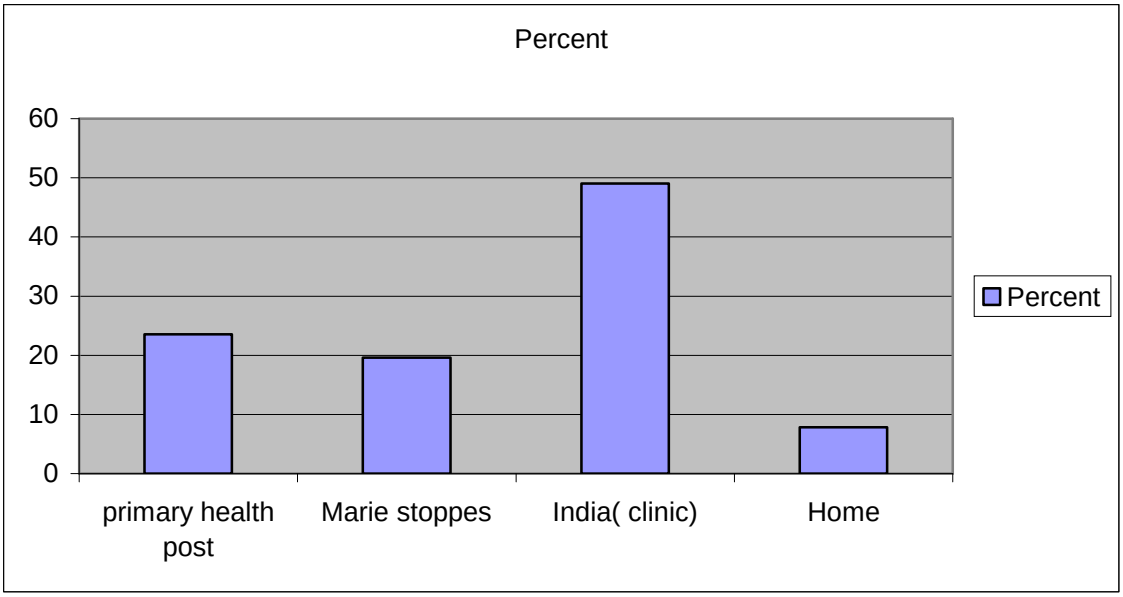


Figure 4.3 shows that out of 51 respondents, 7.84% of respondent did abortion at home, 49.01% did at India, 23.52% did at primary health post, 19.6% did at Marie stoppes. Majority of women did safe abortion at India (clinic) and primary heath post, It is better than home.

4.1.4 Period of Safe Abortion

Generally abortion can be done with in 12 weeks if pregnancy. The Nepalese law permits abortion within 12 weeks of pregnancy, 18 weeks. Of pregnancy in case the pregnancy is due to be rape and incest that time women can be abortion but abortion is criminalized if performed on the basis of the identification of sex of the on born which show table-4.4.

Table-4.4 Period of Abortion

Period	**No. of respondents**	**Percentage (%)**
3-12 weeks	35	68.62
13-18 weeks	12	23.52
19-28 weeks	4	7.84
Total	51	100%

Source: Field Survey, 2009

Above table 4.4 shows out of 51 respondents 68.62% respondents have done safe abortion into 3-12 weeks, 23.52% respondents have done abortion into 13-18 weeks, 7.84% are done into 19-28 weeks. Maximum respondent take part safe abortion into 3-12 weeks. It is suitable period for abortion.

Table 4.5 Information about What is Safe Abortion

S.N.	Description	Respondents	%
1.	Safe abortion are those performed in early pregnancy by well trained practitioner using medical and surgical method	25	49.01
2.	Termination of Pregnancy after 28 weeks of Pregnancy	15	29.41
3.	Expulsion of dead fetus at anytime	2	3.92
4.	Don't know	9	17.64
Total		51	100

Source: Field Survey, 2009

4.1.6 First Childbirth

According to WHO, if women become pregnant before 20 years and after 35 years of their age for the first time, it is taken as a high risk pregnancy. Similarly, if women takes more than 4 pregnancies. It is taken as a high risk for pregnant mother.

