KNOWLEDGE ABOUT LEGALIZATION OF ABORTION LAW IN NEPAL AMONG COLLEGE STUDYING YOUTH GIRLS: A CASE STUDY OF POKHARA, KASKI

A Dissertation

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LETTER OF RECOMMENDATION

This is to certify that **Mrs. Juli Bajracharya** has completed her dissertation entitled **'Knowledge about Legalization of Abortion Law in Nepal among College Studying Youth Girls: A Case Study of Pokhara, Kaski'** under my guidance and supervision. I therefore, recommend this dissertation for final approval and acceptance to the dissertation committee.

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LETTER OF ACCEPTANCE

This thesis entitled **'Knowledge about Legalization of Abortion Law in Nepal among College Studying Youth Girls: A Case Study of Pokhara, Kaski'** submitted to the department of Sociology/Anthropology, Prithivi Narayan Campus by **Mrs. Juli Bajracharya** in the partial fulfillment of the requirement for the Master's degree in Anthropology has been approved by the under designed members of the dissertation evaluation committee. Therefore, we accept this dissertation as a part of the mentioned degree.

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December, 2010

LETTER OF RECOMMENDATION BY LANGUAGE EDITOR

This is to certify that I have gone through the draft of dissertation entitled **'Knowledge about Legalization of Abortion Law in Nepal among College Studying Youth Girls: A Case Study of Pokhara, Kaski'** by **Mrs. Juli Bajracharya** as a language editor and made necessary correction and improvement there in. I have been impressed by her intelligible presentation of the facts through the medium of plain and correct English.

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ABSTRACT

Nepal legalized abortion in September 2002 after many years of advocacy and lobbying and supported by evidence based research. Legalization has been the first step in reducing abortion related maternal mortality and morbidity. However, there are many obstacles, those must be overcome before Nepalese women will be able to exercise their rights to safe and legal abortion services on affordable costs. Nepal has one of the highest maternal mortality ratios in South Asian Countries. Unsafe abortions contributed significantly to the high maternal mortality figures of the country.

The present study was conducted in different educational institutions of the Pohara, Kaski. The selected educational study areas were Janpriya Multiple Campus and Kanya Campus to assess the knowledge about abortion law of the Nepal among college studying youth girls. The study was made on different theoretical approaches. The study was mainly based on Gender perspective and Medico-Anthropological perspective. Descriptive and exploratory research designs were used in order to gain the objectives of this study. The total sample size was 200 from both educational institutions (100 sample size from Janpriya multiple campus and 100 sample size from Kanya Campus) and 50% students selected from intermediate level and 50% students selected from bachelor level. For the purpose of the study, the structured questionnaire was prepared and collected the data. The sampling technique was completely non- probability sampling method. Primary and secondary sources of data were adopted. However, more priority was given to the collection of primary data.

The major findings of the study were, majority of age of the respondents who were participated in this survey were in between 16-20 years that was 135 (67.5%). So majority of respondents belongs from adolescence age group but 100% respondents represented from youth group that they were in between 15-29 years old. 37 participants (19%) were married. Majority of respondents was considered that women's health improved after abortion has been legalized and they had positive perspectives about legal abortion that was 197 (98%). Most of the respondents said

that legalization on abortion can promote women's status that was 135 (67%). Majority of respondents didn't hear and know about Comprehensive Abortion Care (CAC) services; which services have been provided by government of Nepal since 2005 A.D., this indicates that public was still unaware about Comprehensive abortion care sites. In this study, majority of the respondents (164) obtained fair knowledge about legal abortion. Similarly 23 respondents obtained poor knowledge and 13 respondents obtained good knowledge respectively. Married respondents had little greater knowledge than unmarried respondents, that was 59% i.e. they obtained mean score 10.0 and unmarried respondents obtained 58% (9.8 mean score). According to level of education, knowledge about legalization on abortion law was greater knowledge in higher educated respondents than others: (Inter-mediate first year (57%), inter -mediate second year (56%), bachelor first year (57%), bachelor second year (62%), and bachelor third year (66%) respectively). All together the 200 respondents obtained knowledge about legalization on abortion law was 10.0 mean score that was 59%.

The total respondents obtained score 58% Knowledge about legal abortion in Nepal. But this shows that the legal provisions were not adequately aware among them because all respondents were educated and majority belongs from urban areas and even after 8 years of legalization on abortion, the knowledge was not adequately aware among them. So, less educated women or uneducated women, women who are belongs from rural areas, where adequate health facilities are not available, low socio-economical status women of Nepal need a greater extent of information about new abortion law. Legalization of abortion in any country is the first and the most important step to save women from dying and deformities caused by unsafe abortions. However, maternal mortality and morbidity cannot be reduced by legal reform alone. Treatment of safe abortion uses a proportionate share of adequate and sufficient hospital resources. Increasing public awareness about their legal rights to abortion and the health consequences of unsafe abortion practices, expanding access to safe and affordable abortion care and access to the Comprehensive abortion care (CAC) services are important interventions that need to be carried out without much delay

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The abbreviations used in this study are as follows:

ACPD	-	Action Canada for Population and Development
AGI	-	Alan Guttmacher Institute
CAC	-	Comprehensive Abortion Care
CREHPA	-	Center for Research on Environment, Health and Population Activities
EC	-	Emergency Contraceptive
FPAN	-	Family Planning Association of Nepal
FWLD	-	Forum for Women Law and Development
ICPD	-	International Conference on Population and Development
INGOs	-	International Non Government Organizations
MA	-	Medical Abortion
MDGs	-	Millennium Development Goals
MoHP	-	Ministry of Health and Population
MMR	-	Maternal Mortality Rate
MSI	-	Marie Stopes International
MOH	-	Ministry of Health
NDHS	-	Nepal Demographic and Health Survey.
NGOs	-	Non Governmental Organizations
PAC	-	Post Abortion Care
PATH	-	Program for Appropriate Technology for Health
PEAP	-	Public Education and Advocacy Program.
SLC	-	School Leaving Certificate
UN	-	United Nations
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's fund
WHO	-	World Health Organization

CHAPTER–I
INTRODUCTION

1.1 Background

Reproductive health right is one of the basic human rights of women. The enjoyment of this right is vital for their life and their ability to participate in all areas. After continuous efforts of civil societies and international pressure to the government, Nepal made a historical achievement in reproductive health and rights for women in September 2002 when abortion was legalized. The legislative change facilitates the government and civil societies to initiate programs and policies aimed at reducing abortion related maternal mortality and morbidity in the country which is one of the main post legalization challenges for Nepal. Though the new law is a great achievement for the Nepalese women, it only is not sufficient to protect women's reproductive rights. The prohibition of abortion in Nepal posed serious risks to women's health and disregarded their human rights **(FWLD, 2009).**

The Fourth World Conference on Women met at the Beijing International Conference Center on September 4-15, 1995. The conference was attended by 17000 representatives from 189 countries. The conference reviewed and assessed the implementation of the Nairobi Forward-Looking Strategies for the Advancement of Women. It identified major obstacles in the way of advancing women's status in the world and adopted strategic goals and concrete steps to remove these obstacles. The Beijing Declaration with equality, development and peace as its fundamental theme, affirmed progress made by the international community in raising the status of women and identified existing problems. It focused on poverty, education and health care which are of greatest concern to developing countries. Affirmed the important role of women in economic, social development and called for eliminating women's poverty, advancing education, health care and eliminating all forms of discrimination and violence against women so as to create necessary conditions for women's equal participation in economic, social development and in decision making.

The International Conference on Population and Development (ICPD) was held in Cairo, Egypt, September 1994. Delegations from 179 States took part in negotiations to finalize a Programme of Action on Population and Development for the next 20 years. The conference was also focused on the main agenda related to empowering women and providing them with more choices through expanded access to education and health services and promoting skill. The Programme of action includes goals in regard to education especially for girls, ICPD called for a substantial reduction of adolescent pregnancy and young people's risk in relation to unsafe abortion, sexual transmitted diseases, HIV/AIDS and for the further reduction of infant, child and maternal mortality levels. Reproductive health right implies that people have the capability to reproduce and the freedom to decide about their own health. It implicits the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of health services according to their choice, as well as other methods of their choice for regulation of fertility, which are not against the law, and the right of access to health-care services that will enable women to go safely through pregnancy and childbirth. Education is a key factor in sustainable development. Education is a component of well-being and a means to enable the individual to gain access to knowledge. It also helps to reduce fertility, morbidity and mortality rates, to empower women, to improve the quality of the working population, and to promote genuine democracy. The increase in the education of women and girls contributes to women's empowerment, to postponement of marriage and to the reduction in family size to take informed decision in her life. In this conference they also should seek to raise awareness on priority issues through public education campaigns. The media should be a major instrument in such efforts.

It is estimated that about 22% of all pregnancies worldwide did induced abortion (AGI, 1999). About 20 million of these abortions are estimated to be performed in unsafe conditions, and almost all of them 97% take place in developing countries **(Henshaw et.al., 1999**). The number of women who die from an unsafe abortion each year is estimated to be 68000, accounting for 13% of all maternal deaths around the world **(Sousa, Lozano, et.al., 2009**). As per the maternal mortality ratio

figure in Nepal, one-third of all births are mistimed or unwanted, one fourth of married women of reproductive age have an unmet need for family planning, and the maternal mortality is 281 deaths per 100,000 live births of which one cause is unsafe abortion. The figures claimed that the maternal mortality rate has been reduced to 281 deaths per 100,000 live births from 539 per 100,000 live births. The Millennium Development Goals (MDGs) has set target to reduce the existing maternal mortality rate by 75% with the encouraging reduction in the maternal mortality rate after the safe abortion procedural order 2004. "The maternal mortality had substantially decreased but this existing figure of 281 deaths per 100,000 live births is still high **(Ojha, 2009).**

In the context of the Nepal, the incidence of women resorting to unsafe abortion continues to rise. "People still hold negative attitude toward abortion and unsafe abortion continues to rise due to the lack of awareness" **(Tamang, 2005)**. The government of Nepal legalized abortion since 2002. “However, a large proportion of people still do not have any idea about legal provisions relating to abortion and resort to unsafe practices" **(Tamang, 2005).** It is high time to help rural people to take positive attitude about abortion rights. "It is also essential to create awareness among women about their reproductive rights to check the exceptionally high maternal mortality rate in Nepal" **(Tamang, 2005).** Complications from unsafe abortion accounted for almost 60% of all hospital admissions involving women. A study of 1997 nationwide prisoners revealed that out of the total women, 20 percent were there on charges of abortion and infanticide**.** Nepal has one of the highest maternal mortality rate in the world and it is estimated that more than half of these deaths are due to unsafe abortions **(FWLD, 2009).** Many women are also unaware of the specific provisions of the law. Low income, rural women, who comprise the majority of the female population are confronted by formidable barriers to access services since they lack the economic means to procure essential health services. It is important to realize that any legal restriction on abortion creates the possibility of unsafe abortion **(Upreti, 2008).**