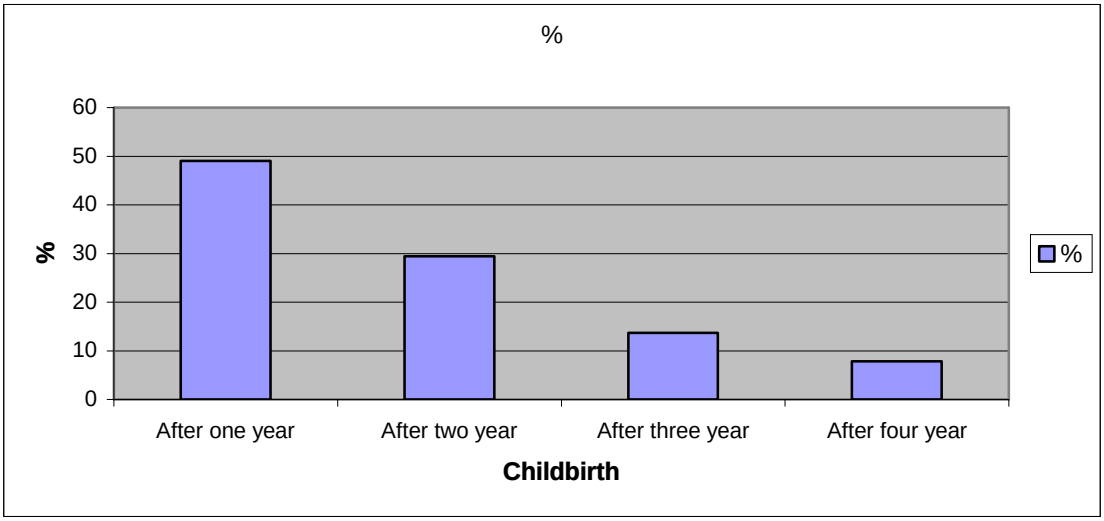
Table 4.6 Distribution of First Child Birth

S.N.	Childbirth	No. of Respondents	%
1.	After one year	25	49.01
2.	After two year	15	29.41
3.	After three year	7	13.72
4.	After four year	4	7.84
Total		51	100

Source: Field Survey, 2009

Table shows that out of 51 respondents, 49.01% respondents were first childbirth after one year of marriage, 29.41% were first childbirth after two year of marriage 13.72 were after three year of marriage and 7.84 % respondents were first childbirth after four year of marriage. Maximum girls are married under 18 years old and most of them bear first child after one year of marriage. Such type of child bearing practice is dangerous for mothers health.

Figure 4.4



4.2 Socio Economic Characteristics

4.2.1 Ethnicity

Different ethnic groups are lived in ward no. 3 Chaukidanda. In this study researcher has included 3 main ethnic groups. Brahman, Chettri and Dalit.

Table - 4.7 Ethnic Group wise

S.N	Ethnic group	Number of Ethnic	percent
1	Brahman	15	29.41
2	Chettri	16	31.37
3	Dalit	20	39.21
	Total	51	100

Source: Field Survey, 2009

Above the table - 4.7 shows that the study area, 39.21% Dalit, 31.37% Chettri and 29.41% women are Brahman. Among them majority of ethnic group are immigrants to here from Doti.

4.2.2 Occupation

Directly or indirectly, occupation also affects our health, education, behavior, knowledge etc. In Nepalese context, women's health depends on her occupation. Hence in this study, occupation of respondents is analyzed, which are shown in Table 4.3.

Table - 4.8 Occupation Wise

S.N	Occupation	No. of Respondents	percent
1	Agriculture and livestock	40	75.43
2	Labour	5	9.80
3	Business (Retail/Shops)	6	11.76
	Total	51	100

Sources: Field Survey, 2009

Figure- 4.5

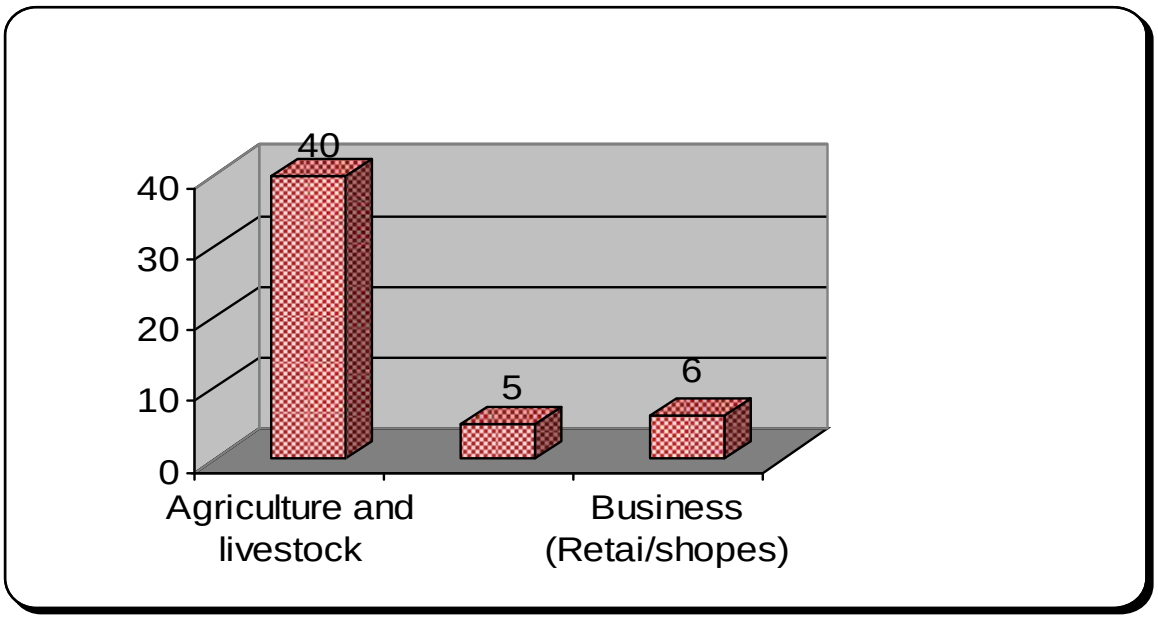


Figure 4.5 shows that out of 5 respondents where 78.43% respondents are engage in agriculture, 9.80% are in labour, 11.75% respondents involve in Business (Retail/ Shops). This study has shown maximum women are engage in agriculture because they have not got higher education.

4.2.3 Educational Status

Education is the main factor which changes women's behaviour in every aspect of life such as economy, political, family, social health etc. Therefore, the awareness of safe abortion care knowledge of safe abortion care and attitude of safe abortion care are determined by educational states of the respondents.

In this study educational status is classified into 5 categories. i.e. illiterate, literate, Primary level, secondary level and higher level.

Table: 4.9 Educational Level of Respondents

S.N.	Educational Status	No. of Brahman	%	No. of Chhetri	%	No. of Dalit	%	Total	%
1.	Illiterate	2	13.33	3	18.75	10	50	15	29.41
2.	Literate	5	33.33	4	25	2	10	11	21.56
3.	Primary level	4	26.66	5	31.25	3	15	12	23.52
4.	Secondary level	3	20	2	12.5	5	25	10	19.60
5.	Higher Level	1	6.66	2	12.5	0	0	3	5.88
Total		15	100	16	100	20	100	51	100

Sources: Field Survey, 2009

According to above data 29.41% respondents are illiterate and 21.56% are literate, it is also fond that 23.51% respondents have attained education of primary level, 19.60% respondents have finished of secondary level, 5.88% respondents have passed of Higher level education. Among them Brahman and Chhetri are literate in this study, there are 50% of Dalit respondents are illiterate while 33.33% Brahman, 25% Chhetri and 10% Dalit are generally literate.