Early marriage, short birth intervals, poor maternal nutrition and lack of health care facilities due to the ongoing insurgency have combined to send Nepal's maternal mortality rate soaring. "Nepal is passing through a critical time in terms of its adolescent population. Thanks to inadequate health facilities and early marriage; the mortality rate in Nepal has increased alarmingly" **(Agudelo, 2003).** "The present trend indicates there is a need to encourage adolescents, particularly girls, in reproductive health programs. And more investment in this sector is required" **(Agudelo, 2003**). "Many girls are married at an age when they don't even know the functions of different organs of their bodies and many pregnant girls are totally unaware of reproductive health" **(Zaman, 2003).** "In south Asia as a whole, adolescent girls often face discrimination, neglect and possibly exploitation and marry before reaching their reproductive age" **(Zaman, 2003).** In Nepal among the 2.5 million girls aged between 15 and 19, half are already married and nearly a quarter are mothers or pregnant with their first child due to practice of early marriage. The UNFPA report states that 60 percent of girls marry before they turn 18 in Nepal. The studies have shown that unsafe abortion, unsafe delivery, postnatal complication, and early marriage are responsible for higher maternal mortality rate **(Dangi, 2003).** Despite abortion legalization, post-abortion complications are still major problems in Nepal, with 20-27 percent of maternal deaths in hospitals caused by such complications **(One world Asia, 2003).**

It is likely that a substantial proportion of the women with unplanned pregnancies would seek to terminate their pregnancies in public and private sector health facilities. Moreover, the proportion of women approaching unqualified practitioners for abortion is not likely to drop immediately. Women visiting unqualified provider for unsafe and clandestine abortions continue to take the lives of many innocent women. The main cause for maternal mortality and morbidity rate rise in Nepal because of women in delay seeking medical care for abortion complications due to fear, shame, lack of knowledge and lack of access to medical facility or lack of money **(Tamang, 2002).**

For many women, especially in developing countries like ours, safe abortion may not be available, affordable or accessible despite the liberalization of abortion law. Information and education to the women and the families should be one component to obtain quality health services. Safe abortion requires the provision of good quality abortion services, which should include proper counseling, trained human resource, infection prevention practices, adequate logistic support and raise awareness on health information through public education campaigns and mass media **(Sharma, 2003).**

1.2 Statement of the Problem

Nepal has one of the highest maternal mortality rates in the world and it is estimated that more than half of these deaths are due to unsafe abortions. Illegal abortion has caused a serious of human rights transgression. A 1997 nationwide prison study revealed that out of the total women in prison, 20 percent were there on charges of abortion and infanticide **(FWLD, 2009).** The incidence of women resorting to unsafe abortion continues to rise in Nepal "People still hold negative attitude toward abortion and unsafe abortion continues to rise due to lack of awareness" **(Tamang, 2005).** The government of Nepal legalized abortion since 2002,"However, a large proportion of people still do not have any idea about legal provisions relating to abortion and resort to unsafe practices"(**Tamang, 2005).** It is high time to help people to take positive attitude about abortion rights. "It is also essential to create awareness among women about their reproductive rights to check the exceptionally high maternal mortality rate in Nepal" **(Tamang, 2005).** However, women still are falling pregnancy of unwanted pregnancy pushing them towards unsafe abortion due to lack of awareness putting themselves at high risk of mortality and morbidity. According to senior's general practitioner government officials and the domestic and international health concerned institutions claimed at a seminar on "Scaling up of Medical Abortion Services in Nepal," only 30% women are aware of the legal abortion and this percentage belongs to the privileged groups. Maternal mortality in Nepal is 281 deaths per 100,000 live births of which one cause is unsafe abortion. The maternal mortality rate has been reduced to 281 deaths per 100,000 live births

from 593 per 100,000 live births. The millennium Development Goals (MDGs) has set target to reduce the existing maternal mortality rate by 75%,"The maternal mortality had substantially deceased but the existing figure of 281 deaths per 100,000 live births is still high" **(Ojha, 2009).** "In Nepal many girls are married at an age when they don't even know the functions of different organs of their bodies and many pregnant girls are totally unaware of reproductive health" **(Zaman, 2003).** "In South Asia as a whole, adolescent girls often face discrimination, negligence and possibly exploitation and marry before reaching their reproductive age" **(Zaman, 2003).** The adolescent girls are more risky for their health due to unsafe abortion. In developing countries, 20 million to 44 million adolescent girls have done unsafe abortion **(ACPD, 2005).** In Nepal among the 2.5 million girls aged between 15 and 19, half are already married and nearly a quarter are mothers or pregnant with their first child due to practice of early marriage **(UNFPA, 2003).** The UNFPA report states that 60% of girls marry before they turn 18 in Nepal. The studies have shown that unsafe abortion, unsafe delivery and early marriage are responsible for higher maternal mortality rate **(Dangi, 2003)**. So, “The present trend indicates there is a need to encourage adolescents, particularly girls, in reproductive health programs and more investment in this sector is required" **(Agudelo, 2003).**

When a girl thinks about abortion, she is more concerned with the social stigma attached to it rather than her own health. The personal health of young women should always be in the priority, her physical health is more important than what society thinks. Even today, in urban areas among educated young women, there is not enough awareness about where to go to find a specialized centre for abortion and where to find an authorized doctor. If young women are to make informed decisions, they should be told through the mass media where they can go. There are people who are against abortion and who look down upon women who have taken the decision to make that choice, but this is a very conservative view. If it were men, and not women who got pregnant and needed abortions there wouldn't be such a big issue and society would likely accept it as a common practice. The controversy about abortion is due to the fact that we have still a patriarchal society where gender discrimination is rife **(Thapa, 2008).**

Nepal made a historical achievement in reproductive health and right for women in September 2002, when abortion was legalized. The legislative change facilitated the government and civil societies to initiate programs and policies aimed at reducing abortion related maternal mortality in the country one of the main post-legalization challenges for Nepal is " How to make legal and safe abortion services accessible to all women without fear of stigmatization and as women's reproductive right" **(Tamang, 2002).** Public opinion poll conducted by CREHPA in October 2002 revealed that just 22 percent of the urban adult population was aware that abortion has been legalized in Nepal. Legal reform alone cannot reduce abortion related deaths in our country. Public education and advocacy campaigns are crucial to create awareness about the new legislation, modify society's attitude towards abortion, prevent unsafe, inform illegal practices about legal and safe abortion care services and create enabling environment for women and couples to make informed decisions on their unintended pregnancies **(CREHPA, 2002).** After legalization of abortion, the procedural order was approved in December 15th in 2003 and from that time onwards abortion services became legalized in Nepal. Legalizing abortion and even providing abortion service is not adequate to ensure access to safe abortion. Many challenges still lie ahead in our country, so that no girl or woman has to take risk her life or health to end an unwanted pregnancy. It is imperative that the community especially the poor, marginalized and the underserved need to be informed. Proper and adequate advocacy helps to increase awareness of new law **(Singh and Jha, 2007).**

Abortion, whether spontaneous or induced, is one of the most common obstetric events in the world secondary only to childbirth. Each year forty six million women around the world undergo abortion. 26 million who undergo abortion do so in countries with liberal abortion laws. 20 million undergo abortion in countries where it is either restricted or illegal **(AGI, 1999),** resulting in 80 thousand maternal deaths and hundreds and thousands of disabilities. Every day 55,000 abortions take place and 100 abortions takes place per minute where as 40 abortions are unsafe **(ACPD, 2005).** Half of all abortions take place outside the health care system. One-third of women seeking care for abortion complications are under the age of 20. Sixteen

percent of women have access only when a woman's health is at risk or in cases of rape, incest, or fetal defects. Five percent have access only in cases of rape, incest, or life endangerment **(Simon and Schuster, 1998).** 95 percent unsafe abortion is occurs in developing countries. More than 50 percent of unsafe abortion takes place in Asia Pacific where as one third of the unsafe abortion takes place in South Asian Countries. They are responsible for 1 in 8 maternal deaths **(Pande, Sharma, et.al., 2005).**

Therefore, the researcher has decided to study on the knowledge about legalization on abortion law among college studying youth girls. Thus this study is concentrated to find out the answer of following questions:

1. What are the relations among abortion and social/cultural/ Educational/ Medical factors?
2. How much the mass media information about the new abortion law is adequate among youth girls?
3. What are the legal provisions of abortion law in Nepal?
4. What is the current knowledge about CAC services among girls?
5. What proportion of respondents favor on legal abortion?

1.3 Objectives of the Study

The general objective is:

To examine the knowledge about legalization of abortion law in Nepal among college studying youth girls.

The specific objective is:

To identify the determinants associated with knowledge of legalization of abortion.

1.4 Significance of the Study

This study is particularly important for those people who are directly influenced through the study like youth girls and the policy makers. Youth girls are biologically and psychosocially more vulnerable than boys to sexual abuse, violence and prostitution, and to the consequences of unprotected and premature sexual

relations. The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwanted and too early pregnancy as well as unsafe abortions.

Nepal will be liberal in legal abortion in Nepal but still women's rights to abortion and protecting innocent women from false accusation for unsafe and infanticide are potential challenges. So that, the policy makers, INGOs, NGOs have initiated developing strategies and communication materials to strengthen public education and advocacy campaigns in community levels.

1.5 Delimitation of the Study

This study was under taken within the boundaries of limited area, subject and time. Study was conducted only in selected educational institutions of Pokhara. Respondents were only youth girls who were studying above school leaving certificates (SLC). The study was only concerned in knowledge about abortion law in Nepal. Only 200 college studying youth girls were included from two different educational institutions in Pokhara. This may not youth girls from other educational institutions**.**

1.6 Operational Definitions

Abortion- The spontaneous or induced termination of pregnancy before the fetus reaches a viable age. The legal definitions of viability usually 22 to 28 weeks different form state to state. The abortion was spontaneous or induced. The term miscarriage is synonymous with abortion **(Jayppee, 2006).**

Adolescence- Adolescents as individuals in the 10-19 years age group. Adolescence is a phase rather than a fixed time period in an individual's life. It is a phase of development on any fronts: from the appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity; the development of mental processes and adult identity; and the transition from total socio-economic and emotional dependence to relative independence. These periods roughly correspond with the

phases in physical, social and psychological development in the transition from childhood to adulthood. While these stages are not universally accepted, and vary across different cultures and socio-economic settings, they provide a basic framework to understand adolescent development **(WHO, 1993).**

Advocacy- Formally it is define, the giving of public support to an idea, a course of action or a belief.
Technically it is define as, the work of lawyers who speak about cases in courts of law **(Encyclopedia).**

Age- is an ascribed status related to roles, responsibilities, prestige and societal expectations from its member who gives them certain privileges on the basis of their age. Age is defined as "The estimated or calculated interval of time between the date of birth and the date of the census expressed in completed solar year" **(Rao, 2005).**

Antenatal- Of the period before child's birth or it is the period of Pregnancy **(Dutta, 2009).**

Attitude- Behavior based on conscious or unconscious mental views developed through cumulative experience **(Encyclopedia).**

Clandestine- Done secretly or kept secret **(Encyclopedia).**

Comprehensive Abortion Care- Elective abortion performed at the request of the women is based on legal criteria, along with counseling for contractive use and Medical care after services **(Karki and Ojha, 2009).**

Conception- The start of pregnancy, when a male germ cell (sperm) fertilizes a female germ cell (ovum) in the fallopian tube **(Jayppee, 2006).**

Consent- The granting of permission by the patient for another person to perform any act e.g. permission for a surgical or therapeutic procedure or experiment to be performed by a physician, dentist, or other healthcare professional (**Jayppee, 2006**).