Similarly, 26.66% of Brahman, 31.25% of Chhetri, 15% Dalit women have the education of Primary level. Likewise 20% 12.5%, 25% Brahman, Chhetri and Dalit women have passed secondary level respectively. 6.66% Brahman and 12.5% Chhetri women have higher level education.

Infact educational status of the respondents is good, even though Brahman, Chhetri have good educational status in comparison to Dalit.

4.2.4 Income

Table - 4.10 Distribution of Respondent by Household Income

S.N.	Household in Income Rs Per year	Respondents	Percentage (%)
1.	3000-10000	30	58.82
2.	10,000-20,000	15	29.41
3.	20,000 + above	6	11.76
Total		51	100

Sources: Field Survey 2009

From the table No. 4.10 we can see that most of the respondent fall in low income size is 30 (58.82) and out of total 15(29.41%) have middle level income and only 6(11.76%) have high-income.

Hence we can see that the majority of respondents are living under low income situation. It is due to their serious Poverty.

4.3. Information Related with Reason of Safe Abortion

4.3.1. Reasons of Safe Abortion

Many reasons have had of abortion. Woman want abortion because of complication of Pregnancy having more children, To improve economical status and make high educational standard. The researcher has found there reasons of abortion by respondents which has been shown in table 4.11 as follows:-

Table No. 4.11Reasons of Safe Abortion

S.N.	Reasons	No. of Respondents	%
1.	Complication of Pregnancy	13	25.49
2.	Having more children	20	39.21
3.	Preferences of son	15	29.41
4.	Other (control economic, high educational status	3	5.88
Total		51	100

Sources: Field Survey 2009

Table No.4.11 shows that total of 51 respondents, 25.49% respondents have complicated pregnancy causes, 39.21% women have done abortion because having more children. 29.41% have done abortion because preference of son and 5.88% have done abortion in other causes. Maximum women are done abortion by causes of being having more children.

4.3.2 Age of Marriage

In developing country like Nepal early marriage is the major cause of early pregnancy knowledge of safe abortion.

According to CBS (2001) majority of population belongs to kind religion and the concept of "Kanya Dan" taken great place. Due to this religious and cultural practice, early marriage is mostly prevailing in Nepal. Most of Nepalese women are married before 20 years. Law of Nepal gives marriage authority for girls after 18 years old. It should be increased. Age at marriage plays an important role in women and baby's health directly, fertility, economic status and living standard.

Table No. 4.12 Age at Marriage

S.N.	Age Group	Respondents	Percentage (%)
1.	Under 18	37	72.54
2.	19-24	10	19.60
3.	25-30	3	5.88
4	30 + over	1	1.91
Total		51	100