Contraception- A process or technique for the prevention of pregnancy by means of a medication, device or method that blocks or alters one or more of the process of reproduction in such a way that sexual union can occur without impregnation **(Jayppee, 2006).**

Criminal abortion - It is illegal termination of pregnancy. This type of abortion is often done by unauthorized and unqualified persons **(Tuitui, 2004).**

Education- Education in the largest sense is any act or experience that has a formative effect on the mind, character or physical ability of an individual. In its technical sense, education is the process by which society deliberately transmits its accumulated knowledge, skills and values from one generation to another. Etymologically, the word education is derived from educare (Latin) "bring up", which is related to educere "bring out", "bring forth what is within", "bring out potential" and ducere, "to lead" **(Encyclopedia).**

Embryo- In humans the term refers to the products of conception within the uterus up to the eight week of development, during which time all the main organs are formed **(Jayppee, 2006).**

Emergency contraception (EC) - It is a method of family planning which is provided to women to prevent from unintended pregnancy following an unprotected act of sexual intercourse. The term emergency contraception is preferred over post coital contraceptives because it also implies that the method is not for regular use **(Tuitui, 2004).**

Foetus (Fetus) – It is an embryo during the later stages of development within the womb (uterus). In man it refers to the products of conception from the beginning of the third month of pregnancy until birth **(Jayppee, 2006).**

Gestation- In mammals, the length of time from conception to birth and the average gestation time is a species-specific trait. In humans, the average length, as calculated from the first day of the last normal menstrual period, is 280 days, with a normal range of 259 days (37 weeks) to 287 days (41 weeks). Infants born prior to the 37th week are considered premature and those born after the 41st week, postmature **(Jayppee, 2006).**

Gynae (Gynecology) - The study of diseases of women and girls, particularly those affecting the female reproductive system (**Dutta, 2009).**

Incest- Incest is sexual intercourse between close relatives that is illegal in the jurisdiction where it takes place and or is socially taboo **(Encyclopedia).**

Income- Income is the consumption and savings opportunity gained by an entity within a specified time frame, which is generally expressed in monetary terms However, for households and individuals, income is the sum of all the wages, salaries, profits, interests payments, rents and other forms of earnings received in a given period of time **(Encyclopedia).**

Induced abortion- Induced abortion means to abort the fetus through artificial means. Deliberate termination of pregnancy before the viability of the fetus is called induction of abortion. The induced abortion may be legal or illegal **(Tuitui, 2004).**

Infanticide- Killing of an infant especially soon after birth. The custom in some countries where killing babies that are not wanted, e.g. because they are girls, not boys **(Encyclopedia).**

Knowledge- The facts, information, understanding and skills that a person has acquired through experience or education **(Encyclopedia).**

Law- Law is a system of rules, usually enforced through a set of institutions. It shapes politics, economics and society in numerous ways and serves as a primary social mediator of relations between people **(Encyclopedia).**

Legalization- Acting in conformity with law or created or permitted by law or the condition or quality of being legal **(Encyclopedia).**

Malformation- Any variation from the normal physical structure, due to either to congenital or developmental defects or to diseases **(Jyappee, 2006).**

Marital status- A demographic parameter indicating a person's status like marriage, divorce, widowhood, singleness etc. Marital status is a one of several discrete options describing a person's relationship with a significant other **(Encyclopedia).**

Mass-media- Large numbers of people receive information and entertainment through the television, radio, newspapers and the internet that is called mass media **(Oxford dictionary).**

Mentally incompetent- People are considered mentally incompetent if they suffer from a disorder or illness that renders them unable to make sound judgments concerning their welfare (**Encyclopedia).**

Miscarriage- It is a synonym of abortion **(Tuitui, 2004).**

Morbidity- State of being of diseased or the number of sick persons or cases of diseases in relationship to a specific population **(Jayppe, 2006).**

Nulliparous- A women who has never given birth to any baby for to capable of survival **(Dutta, 2009).**

Obstetric- The branch of medicine that concerns management of women during pregnancy, childbirth and puerperium **(Dutta, 2009).**

Religion- Religion is a set of beliefs concerning the cause, nature, and purpose of life and the universe, especially when considered as the creation of a supernatural agency, or human beings' relation to that which they regard as holy, sacred, spiritual, or divine. Many religions have narratives, symbols, traditions and sacred histories

that are intended to give meaning to life. They tend to derive morality, ethics, religious laws or a preferred lifestyle from their ideas about the cosmos and human nature **(Encyclopedia).**

Safe abortion- It is a legal termination of pregnancy provided by listed qualified medical practioner from the listed health service organizations and there is no any risk for women's life (**Tuitui, 2004).**

Septic abortion- An abortion, in which there is an infection of the uterus and its contents **(Tuitui, 2004).**

Sex- Sex is a biological difference between women and men which are universal, obvious and generally permanent. It describes the biological, physical and genetic composition with which we are born or sex is a biological determined difference between men and women that are universal **(Robert, 1968).**

Socio-cultural factor and health- Public health is an integral part of the social system. It is influenced by society and society by public health. And culture stands for the customs, belief, laws, religion and moral precepts, arts and other capabilities and skills acquired by man as a member of society. Every culture has its own customs, some of which have a profound influence on the incidence of diseases **(Park, 2009).**

Spatial area- A district where people live and occupied primarily by private residences **(Encyclopedia).**

Spontaneous abortion – Miscarriage or naturally occurring abortion **(Tuitui, 2004).**

Therapeutic abortion- It is a legal termination of pregnancy by a qualified medical practitioner in the interest of the mother when her life is in risk and danger. It is safe, hygienic and deliberate termination of pregnancy up to 18 weeks of pregnancy **(Tuitui, 2004).**

Threatened abortion- Abdominal pain and bleeding from the uterus while the fetus is still alive **(Tuitui, 2004).**

Youths –The National Youth Council's working definition of youth are commonly those between the ages of 15 and 29. An adult is a human being that is of relatively mature age, typically associated with sexual maturity and the attainment of reproductive age. Adulthood can be defined in terms of physiology, psychological adult development, law, personal character, or social status **(National Youth Development Information Center, 1988)**.

Unsafe abortion- A procedure for terminating an unintended/ unwanted pregnancy either by individuals without the necessary skills or is an environment that does not conform to minimum medical standards, or both **(WHO, 1992).**

1.7 Organization of the Study

Firstly, chapter one describes the background of the study, statement of the problems, objectives of the study, and significances of the study and delimitation of the study.

Secondly, chapter two reviews literatures related to study.

Thirdly, chapter third describes the research method of the study.

Fourthly, chapter four describes the demographic Proforma of the respondents.

Fifthly, chapter five discusses the major findings related to knowledge about abortion law and its relation to variables.

Sixthly, finally chapter six describes the summary, conclusions and recommendations.

CHAPTER–II
LITERATURE REVIEW

2.1 Theoretical Overview

2.1.1 Gender Perspective and Abortion

In Macmillan Encyclopedia of sociology, sex is referred as biological males and females distinguished by reproductive organs. Gender refers to feminine and masculine attributes and social roles. There is a strong tradition that argues for biological difference and inferiority to explain women's subordination to men. In the 20th century women's natural roles of wife and mother are viewed as genetically pre-programmed (in socio-biology), and male aggression and female passivity as harmoniously produced **(Seth and Manchanda, 2000).** Sex is connected with biology where as the gender identity of men and women in any given society is socially and psychologically (means historically and culturally also) determinant of women worldwide **(Acharya, 1997).** The status of women as a whole is comparatively low for example; low level of female literacy, limited access to education, low level of women's health ratio. Although the constitution of the Government of Nepal 1990 guarantees to equal rights to both men and women, the status of women is still very low in every sector. They are most deprived and neglected group of society. They face discrimination at every field like at home, at office, at work, in law and in society. Every society has their own values, believes, norms, customs and practices regarding health, diseases and social system. Societies are continuously following these practices by known and unknown or by force but they don't know about merits and demerits of these practices. Sometimes, these activities lead to people in mouth of death however it is generalized as general things in society. The more common practice as early marriage system and teenage or early pregnancy are widespread in rural area of developing countries. Women in many areas of the world lack the power to make choices about their health and lives and even in laws limit women's decision making and rights with regard to child bearing, contraception, initiation of

sexual relations and when to seek medical care . In some setting, husband's permission is required for women to receive health services, including life-saving care; in others, mother-in-law decides whether women can use available services. Many women are dying from pregnancy and child birth due to social malpractices and such deaths are rooted in women's powerlessness and unequal access to employment, finances, education, basic health care and other resources **(Ghimire, 2008).** Historically Nepalese women have had little decision making power regarding their lives and health. Often married in early teens, a woman's worth is determined by her ability to work hard and produce sons. Decisions about her reproductive health and use of family planning rest mainly with her husband and in-laws. With limited access to health services and lacking knowledge, women have relied upon abortion services to manage unwanted pregnancies. However, until recently, Nepal's legal code prohibited abortion, except to save the life of the woman. The highly restrictive abortion law did not eliminate the demand for abortion; however it forced women to seek clandestine, unsafe abortions **(PATH, 2005).**

Some early feminists, like Susan B. Anthony, wrote against abortion. They opposed abortion which at the time was an unsafe medical procedure for women, endangering their health and life. These feminists believed that only the achievement of women's equality and freedom would end the need for abortion. Elizabeth Cady Stanton wrote in The Revolution, "But where shall it be found, at least begin, if not in the complete enfranchisement and elevation of woman?" They wrote that prevention was more important than punishment, and blamed circumstances, laws and the men they believed drove women to abortions. Matilda Joslyn Gage wrote in 1868, "I hesitate not to assert that most of this crime of child murder, abortion, infanticide, lies at the door of the male sex." Later feminists defended safe and effective birth control, when that became available, as another way to prevent abortion. Most of today's abortion rights organizations also state that safe and effective birth control, adequate sex education, available health care, and the ability to support children adequately are essentials to preventing the need for many abortions **(Lewis, 2005).**

Differences and inequalities in socially attributed roles and responsibilities of women and men and gender based disparities in access to resources, information and power have different consequences for women's and men's health. These factors, in interaction with other social inequalities and biological characteristics, are reflected in women's and men's exposure to health risks, access to, and use of, preventive and curative measures, health status and social consequences of ill health. The platform for action adopted at the "Fourth world Conference on Women" (Beijing, 1995) indentified "Women and Health" as a crucial theme and recommended "Gender mainstreaming" as the strategy for implementing actions in all critical areas of concern, including health. United Nations General Assembly Resolutions and the Millennium Development Three (3) also call for the consideration of gender to be integrated into the policies and programmes of bodies of the United Nations System and for acceleration of efforts to achieve equality between women and men. WHO's policy seeks to integrate a gender perspective into its programmes and health sector policies and strategies. Efforts to date have focused on building up evidence about the gender inequality affects health and the integration of gender considerations into health research, policies and programmes **(WHO, 2007).** Many women die every year because societies and governments either ignore the issue of unsafe abortion or actively refuse to address it. The issue of abortion from a feminist perspective, centrally arguing that finding appropriate strategies to reclaim women's power at an individual and social level is a central lever for developing effective strategies to increase women's access to safe abortion services. They (feminist) emphasize the central role of patriarchy in shaping the ways power which plays itself out in individual relationships, and at social, economic and political levels. The ideology of male superiority denies abortion as an important issue of status and frames the morality, legality and socio-cultural attitudes towards abortion. Patriarchy sculpts unequal gender power relationship and takes power away from women in making decisions about their bodies other forms of power such as economic inequality, discourse and power within relationship are also explored. Recommended solutions to shifting the power dynamics around the issue include a combination of public health, rights, based, legal reform and social justice approaches **(Braam and Hesssim, 2004).**

2.1.2 Medico- Anthropological Perspective and Abortion

Medical Anthropology is a subfield of anthropology that draws upon social, cultural, biological, and linguistic anthropology to understand those factors which influence health and well being (broadly defined), the experience and distribution of illness, the prevention and treatment of sickness, healing processes, the social relations of therapy management, and the cultural importance and utilization of pluralistic medical systems. The discipline of medical anthropology draws upon many different theoretical approaches. It is as attentive to popular health culture as bioscientific epidemiology, and the social construction of knowledge and politics of science as scientific discovery and hypothesis testing. Medical anthropologists examine how the health of individuals, larger social formations, and the environment are affected by interrelationships between humans and other species; cultural norms and social institutions; micro and macro politics; and the forces of globalization as each of these affects local worlds. The Advocacy Committee of the Council on Anthropology and Reproduction (CAR), an interest group of the Society for Medical Anthropology, seeks to ensure that anthropologists have a voice in public conversations about reproductive and sexual rights and health. Our collective expertise provides research-based commentary and critical perspectives on parenting, childbearing, infertility, obstetrics, midwifery, contraception, abortion, adoption, and reproductive technologies.

Fertility is very much affected by age at marriage, the proportion of women married at a given time and the spacing of birth. People in Nepal practice early marriage and face many superstitions against abortion **(Sigdel, 1983).** Illegal abortions are often performed under conditions that the impaired health may endanger human life. Repeated abortions may cause serious impairment of health. However, the demographic significance of abortions cannot be ignored. It is said that hardly any country has achieved the demographic significance of abortions that can not be ignored. It is said that hardly any country has achieved the demographic transition without significant recourse to induced abortions **(Kayastha, 1998).**

Another factor which directly affects fertility is practice of infanticide. It is a practice which had quite well been followed in Arab countries in the past. In some societies children born blind, handicapped or those who born at ill are killed in the very birth and so is the notion about the children born, at the time of whose birth death takes place. In Eskimo society children are killed because there is shortage of food. Balikci, Firth and Fei in their studies have also come to the conclusion that food shortage is responsible for infanticide in many societies. Even in such societies daughters are killed because they can not go for hunting or are not economically self- sufficient. Not only this, but when they grow up even then much are to be spent on their marriage and dowry. In such societies when girls are killed the attitude adopted in that work of women is merely to fill the water bottles and when one or two girls born that should be enough but men are needed because they go out for catching the fish and doing other work **(Hans Raj, 2003).**

Unwanted and unplanned pregnancies will continue to occur throughout the world due to ever changing social and cultural norms leading to diverse, cross country migration, war and violence. Even with the perfect and all time use of contraceptives by all women accidental pregnancies will be encountered as no method is hundred percent effective. Safe abortion services, as provided by law need to be easily available and supposed by health system infrastructure to safeguard the reproductive health rights of every women **(Rayamajhi, 2003).**

The human fertility is responsible for biological replacement and for the maintenance of human society. The birth of a child is basically a biological phenomena. Child bearing in any society occurs in a social set up and is therefore affected by the social structure as well as social, customs, values and norms related to various aspects of child bearing **(Bhendra et.al., 2003).**

There is a problem towards acquiring complete knowledge on abortion which seems to be the social stigma attached to it. There are two groups of people dying from maternal deaths: one group out of poverty because they cannot afford the services and the other out of ignorance because they can afford services but the means are

not available and our social customs are so bad that they have to resort to primitive methods to avoid social stigma. These primitive methods include inserting a stick with cow dung or even poisonous grass into the vagina to induce contractions of the uterus to cause it to expel the foetus or massaging the abdomen with the hands or the feet to induce the expulsion of the foetus **(Basnyat, 2005).** In Nepalese society misconceptions were prevalent like drinking vegetables and herbal juices and applying hot pot over the abdomen could abort pregnancy. In India after 25-28 years of legalization, there are still so many cases of abortion related deaths because of the lack of information that young girls do not know where to go. If she goes to the hospitals she has to face many questions and hassles, so she ends up going to a quack or someone who does not know how to do it properly and does it illegally **(Basnyat, 2005).**

In the changed (legalized) context, it is likely that a substantial proportion of the women with unplanned pregnancies would seek to terminate their pregnancies in public and private sector health facilities. Moreover, the proportion of women approaching unqualified practitioners for abortion is not likely to drop immediately. Women visiting unqualified provider for unsafe and clandestine abortions continue to take the lives of many innocent women. Maternal mortality and morbidity rise in Nepal because of women are in delay to seek medical care for abortion complications due to fear, shame, lack of knowledge and lack of access to medical facility or lack of money. Studies show that between 20 -60% of the obstetric and gyane patients admitted in major government hospitals of the country are of abortion complication cases **(CREHPA, 2000).** When abortion bill receives the royal assent, the abortion laws in Nepal will be liberal than in countries of south Asia. But still women's rights to abortion and protecting innocent women from false accusation for illegal abortion or infanticide are potential challenges. Behind this, women also facing socio-legal challenges like ignorance of rights and criteria for legal abortion; lack of clarity between spontaneous and induced abortions from the perspectives of informer (accuser) and persecutor; possibility of falsely accusing the women of terminating the pregnancy of beyond legal gestation limits for abortion; inadequacy or absence of legal aid for low income women accessed for illegal

abortion; and negative social attitude to women seeking abortion; attempt for sex selective abortions. So that in Nepal many INGOs, NGOs have initiated developing strategies and communication materials to strengthen public education and advocacy campaigns at district and community levels to create awareness about new legislation, modify social attitude, discourage unauthorized providers and to encourage use of contraceptives **(CREHPA, 2002).**

In Nepal, for every 100,000 live births, 539 women die due to pregnancy and child related complications. 54% of all hospital admissions are due to abortion related complications. Similarly, a hospital study found that 20-60% of patients admitted in Obstetric/ Gyane ward in government hospital were due to abortion complications. The 2002 Nepal Demographic Health Survey found that more than one in five births was unwanted. Prior to the new abortion law women with unintended pregnancies had clandestine abortions, often risking their own health and lives evidenced by the study done in 1994 which estimated clandestine abortion in age group 15-19 to be 117 per 1000 women. The historical and revolutionary bill, a right of women to her own body legalizing abortion was approved in September 2002. After legalization of abortion, the procedural order was approved in December 15th in 2003 and from that time onwards abortion services became legalized in Nepal. Legalizing abortion and even providing abortion service is not adequate to ensure access to safe abortion. Many challenges still lie ahead in our country so that no girls or women have to take risk for her life or health to end an unwanted pregnancy, it is imperative that the community especially the poor, marginalized and the underserved need to be informed with proper and adequate advocacy helps to increase awareness of new law **(Singh and Jha, 2007).**

If it were men who had unwanted pregnancies, there wouldn't be such a big debate about in the final analysis; it is one's attitude towards sex that determines individual perception towards abortion. There is the traditional moralism in our society that makes abortion a crime. And then there is the modern attitude that makes sex outside marriage increasingly common, which has also transformed society's attitude towards abortion. This is where societal attitudes towards abortion also

need to be changed and it is not sufficient to pass a law making abortion legal. Women should know that it is better to go hospitals allowed by law to perform safe abortions. But, just because there is an option to safely abortion that unwanted pregnancy doesn't mean that one is lax in taking precautions. An abortion is the last resort: the idea should be not to have unwanted pregnancies at all. When a girl thinks about abortion, she is more concerned with the social stigma attached to it rather than her own health. The personal health of young women should always be in the priority- her physical health is more important than what society thinks. Even today, in urban areas among educated young women, there is not enough awareness about where to go to find a specialized centre for abortion and where to find an authorized doctor. If young women are to make informed decisions, they should be told through the mass media where they can go. There are people who are against abortion and who look down upon women who have taken the decision to make that choice, but this is a very conservative view. If it were men, and not women who got pregnant and needed abortions there wouldn't be such a big issue and society would likely accept it as a common practice. The controversy about abortion is due to the fact that we have still a patriarchal society where gender discrimination is rife **(Thapa, 2008).**

Safe and efficient services can usually be offered or improved by adaptations of existing healthcare facilities. Whether facilities are public, private and nongovernment, safe abortion services may be provided or upgraded by acquisition of minimal additional equipment and provision of basic training to service provider so that improvement in the quality, safely, efficiency and capacity of services are achieved. Nepal has already liberalized the law of abortion and in the past decade maternal mortality has significantly decreased from 539 to 281 per 100000 live births (MDGs). The reduction was largely due to women receiving better antenatal care, more assisted deliveries, and better postnatal care. But women needing abortion continue to fall in unskilled hands outside health care facilities, endangering their health and lives, owing to the social stigmas associated with it. The consequences of unsafe abortion to women and society depend on the progress achieved in improving the legal situation and access to safe abortion. It depends as much as on

the attitude of health care providers and health system organization as on the actual legal regulation. The abortion rate will drop and safely of the procedure will improve relative to the position women occupy in their society, and to the level of recognition of their sexual and reproductive rights. The legalization of abortion was just the first step **(Regmi, Rijal, et.al., 2010).**

2.2 Empirical Studies on Abortion

Tamang, (1996) studied on "Induced abortion and subsequent reproductive behavior among women in urban areas of Nepal". This studied shows among 1241 respondents and the duration of the studied was six months. The study area was Katmandu. This study analyzes the various factors influencing women to choose abortion as alternative method of fertility regulation, their decision to either accept or avoid early conception following abortion and the consequences of such decision. The studied result showed that, a desired family size of two children is now the norm in the urban area of the Nepal. This is a very different situation than 10-15 years ago. Clearly, fertility transition is underway in urban Nepal, with fertility being controlled within marriage by contraceptive use and to some extent by induced abortion. In urban Nepal, a significant percentage of women cite the desire for no more children as their primary reason for seeking pregnancy termination. The overwhelming majority of women seeking termination have at least one living child.