Sources: Field Survey, 2009

Figure 4.6

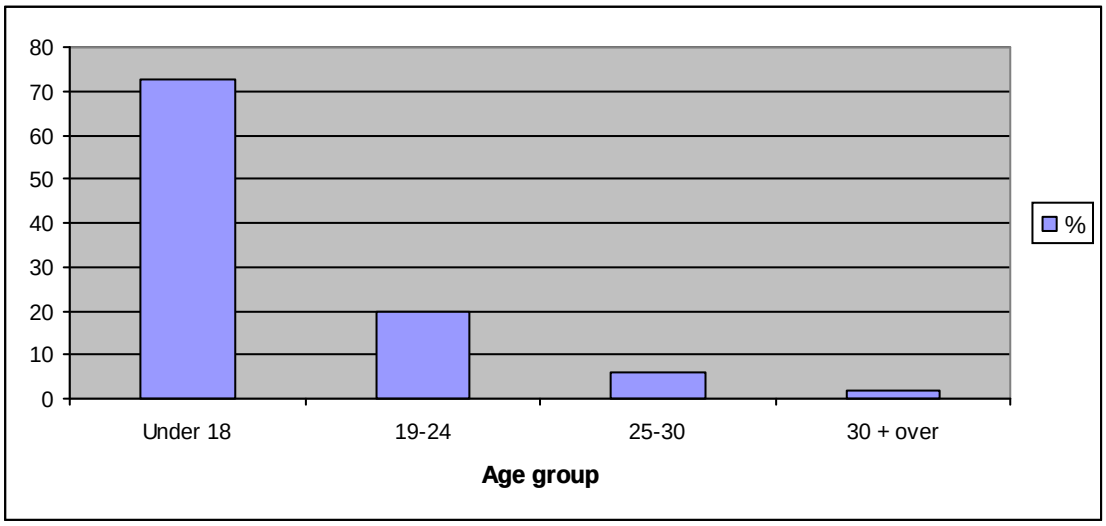


Figure 4.6 shown that out of 51 respondents 72.54% women got married at the age below 18 year, 19.60% respondents were married between the age of 19.24 years, 588% women respondents were married between the age of 25-30 and 1.96% women were married above the age of 30 years.

According to law of Nepal, they have no authority for marriage at the age below 18 years old. From the above data we see that (72.54 %) have married before 18 years. Early marriage means early pregnancy. There is no more chances of pregnancy if they use any contraceptives as a result. Women bear children more than need after abortion by them. Their health condition is poor and decreased economic condition.

CHAPTER-V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1. Summary

Abortion is the expulsion on extraction from its mother of a fetus or an embryo weighting 500 grams or less. The maternal mortality rate in Nepal is higher than world rate. It is estimated as 537 deaths per 100000. It is estimated that more than half (220) of the deaths are causes by abortion problem.

The following major findings are drawn after analyzing the data.

- Out of 51 respondents, 29.41% respondents are informed about the abortion from friends, 39.21% are informed from family, 17.64% are informed from Radio, TV, 9.80% and 3.92% are informed from health worker and journal, newspaper respectively.

- Out of 51 respondents, 47.05% person are positive response about the safe abortion care, 43.13% and 11.76% family and society are agree respectively. 31.37% persons agree, 19.60%, 19.60% family and society are neutral about safe abortion care 21.56%, 37.25%, 68.62% person, family, society are respectively negative response about safe abortion care.

- Maximum women have gone India (clinic) 49.01% for abortion 23.52% go primary health post, 19.60% have done Marie Stoppes and 7.84% use home place.

- Out of 3 listed ethinic39.21% are of Dalit, 31.37% are of Chetri, 29.41% are of Brahman Majoring of Dalit is there.

- 78.43% women are involved agriculture the occupation of remaining respondents are business (Retail shopes) 11.76%, 9.80% are labour. Maximum 8 respondents are involved in Agriculture.
- Educational status of the respondents is good, 11% respondents literate and 15% are just illiterate, 12%, 10% and 3% women have passed primary level, secondary level, higher level respectively.
- Among 3 ethnic groups educational status of Dalit are Poor and Chetri are highest.
- 72.64% women get married at the age into under 18, 19.60% get married at the age into 19-24, 5.88% get married at the age into 25-30%, 1.91% get married at the age into 30+over.
- There are 68.62% respondents who have done abortion between 3+12 weeks, 23.52% do abortion between 13-18 weeks, 7.84% do abortion between 19-28 weeks have done abortion.
- It is disclosed that 25.49% respondents have complication of pregnancy, 39.21% having more children, 29.41% preference of son and 5.88% other (control economic high educational status) women have safe abortion.
- 49.01% respondents were first child birth after one year of marriage and knowledge of safe abortion.