Bankole, Singh and Hass, (1998) studied on "Reasons Why Women Have Induced Abortions: Evidence from 27 Countries" The findings represented from 32 studies in 27 countries were used to examine the reasons that women give for having an abortion, regional patterns in these reasons and the relationship between such reasons and women's social and demographic characteristics. The data come from a range of sources, including nationally representative surveys, official government statistics, community-based studies and hospital- or clinic-based research. The results of the survey were worldwide. The most commonly reported reason was that women site for having an abortion is to postpone or stop childbearing. The second most common reason was socioeconomic concerns; it includes disruption of

education or employment, lack of support from the parent and husband, not to desire to provide schooling for existing children, poverty, unemployment or inability to afford expenses for additional children, relationship problems with a husband or partner, and a woman's perception that she is too young constitute other important categories of reasons.

Thapa and Pandey, (2001) studied on “Induced abortion in urban Nepal”. In this study the data were collected from those women who admitted to hospitals with abortion-related complications. Social and demographic information were collected from women seeking induced abortions from a private clinic in Nepal's capital city of Katmandu. In this study 36 percent of the women were between 25 and 29 years of age, and 43% had two living children, 40 percent had more than a high school education, 91% were from Katmandu and 48% practiced contraception. The primary motivation for seeking abortion for 34% of the women was the desire for no more children. As this study shows that, women in Nepal desire a small family size, especially those living in urban areas. Although significant numbers of women practice contraception, induced abortion is also used, primarily to control family size and for birth spacing. Increased promotion and use of contraceptive methods are needed to decrease the number of abortions, especially those that are high-risk and unsafe.

A study made by **BMRB Social Research on** "women's perception of abortion law and practice in Britain” (2002). 35 years after the 1967 Abortion Act was passed (October 27, 1967) in Britain. But many British women remain unsure of their legal rights and medical options relating to termination of pregnancy, according to an independent survey commissioned by global family planning agency Marie Stopes International (MSI). The survey of 1,222 British women aged 16-49 carried out. The Research reveals the women's knowledge of abortion is low despite strong for legal abortion and the fact that 1 in 3 women will end a pregnancy during their reproductive life. MSI claims that low awareness or the latest, safest medical options for abortion could have negative implication for some women's health.

Ojha, et.al., (2003) studied in "Post legalization Challenge: minimize complications of abortion." This study assesses the magnitude of cases admitted with abortion complications, analyzes the cases of induced abortion and identifies the types of complications of induced abortion. The present study was conducted in Paropakar Shree Panch Indra Rajya Laxmi Maternity Hospital to assess the magnitude of induced abortion, its causes and the types of complication. Prospective descriptive analyses of the patients who were admitted with history of induced abortion from 16th December to 13th March 2004 was carried out. The common reasons for seeking abortion were: too many children (59%), illegitimate pregnancy (16%), birth spacing (13%), female sex by ultrasound screening (3%), left by husbands (3%) and others (6%).

Rayamajhi, et.al., (2003) studied in "Safe Abortion Services- Need of the day." This study analyzes the reasons and methods used for pregnancy termination and study the outcomes of unsafe abortions. Cross- sectional analysis of patients admitted in the Department of Obstetrics and Gynecology, B.P. koirala Institute of Health Science (BPKIHS), Dharan, Nepal with septic abortions for a period of three years from Baisakh 2057 to Chairta 2060 (April 2000- march 2003) among the 877 patients admitted with abortion related complications. In this study, the majority of patients were in age between 23- 30 years. The main reason for seeking termination for abortion was an already completed family size and the majority of married patients 77% were undergoing induced abortions. Another reason for induced abortion was for birth spacing that was 11.5%. Unmarried mother and widow 7.7% were also undergoing for induced abortion and 2.5% women performed induced abortion for contraceptives failure. Only 1% women performed abortion due to rape. The local village women and untrained paramedics performed the procedure in 66% of cases. Vaginal insertion of sticks, sharp instruments and different types of herbs medicine were the main methods used in 50% of cases. So that the cause of maternal deaths and unsafe abortion can result in a physically and mentally disabled mother incapable of taking care of herself and her family.

Shrestha, (2003) studied on "Admitted abortion cases at maternity hospital, Thapathali Katmandu Nepal", this study shows among total gynecological admission 53.28% were abortion complications. Study was done among 206 respondents. Induced abortion were 17% and spontaneous abortion were 83% among total abortion cases probably the lifestyle of young ladies or genetic factors had something to do for spontaneous abortion in nulliparous women economic factors having too much children gone for termination of pregnancy.

Thapa, (2004) studied in "unwanted pregnancy and abortion in adolescence girls in Western Regional Hospital, Pokhara.' The study assesses the extent of abortion among the adolescent girls, causes of unwanted pregnancy, the level of awareness among the adolescence girl.

Pande, Sharma, et.al., (2005) studied on "Comprehensive abortion care services at Katmandu Medical College an Experience". Hospital based prospective study was carried out in Department of Obstetrics and Gynecology at Katmandu Medical College Teaching Hospital from the period July 2004 to April 2005. Total 160 patients who asked for CAC were enrolled in the study and main reason for performing CAC was unwanted pregnancy (66.75%); the reason was that they did not want to have more children or did not want the pregnancy as they were perusing studies. In this study the majority of respondents (75%) were of age group of 20-29 years.

MoHP and CREHPA, (2006) studied on “Nepal CAC National Facility- Based abortion study”. The present survey conducted in early 2006 was designed to be a nationally representative benchmark (baseline) to assess patterns of use, client characteristics, and clients’ perceptions of services received at facilities providing CAC. The study period was six months for the completion of the survey. Stratified random sampling technique used in this study, government and non-governmental organization (NGO) facilities were selected for the survey. The findings for awareness on legal abortion among clients were, only half of all interviewed CAC clients (50%) were aware that abortion was legal in Nepal. Clients residing in urban areas were relatively more aware about legalization than those residing in rural areas (55% compared to 44%).

Knowledge also varied by geographical regions. Only about one-third of the clients from Far-western Region (30%) were aware that abortion was legal, compared to over half the clients from the Western Region (55%).Facility-wide analysis showed that clients visiting Maternity Hospital, MSI centers and medical colleges were more aware of the legalization of abortion than those visiting other government hospitals. Study shows that awareness decreased as level of education decreased. Among the women who were aware of legalization, less than half (48%) knew that abortion is permitted on request during the first 12 weeks of pregnancy. Few clients (10%) knew that abortion is permitted up to 18 weeks in case of rape or incest and if pregnancy affects the health of mother or the fetus (12%).

Singh and Jha, (2007) "Studied on Abortion legalized: Challenges ahead.'' Where as the objective was to see whether advocacy for abortion law and comprehensive abortion care sites after legalization of abortion in Nepal is adequate among educated people. 150 participants were assigned randomly who agreed to be in the survey and were given structured questionnaires to find out their perception of abortion and CAC sites. As a result, majority of respondents knew about abortion is legalized and majority have positive attitude about legalization of abortion, however majority were not aware of abortion service in CAC sites and none knew the cost of abortion service. All participants, in the survey, were educated and majorities were from health background and they were dealing with women's health and even after 3 years of legalization are not adequately aware about abortion law.

Bhandari, (2008) studied on "Menstrual regulation in Bangladesh: a gender analysis." The extent to which abortion and menstrual regulation services are safe, legal, and women-friendly is a strong proxy of gender equity. This article draws on women's voices from Nepal and Bangladesh to illustrate that even where services are provided legally, women can still face multiple barriers to access to services, and problematic quality of care. This is exacerbated by the stigma which surrounds these services. Stigma is directly related to gender inequality, and is constructed at both the community and provider level. It is imperative to overcome these barriers by promoting gender equality across the board, in all services and all contexts.

Thapa, Karki and Bista, (2009) studied on "Myths and misconceptions about abortion among marginalized underserved community". Unsafe abortion remains a huge problem in the Nepal even after the legalization of abortion. Various myths and misconceptions persist which prompt women towards unsafe abortive practices. A qualitative study was conducted among different groups of women using focus group discussion and in depth interviewers. Perception and understanding of the participants on abortion, method and place of abortion were evaluated. As a result, a number of misconceptions were prevalent like drinking vegetables and herbal juices and applying hot pot over the abdomen could abort pregnancy. However, many participants also believed that health care providers should be consulted for abortion. So as a conclusion, most of the women knew that they should seek medical aid for abortion, they were still possessed with various misconceptions. Merely abortion services are not enough to reduce the burden of unsafe abortion. Focus has to be given on creating awareness and proper advocacy in this issue.

Bhattacharya, Mukherjee, et.al., (2010) studied on Safe abortion – Still a neglected scenario: A study of septic abortions in a tertiary hospital of Rural India. Abortion has been legalized in India over three decades; unsafe abortion continues to be a significant contributor of maternal mortality and morbidity. The aim of the present study is to assess the magnitude of septic abortion in a tertiary care hospital over a period of three years with a special emphasis on maternal mortality and morbidity and various surgical complications. Retrospective study of patients who were admitted with unsafe abortions over a three year period from 2005 to 2008 in a tertiary teaching Hospital of Rural India. Hospital records of the patients who were admitted with unsafe abortion in three years (2005-2008) were reviewed to evaluate the demographic and clinical profile in relation to age, parity, marital status, indication of abortion. The study revealed that the majority of admitted patients were below the age of 30 years (70.45%), majority were married (89%). The main reason for seeking abortion was birth spacing (60%). 60% unsafe abortion were carried out by unqualified persons and clandestine abortion procedures that cause majority of women admitted with serious and life threatening conditions. A total of 231 women died of unsafe abortion making it 12.55% of total maternal mortality in

this institution. The present study confirms that unsafe abortion is a great neglected health care problem leading to a considerable loss of maternal lives. Education and accessibility of contra caption, readily available, quality abortion services by trained abortion providers remains the key to limit mortality and morbidity arising from unsafe abortion.

Regmi, Rijal, subedi, et.al., (2010) studied on "Unsafe abortion: A Tragic Saga of Maternal Suffering." Unsafe abortion is a significant cause of maternal morbidity and mortality in developing countries despite provision of adequate care and legalization of abortion. The aim of this study was to find out the contribution of unsafe abortion in maternal mortality and its other consequences. A retrospective study was carried out in the Department of Obstetrics and Gynecology in BPKIHS (B.P. koirala Institute of Health Science) between 2005 April to 2008 September analyzing all the unsafe abortion related admissions. As a result, there were 70 unsafe abortion patients. Majority of them (52.8%) were of high grade. Most of them recovered 58 (82%), 4 (6%) left against medical advice and there were total 8 (12%) maternal deaths. The reason for termination of pregnancy was unwanted pregnancy (97.1%) and unmarried mother (2.9%). In this study, the main reason of increase in abortion related admission is probably women depending more on paramedics outside the reliable facilities for the clandestine procedures. Because the place of termination of pregnancy was undisclosed by majority 24 (34.2%) patients due to patient unwillingness, while 30% had abortion attempted at home either self or by paramedics, 8% had abortion attempted at hospital, 12.8% had attempted at private clinics and 14.2% had attempted at health posts. So as a conclusion, unsafe abortion is still a significant medical and social problem even in post legalization. Unsafe abortion still accounted a large share in maternal morbidities and mortality in the study duration.

2.3 Review of Previous Studies on Abortion

Abortion-related complications are largely responsible for Nepal's maternal mortality rate of 1,500 per 100,000, according to 1996 UNICEF statistics. The figure is the highest in south Asia. Many abortions -related deaths go unrecorded, especially in

rural areas. In general, nongovernmental organizations and women's groups have become more aware of reproductive health issues since the 1994 United Nations (UN) population conference in Cairo and the 1995 women's conference in Beijing. According to the conference, women should have access to quality services to deal with complications arising from abortions. And governments, it added, ought to consider reviewing laws that punish women for undergoing illegal abortions (**Uprety, 1997).**

Nepal is a unique example where persistent advocacy efforts by women's reproductive rights activities supported by research and public opinion polls have significantly influenced the government to consider positively about reforming its existing abortion law. The strength on which the advocacy messages are built was based on the premises that existing high level of maternal mortality in the country is due to unsafe abortions' and "Maternal mortality levels can be reduced drastically, once women have access to legal and safe abortions" **(Tamang, 2002).** Nepal has a high level of mistimed and unwanted pregnancies (37% MOH, 1997) and moderate level of contraceptive use (39%) among currently married women of reproductive age **(MOH, 2001).**

Nepal made a historical achievement in reproductive health and rights for women in September 2002 when abortion was legalized. The legislative change facilitates the government and civil societies to initiate programs and policies aimed at reducing abortion related maternal mortality and morbidity in the country one of the main post legalization challenges for Nepal is "How to make legal and safe abortion services accessible to all women without fear of stigmatization and as women's reproductive rights" **(Tamang, 2002).** Public opinion poll conducted by CREHPA in October 2002 revealed that just 22 percent of the urban adult population was aware that abortion has been legalized in Nepal. Legal reform alone cannot reduce abortion related deaths in our country. Public education and advocacy campaigns are crucial to create awareness about the new legislation, modify society's attitude towards abortion, prevent unsafe and illegal practices, inform about legal and safe abortion

care services and create enabling environment for women and couples to make informed decisions on their unintended pregnancies. "Sumarga" (meaning right or correct path) is a new education communication and advocacy program of CREHPA and its partner NGOs launched in July 2003 to address the post-legalization challenges and choices. This new initiative builds upon the "Public Education and Advocacy Program (PEAP)" against unsafe abortion initiated by CREHPA in response to the policy issues raised in a series of research studies on abortion in Nepal and the need for legal reform as a precondition to save women's lives **(CREHPA, 2002).**

Early marriage, short birth intervals, poor maternal nutrition and lack of health care facilities due to the ongoing insurgency have combined to send Nepal's maternal mortality rate soaring, with one Nepalese woman dying every hour during childbirth. According to the "State of the World Population, 2003, Report," by the United Nations Population Fund (UNFPA), Nepal's maternal mortality rate has doubled in the past seven years and stands at 905 per 100,000. After Afghanistan, which has a mortality rate of 1,276 per 100,000, Nepal has the second highest mortality rate in South Asia. It was 539 per 100,000 in 1996 in Nepal. "Nepal is passing through a critical time in terms of its adolescent population. Thanks to inadequate health facilities and early marriage; the mortality rate in Nepal has increased alarmingly" **(Agudelo, 2003).** "The present trend indicates there is a need to encourage adolescents, particularly girls, in reproductive health programs. And more investment in this sector is required" **(Agudelo, 2003).** "Many girls are married at an age when they don't even know the functions of different organs of their bodies and many pregnant girls are totally unaware of reproductive health" **(Zaman, 2003).** "In south Asia as a whole, adolescent girls often face discrimination, negligence and possibly exploitation and marry before reaching their reproductive age" **(Zaman, 2003).** In Nepal among the 2.5 million girls aged between 15 and 19, half are already married and nearly a quarter are mothers or pregnant with their first child due to practice of early marriage. The UNFPA report states that 60 percent of girls marry before they turn 18 in Nepal. The studies have shown that unsafe abortion, unsafe delivery, postnatal complication, and early marriage are responsible for higher maternal mortality rate **(Dangi, 2003).** Despite abortion legalization, post-abortion

complications are still major problem in Nepal, with 20-27 percent of maternal deaths in hospitals caused by such complications **(One world Asia, 2003).**

Abortion has been legalized in Nepal since September 2002 by the amendment to the "Muluki Ain". Abortion has been legalized in Nepal after a prolonged period of advocacy by various Nongovernmental and professional organizations. Research organizations have done a commendable job by bringing to fore, the plight of women who had to undergo unsafe abortions under clandestine condition. Family Health Division of the Department of Health Services, Ministry of Health (MOH) has taken a leading role in formulating the policies, strategies and the procedural order to implement the law. Safe abortion requires the provision of good quality abortion services, which should include proper counseling, trained human resource, infection prevention practices and adequate logistic support. For many women, especially in developing countries like ours safe abortion may not be available, affordable or accessible despite the liberalization of abortion law. Information and education to the women and the families should be the components of the comprehensive abortion care services. The message "Earlier the better" should be widely disseminated. Abortion should not be used as a means of population control, but should be available to women with counseling, contraceptive and other reproductive health services to promote the well being of the woman, her children and her family **(Sharma, 2003).**

It has already been legalized abortion in Nepal; however women who were held in abortion cases earlier under the old law are still serving jail- sentence in various prisons in the country. There are hundreds of such women inmates throughout the country. Women in Nepalgunj and Kapilbastu have heard about the passage of women's bill but they still don't know what abortion right means women in this district go to India for abortion. They want to do abortion secretly and normally even the new law doesn't allow sex-based abortion but as Nepalgunj lies near by the Indian border it is easy for women to go to India and abort foetus if it is a girl. Not only mothers given the right to abort an unwanted fetus but it was also considered a crime amounting to infanticide for which a lot of women were and still are convicted

as criminals that can be seen from the case of Shanta Shrestha cited by Yvonne Singh in her article Abortion Nightmare in Katmandu. Who had miscarriage but was arrested by authorities on charges of having an abortion and was sentenced to 20 years in prison **(Basnyat, 2005).**

Adolescence is a period of transition from childhood into adulthood. It is during adolescence in which individuals explore and develop their sexuality, gender and sex role. These factors have a profound influence on an individual's current and future health. For many years, the health and development of adolescents have been ignored as they were considered healthy and less vulnerable to disease as compared to children or the very old. World Health Organization (WHO) defines adolescents as individuals in the 10-19 year sage group. Adolescence is a phase rather than a fixed time period in an individual's life. It is a phase of development on any fronts: from the appearance of secondary sex characteristics (puberty) to sexual and reproductive maturity; the development of mental processes and adult identity; and the transition from total socio-economic and emotional dependence to relative independence **(WHO, 1993).** The needs of adolescents vary with their sex, stage of development as mentioned above, the life circumstances and the socio-economic conditions of their environment. Adolescents learn about reproductive health and sexual matters by observing the behaviour of the adults around them, by listening to peers and the older siblings, through the media in all its forms and by acquiring the knowledge of parents or other trusted mentors. Such information however is limited and sometimes even erroneous. Since the subject of adolescent sexuality remains taboo in most societies, there is widespread ignorance among young people of the risks associated with unprotected sexual activity. Unprotected premarital sexual relations are taking place at earlier ages giving rise not only to risk of early pregnancy and childbearing, but also to induce abortion in hazardous circumstances, and to sexually transmitted diseases including human immunodeficiency virus leading to AIDS. The issue of adolescent reproductive health received global attention after the International Conference on Population and Development (ICPD) in1994. The conference emphasized that young people of both sexes are poorly informed about methods of protection against unwanted pregnancy and sexual transmitted diseases

(STDs) including HIV/AIDS. The Programme of Action (PoA) of the ICPD called for a substantial reduction of adolescent pregnancy and young people's risk in relation to unsafe abortion, STDs and HIV/AIDS by promoting responsible sexual behaviour including voluntary abstinence and the provision of appropriate services and counselling specifically suited for that age group. The Programme of Action also recognized that poor educational and economic opportunities, gender-based violence, early pregnancy and sexual exploitation increase the vulnerability of adolescents especially girls to reproductive health risks. Since the ICPD, countries all over the world have made significant progress in addressing the often-sensitive issues of adolescent reproductive health, including need for information, education and services that will enable young people to prevent unwanted pregnancy and infection **(HMG and MoHP, 2005).**

The incidence of women resorting to unsafe abortion continues to rise in Nepal. "People still hold negative attitude toward abortion and unsafe abortion continues to rise due to lack of awareness" **(Tamang**, **2005).** The government of Nepal legalized abortion since 2002. However, a large proportion o people still do not have any idea about legal provisions relating to abortion and resort to unsafe practices" **(Tamang, 2005).** It is high time to help rural people to take positive attitude about abortion rights. "It is also essential to create awareness among women about their reproductive rights to check the exceptionally high maternal mortality rate in Nepal" **(Tamang, 2005).**