5.2. Conclusion

On the basis the above main findings of the study, it is concluded that.

- Majority of respondents are Dalit in the study area.
- Maximum women are involved in agriculture than other occupation.

- Most of Dalit women are illiterate.
- Higher percentage of women are married below 18 years.
- Family (Parent, husband and others) friends health workers are seen as major sources of information about abortion.
- Most of women do abortion between 3 + 12 weeks of pregnancy.
- More women have aborted because of having more children than other causes.
- Majority of women of the study area go to India (clinic) for safe abortion.
- Most of household income is between Rs. 3000 - Rs.10000 per year.

5.3. Recommendation

The study area has selected in Malakheti VDC of Kailali district, which lies in Terai where more facilities are equiable in comparison to other place (hill). Even through knowledge of safe abortion is not seen satisfactory.

In the study area women are involved in agriculture. They do not show interest of safe abortion so Health Workers, Teachers, Traditional Birth Attendant should be activate for awareness program of safe abortion care.

- INGOs, NGOs project should lunch awareness program in Malakheti VDC.
- Radio, Television also the sources of knowledge on safe abortion its program should be broadcasts effectively from radio and TV.

- The age of marriage of women should be legalized and raised from 18 to 20 years which will reduce early pregnancy and control safe abortion.

- Continuous, pressure on the government should be given to make abortion more accessible for women in Nepal.

- Maximum women are affected by problem of abortion. Therefore health facilities should be provided to women suffering from complications of unsafe abortion.

- Female literacy rate is far below. Therefore the parents should be encouraged to send their daughters to school and emphasized for educating female adults along with school going children.

REFERENCES

Annual Report, *Department of Health Services* 2063/64 (2006/2007).

Aryal, shily (2009). *An Overview of Safe Abortion Services in Nepal*.

CBS, (2058).

Community Health Survey 2065/66

Dhangadhi Bulletin. 2056/66

FPAN (2001). *Preventive of Abortin and Post Abortin Case*. FPAN Hariharbhavan, Lalitpur.

FWLD (2001). *Abortion In Nepal: Women Imprisoned Women Right to Abortion*, Kathmandu.

Guttmocher *Policy Review* 2007, Volume 10, November 4.

Hamal, Paru (2058 B.S.). *Nepal ma Garvapatan Ko Awastama. Kanun Beyamshai Ko Bichai: Eak Shastriy Addyahan,* Unpublished M.A. Dissertation Sociology and Anthropology, Kirtipur, Nepal

Kailali Bulletin 2058.

Kathmandu University Medical Journal 2005, Vol 3 Issue II, Page 225-229. Reproductive Health ?

Maharjan, M.D. (1999). A study on *"Knowledge Attitude and Practice of Pregnant Women" Admitted in Prasutigriha 'Regarding Safe Motherhood*, Unpublished Master's thesis Health Physical and Population Education, MOE. TV.

Mary Fjerstad, NP, MHS IPAS (2009). *Medical Abortion: Global Perspective.*

Maternal Mortalities Morbidity Study (MMNS 1998 Family of Health Division), Ministry of Health and Population, Nepal.

Muliki Ain, 2008 *Journal of Nepal Health Research Council*, Vol 6, Oct, 2008.

Nepal CAC services 2003, Draft

Rawal, Janak Bahadur (2004). *Awareness of Women on Legalization of Abortion in Kailali District*, Nepal Unpublished M.A. Dissertation, Health Physical and Population Education, Kirtipur, Nepal.

Sharma, Prem (2001). *A Handbook of Social Science Research methodology*, Kirti Prakashan, Kirtipur, Kathmandu, Nepal.

Shrestha Dipak (2004). *Garvapatan Kanun Sumbandhi Jankari Ra Prabriti* (Kathmandu Metropolitan City ward No. 6 Buddha. A Social Study of Ramhiti Mahila), Unpublished M.A. Dissertation, Population Studies, Kirtipur, Nepal.