Abortion, whether spontaneous or induced, is one of the most common obstetric events in the world secondary only to child birth. Each year forty six million women around the world undergo abortion. 26 million who undergo abortion do so in countries with liberal abortion laws. 20 million undergo abortion in countries where it is either restricted or illegal **(AGI, 1999).** Most of women who decide to terminate pregnancy have many reasons but most common reason is unwanted pregnancy. So, women can find themselves with an unwanted pregnancy for many reasons: like contraception is out of reach, sexual coercion or rape - in studies around the world between 20% and 50% of women and girls report sexual coercion; A variety of social

and economic reasons that include: they are unmarried, have been abandoned by their partners, are adolescents, are in an unstable partnership, have too many children to support, and/ or live in poverty. Each year 20 million unsafe abortion are performed worldwide, resulting in 80 thousand maternal deaths and hundreds and thousands of disabilities. Everyday 55,000 abortions take place. 95% occurs in developing countries. They are responsible for in 8 maternal deaths. Globally, 1 unsafe abortion takes place for every 7 births. In the developing world (excluding China) the death rate for abortion (safe or unsafe) is 330 maternal deaths for 100,000 abortions **(AGI, 1999).** In Nepal, for every 100,000 live births, 539 women die due to pregnancy and childbirth-related complications. According to the MOH, maternal mortality and morbidity study of 1998, approximately 5.4% of all maternal deaths are due to abortion related complications. Improving access to safe abortion care services while decreasing reliance on unsafe abortion is one of the major goals of reproductive health services in its efforts to reduce maternal mortality and morbidity. In Nepal women have less access to education health and social services than men in our society which can lead to health related disparities (**Pande, Sharma, et.al., 2005).**

While the politics and the passions surrounding the global abortion debate endure, it is enlightening to periodically check the rhetoric against the reality of the numbers. The first worldwide review of abortion incidence in eight years shows that the global abortion rate declined modestly during the period. Incidence declined far more in some places than in others, however, that is where the real story lies. Between 1995 and 2003, abortion rates dropped more in developed than in developing countries. Although it may be difficult for some to accept, rates fell most sharply in countries where abortion is legally available on broad grounds and widely available in practice. It is in these same places, though, where demand for and use of contraception has been on the rise. With regard to safety, the news is not so encouraging. Almost half of all abortions around the world are still unsafe and more than 97% of these unsafe abortions occur in developing countries. At the same time, a number of countries that liberalized their abortion laws in recent years are starting to see real progress in reducing the soaring maternal mortality rates previously associated with clandestine

procedures. It may not be news that liberalizing abortion laws and enabling abortion services to be provided openly by skilled practitioners, even as the society promotes greater contraceptive use is the most effective way for a country to ensure that abortion is safe for women while simultaneously reducing its incidence. It is nonetheless significant that recent evidence further reinforces the logic of this dual approach. Opponents of abortion in the United States and around the world may be expected to continue to insist that the best way to reduce abortion is to restrict it. With the passage of time, however, more and more countries can now demonstrate the facts to be otherwise **(Susan and Cohen, 2007).**

Once notoriously known for having one of the most restrictive abortion laws in the world, Nepal has now become one of the most liberal in handling the issue of abortion. Given the decades of subjecting women with unwanted pregnancies into the harshest conditions, the legal reform on abortion constitutes one of the most important footholds for Nepalese women in the post-democracy era. In 2002, abortion was legalized on demand in the first trimester and on the grounds of rape and incest during the first 18 weeks. The procedure is also allowed any time during a pregnancy in case of a fetal impairment or when the mother's life is in danger. Prior to the amendment, unsafe abortion accounted for up to 50% of all maternal deaths. Complications from unsafe abortion accounted for almost 60% of all hospital admissions involving women. Aside from maternal deaths, routine sentencing and imprisonment of women for allegedly undergoing abortion procedures happened. Many were also charged with the more serious crime of infanticide, which carried a harsh sentence of life imprisonment- the same punishment for murder. Many women are also unaware of the specific provisions of the law. Low income, rural women, who comprise the majority of the female population are confronted by formidable barriers to access services since they lack the economic means to procure essential health services. It is important to realize that any legal restriction on abortion creates the possibility of unsafe abortion **(Upreti, 2008).**

Reproductive health right is one of the basic human rights of women. The enjoyment of this right is vital for their life and their ability to participate in all areas. After

continuous efforts of civil societies and international pressure to the government, the Eleventh Amendment of the country code providing the right to abortion to women has been passed. It also criminalizes sex-based abortion. Though the new law is a great achievement for the Nepalese women, it only is not sufficient to protect women's reproductive rights. There is greater need of effective implementation of the law. Forum for Women Law and Development (FWLD) has been continuously working for the protection and promotion of women's reproductive health rights. The prohibition of abortion in Nepal posed serious risks to women's health and disregarded their human rights. Nepal has one of the highest maternal mortality rates in the world and it is estimated that more than half of these deaths are due to unsafe abortions. Illegal abortions have caused a serious of human rights transgression. A 1997 nationwide prison study revealed that out of the total women in prison, 20 percent were there on charges of abortion and infanticide. This has been a major concern of FWLD as abortion in Nepal which is women's right, class, religious and social information and development issue **(FWLD, 2009).**

Maternal mortality rate in the nation has gone down significantly after the endorsement of the 'Safe Abortion Procedural' order and the related policies on legal abortion approved by Nepali parliament in 2002. However, women still are falling pregnancy of unwanted pregnancy pushing them towards unsafe abortion due to lack of awareness putting themselves at high risk of mortality and morbidity. According to senior's general practitioner, government officials and the domestic and international health concerned institutions claimed at a seminar on "Scaling up of medical abortion services in Nepal', only 30% women are aware of the legal abortion and this percentage belongs to the privileged groups. As per the maternal mortality ratio figure, one-third of all births are mistimed or unwanted, one fourth of married women of reproductive age have an unmet need for family planning, and the maternal mortality is 281 deaths per 100,000 live births of which one cause is unsafe abortion. The figures claimed that the maternal mortality rate has been reduced to 281 deaths per 100,000 live births from 539 per 100,000 live births (MDGs). The Millennium Development Goals has set target to reduce the existing maternal mortality rate by 75% with the encouraging reduction in the maternal

mortality rate after the safe abortion procedural order 2004, the Government of Nepal, Ministry of Health and Population (MoHP) developed a strategic guideline to expand safe abortion services. "The maternal mortality had substantially decreased but this existing figure of 281 deaths per 100,000 live births is still high" **(Ojha, 2009).**

Abortion was legalized in Nepal in 2002. The government of Nepal has said that legalization of abortion helped Nepal to reduce the maternal mortality rate (MMR) immensely from the reduction of MMR from 539 per 100,000 live births in 1996 to 289 in 2006. Nepal aims at bringing down MMR to 134 by 2015 **(The Katmandu Post, 2009).** The safe abortion procedural order 2060 (2003/2004) of the Ministry of Health and Population (MoHP) approved medical abortion (pharmacological) as one of the alternative technologies for safe abortion. In 2008, MoHP developed a strategic guideline to expand safe abortion services through MA (Medical abortion). Around 229,000 Nepali women have received abortion services till 2009 since the operation is legalized **(Ojha, 2009).**

Abortion has legalized in Nepal since September 2002 and under this law. Comprehensive abortion Care (CAC) service is being provided through listed service providers and listed health facilities from 2004. Nepal government has prioritized the national safe abortion program and is working with many government and non government partners for providing this service. Both service providers and the facility providing this service must be approved by and listed to Family Health Division, Ministry Of Health. Till date more than 500 service providers and 75 health facilities (at least one in each district) have already been listed for this purpose. Nepal Government, through Ministry of Health has, prioritized the national safe abortion program and is working with many government and non government organizations. Its partners are Marie Stopes International (MSI), Family Planning Association of Nepal (FPAN) and others. These organizations are providing safe abortion service in the country **(Karki, Ojha, et.al., 2009).**

The critical relationship between unsafe abortion and the attainment of the Millennium Development Goals (MDGs) has been highlighted in recent studies.

Reducing unsafe abortions and the complications resulting from them is not only closely linked to the health related MDGs, such as the reduction of maternal mortality, but also to the MDGs related to other aspects of development, including poverty reduction, gender equality and women's empowerment. It is estimated that 22% of all pregnancies worldwide end in an induced abortion **(AGI, 1999).** About 20 million of these abortions are estimated to be performed in unsafe conditions, and almost all of them (97%) take place in developing countries **(Henshaw et.al., 1999).** The number of women who die from an unsafe abortion each year is estimated to be 68000, accounting for 13% of all maternal deaths around the world (**Sousa, Lozano et.al., 2009).**

2.4 Conceptual Framework

Conceptual framework represents the logical and systematic relationship between the dependent and independent variables addressed in the present study. Therefore, the researcher formulated the conceptual framework after reviewing and studying different types of literatures. This study has been analyzed under the following conceptual framework.

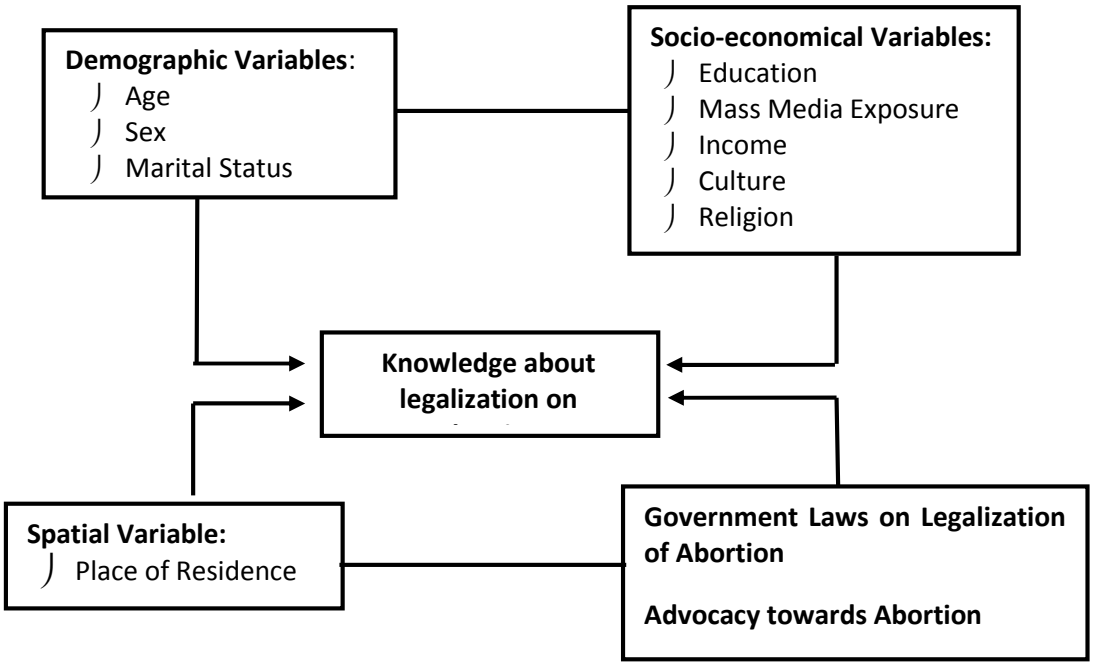

Figure No: 2.4 Conceptual Framework of Abortion

2.5 History of Abortion Law in Nepal

2.5.1 Previous Laws on Trial and Punishment for Crime of Abortion

In ancient times, the legal provisions 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 a 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 **(Regmi, 2036).** In the Malla Era, law on trial and punishment for crimes of abortion was made quite liberal to protect the interest of the upper caste families. During that time abortion was permitted if the pregnancy was due to sexual relations between a upper caste and a lower caste person. No precise legal provision regarding abortion can be found before the Shah Era of 1910 Bikram Sambat (B.S) or Muluki Ain 1910. The Country Code (Muluki Ain) introduced in a written form for the first time in 1910 B.S had a separate legal provision on abortion under the chapter "Jatakmareko" (killing of fetus). As per this provision, 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. If the abandoned child died due to desertion and exposure, then there was a provision to imprison the accused for six years (Muluki Ain 2020).