Shrestha, Dirgha Raj (2008). *Reproductive Health National and International Perspectives*, Publication by Ms. Narayan Deve Shrestha. Dhulikhel Municipality, Kavre.

Shura Sura Shikit, *Garvapatan Sewa Nirdeshika*, 2065.

The national policy, June 2003: *Statement of Comprehensive Abortion Care* (CAC) services.

WHO (Geneva 1995). *Complication of Abortion: Technical and Managerial Guidelines for Prevention and Treatment*.

Wolf, H.K. Pant P.R. (2005). *A handbook for Social Science Research and Thesis Writing*, Buddha Academic Publishes and Distribution, Kathmandu, Nepal. www.crehpa.org.np.

APPENDIX-I

KAP of safe abortion care (A case study of Malakheti VDC in Kailali district)

1. Detail of Respondent

Name:- Age:-

Address:- Date:-

Educational :- Marital Status:- Family size:-

Caste:- Income:-

1. How long have you been residing in this village?
2. Did you migrate to this village?

a) Yes b) No

If yes why?

3. Have you heard about abortion?

a) Yes ☼ b) No ☼

If yes from which source did you get information?

a) Media (Radio, TV) b) Family members c) Friends

d) Health workers e) Other (specify)

4. What do you mean by abortion?

a) Termination of pregnancy after 28 weeks of pregnancy.

b) Termination of pregnancy before term

c) Termination of pregnancy before viability or before 28 weeks of pregnancy.

5. Which period do you think is suitable for abortion?

a) 5-12 weeks b) 13-18 weeks c) 19-28 weeks

6. At which condition women should have abortion?

a) Unwanted pregnancy b) Rape c) Incest

d) Complication of pregnancy e) others (Specify)

7. What do you mean by unsafe abortion?

a) Termination of pregnancy by private medical practitioner.

b) Termination of pregnancy by nurse.

c) Termination of pregnancy either by un skilled person or in environment lacking minimal medical standard.

d) Termination of pregnancy in private hospital.

8. How does your family's attitude about the abortion?

a) Positive b) Negative

9. How old are you during marriage?

a) 18 years below b) 19-24 years c) 25-30 years d) above 30 year

10. When did you pregnant first time?

a) After 1 year of marriage b) After 2 years of marriage

c) After 3 years of marriage d) After 4 year of marriage

11. Have you even lost a pregnancy accidentally?

a) Yes b) No

12. Have even had a pregnancy end by abortion?

a) Yes b) No.

13. Do you know effects of abortion?

a) Yes b) No

14. What are effects of abortion?

---

15. What is your main source of income?

a) Agriculture and livestock b) Business (Retail shopes)

c) Wage earning (labour)

16. Do you know the government has provided legality to abortion?

a) Yes b) No

17. What do you suggest a women who is going to have abortion?

……..

18. Do you have any idea about practices which unskilled persons often use for abortion?

a) Yes b) No

if yes specify

19. What do you mean by safe abortion?

a) Termination of pregnancy in government hospital

b) Termination of pregnancy by the doctor.

c) Termination of pregnancy by skilled health.

d) Legal termination of pregnancy.

20. Has abortion been legalized in our country?

a) Yes b) No.

21. Has the safe abortion service been available in Nepal

a) Yes b) No. c) Don't known

If Yes specify the name of Hospital or intuition.

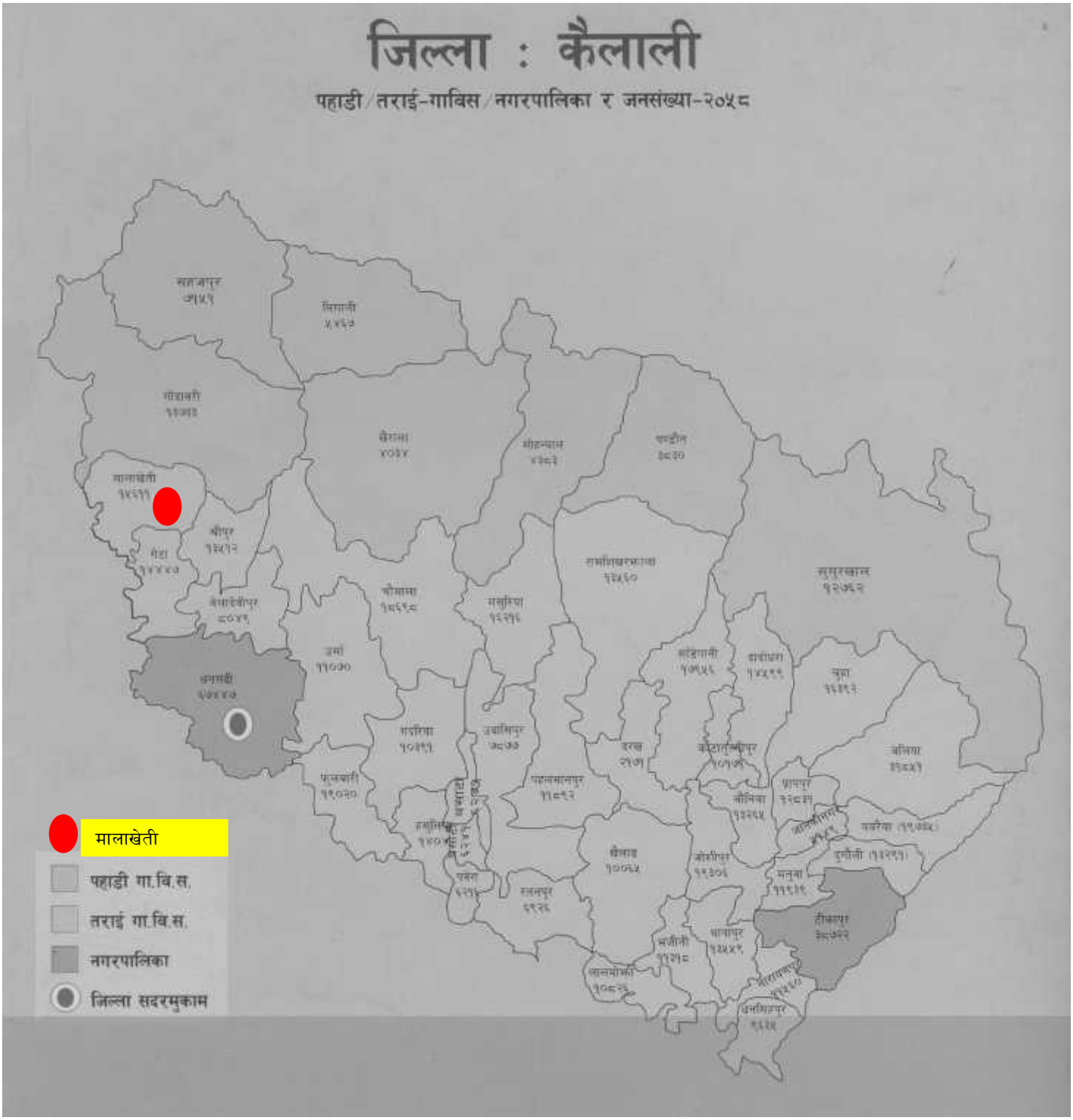
Check list

Respondents name and cast.

Respondents name	age	caste	Sources

Respondent's income

Yearly income in (thousands)	Household numbers	percentage
3-10 10-20 20+ above		
Total		


जिल्ला : कैलाली
पहाडी/तराई-गाविस/नगरपालिका र जनसंख्या-२०५८
मालाखेती
पहाडी गा.वि.स.
तराई गा.वि.स.
नगरपालिका
जिल्ला सदरमुकाम