The Sections 28 to 33 of the present Muluki Ain 2020 (Country Code 2020) dealt with the crimes of abortion and infanticide in the chapter on Jyan (life) and provides for trial and punishment for these crimes in that chapter. Sec. 31 of the chapter provided for punishment for the crime of abortion. If any person performs an abortion on a pregnant woman with her consent, causing her to miscarry, both the person performing the abortion and the woman would be sentenced for one year to one and a half years imprisonment. The duration of prison terms depended on whether the fetus was less than six months or over six months old. However, for a person who performs an abortion on a woman without her consent the punishment

ranged from 2 years for a fetus less than 6 months, 3 years for a fetus over 6 months. Thus, Section 31 prescribed a maximum punishment of one and a half year of prison sentence to a mother who consent to undergo an abortion and a maximum 3 years sentence to a person who causes a pregnant woman to miscarry through his act. It a woman uses drug procured from somebody or a device with somebody's help with the intent of aborting the pregnancy and as a result if the fetus is aborted, the maximum punishment for her was one and a half years of imprisonment. But, if a woman expels a live fetus (due to failure of abortion attempts) and it dies naturally, (as a result of the abortive drug or device used), she is accused of abandoning a live-born child and causing its death through exposure. Thus, in accordance with Sec. 18 of the chapter, she would be convicted of murder and liable to life imprisonment plus confiscation of her entire property. It was evident that law did not clearly differentiate between abortion and infanticide or attempt infanticide through abandonment, and invariably, prosecutors tend to choose the latter and rarely the woman was represented by a lawyer.

2.5.2 Advocacy to Legalize Abortion in Nepal

Effective advocacy for legal reform started in 1996 when Family Planning Association of Nepal (FPAN) introduced Pregnancy Protection Bill 2053 (1996) and got it registered in the Upper House of the Parliament as a private Bill on 9 July, 1996. The Bill clearly defined the roles of government hospitals, recognized health institutions and physicians with respect to legalizing abortion. It also described provisions relating to the protection of pregnancy, circumstances in which abortion may be permitted, the extent to which confidentiality must be maintained providers, and specific details concerning the government's authority to conduct investigations into illegal abortions. This Bill, however, lapsed on Ashad 12, 2056 B.S. (26 June, 1999) because the tenure of Mr. Sunil Kumar Bhandari (who had tabled the Bill on behalf of FPAN) as a member of the National Assembly was over (FWLD, 2003). The Country Code (11th Amendment) Bill, 2054 B.S. (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. The Bill that was presented to the House of Representatives on 11/8/1997 had passed through several stages before it lapsed as a result of the dissolution of the House of Representatives on 15/1/1999.The government reintroduced the Bill to the House on 20/9/1999, within a few months of the General Elections in 1999. Amendments to the bill was made when the bill was presented to the Parliament for the second time that proposed, among other things, to make abortion, the sole right of the pregnant women and on her own free consent (without the consent of the others) (FWLD, 2003). Many national NGOs played an important role in the advocacy for legal reform in the late nineties. Center for Research on Environment Health and Population Activities (CREHPA), Forum for Women, Law and Development (FWLD) and Family Planning Association of Nepal (FPAN) were the key players in the movement. Their advocacy work and that of other individuals and organizations, with support from INGOs, stimulated the interest of women's activist groups, and the issue of abortion gained national profile and momentum. During the late 90s, a number of studies on the effects of the illegal status of abortion on women's health, reproductive rights and welfare were carried out in Nation.

2.5.3 Features of the New Abortion Law in Nepal

His majesty's Government announced the Nepal criminal code (Muluki Ain) on1st Chaitra 2058 (16th march, 2002) and royal assent was given on 10thAshoj2059 (27th September, 2002). The new law legalizes abortion under the following conditions:

- Up to 12 weeks of gestation on the request of the pregnant women.
- Up to 18 weeks of gestation in case of rape or incest.
- At any gestation if the pregnancy is harmful to the pregnant women's physical and mental health as certified by an expert physician.

- At any gestation if the fetus is suffering from a severely debilitating or fatal deformity as certified by an expert physician.
- Listed medical practitioners will provide comprehensive abortion care services.
- Only the pregnant women hold the right to choose to continue or discontinue the pregnancy. If the pregnant women is less that 16 years of age or not in a position to give consent (mentally incompetent), the nearest guardian or relative can give consent for abortion services.
- The law prohibits termination of pregnancy of any gestation for the sole purpose of sex selection.

CHAPTER–III
RESEARCH METHOD

This chapter included rational of the selection of the study site, research designs, nature and sources of data, variables, universe and sampling, data collection technique, the methods of data analysis and presentation.

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3.1 Rational of the Selection of the Study Area

The city of the Pokhara has some important higher educational institutions. The selection of the study areas were; Janapriya Multiple Campus and Kanya Campus. The both campuses were affiliated by Government of Nepal, so the researcher can picked up different social, cultural, ethnical, religious and economical background influenced students for data collection. Both colleges are located in Pokhara Sub-metropolitan city which is the headquarter of the Western Development Region of Nepal. It is mainly catering to the students from Kaski and adjoining districts like Syanjya, Tanahu, Baglung, lumjung etc, so the students were also represented from different geographical part of the country that implies variable responses and views from students put good strength in this study. Kanya campus is the only one girls' campus of the Kaski, Pokhara. So this site is purposively selected to meet the requirement of the study.

The study was conducted at selected educational institutions of Pokhara, Kaski District, Nepal. The location is depicted in the map in fig.3.1

Figure No: 3.1 Location of the Research Area

Legend

JMC: Janapriya Multiple Campus

Kanya C: Kanya Campus

3.2 Research Design

Descriptive research and exploratory research designs have been used in order to gain the objectives of this study. The descriptive research method was used to gain more information about the inter relationship between abortion law and different social variables. It was an exploratory because it has tried to explore reasons of various ways of problems of the study.

3.3 Nature and Sources of the Data

This study was based on both primary and secondary sources of the data. However, more priority was given to the collection of primary data. The primary data were collected through the structured questionnaire. The secondary data was collected from the different published materials, books, journals, reports, articles, internet, encyclopedia, newspapers etc.

3.4 Variables

3.4.1 Independent Variables

- Mass media exposure
- Education
- Marital Status
- Place of residence

3.4.2 Dependent Variable

Knowledge about legalization of abortion law in Nepal.

3.4.3 Extraneous Variables

- Government policies on legalization on abortion
- Age
- Socio-economic status
- Income
- Culture
- Religion

3.5 Universe of the Study and Sampling Procedure

3.5.1 Population

Population was the entire aggregation of cases in which researcher was interested. The population selected for the study was youth girls who were studying above school leaving Certificate (SLC) in the selected educational institution of Pokhara valley. These educational institutions were not belong to the health background.

3.5.2 Universe

According to available data from the Janapriya Multiple Campus and Kanya Campus, the average numbers of female students was around 500, who were studying in Janpriya Multiple Campus in Inter and Bachelor Level. In kanya campus 1100 students were studying in Inter and Bachelor Level respectively, where as 350 female students were studying in intermediate level and 750 students were studying in bachelor level.

3.5.3 Sample Size

200 students were selected for the sample size. 100 sample sizes were selected from Janpriya multiple campus and 100 sample sizes were selected from Kanya Campus. The students who were studying in intermediate and bachelor levels in both representative campuses were included in sample size. However, 50% sample sizes were included from each educational level i.e. 50% sample sizes were selected from intermediate level and 50% sample sizes were selected from bachelor level.

3.5.4 Sampling Techniques

The sampling technique was completely based on non-probability sampling method and purposive sampling technique was used for to gain the objectives of the study. Purposive sampling was one in which the investigator handpicks the cases based on a judgment of the extent to which the potential respondents met the criteria. Purposive sampling technique was used to select the colleges as well as the students for the present study.

3.6 Inclusion Criteria

Only youth girl students were selected for this study purpose and these students were studying in different educational institutions of the Pokhara, Kaski and student who were willing to participate in this study.

3.7 Development and Description of the Tools

3.7.1 Data Collection Techniques

In any research investigation, the instrument utilized should be a vehicle that would best elicit data for drawing conclusions pertinent to the study and at the same time add to the body of knowledge in the discipline. This study was mainly based on primary data. So the required data were collected from the different primary data collection techniques.

The tool was developed by the investigator after reviewing related studies and discussion with experts (teachers). Structured questionnaire was developed and it was used in relation to the objectives of study to explore the content. The following instruments were used in the study.

Tools -1: Demographic Proforma

Tool- 2: Knowledge questionnaire on legalization of abortion law in Nepal.

3.7.2 Description of the Tools

Tool 1: Demographic Proforma

To obtain identification data and to collect other related information on background. The items were included are; age, geographical distribution, marital status, educational qualification, children and sources of health related information.

Tools 2: Knowledge Related Questionnaire

The knowledge questionnaire was developed to determine the knowledge about legalization of abortion law in Nepal among youth girl students. After reviewed the related literatures a blue print was developed and the items were constructed based on it. The areas were included in the tool are: meaning of abortion and safe

abortion, legal provision on abortion law in the Nepal, advocacy on abortion law, perspectives on impact in society after legalization of abortion law in Nepal, causes to find out the women seeking for abortion in Nepal, and comprehensive abortion case services in Nepal.

In this study, the researcher was introducing and using the rating scale to evaluate the respondent's knowledge about abortion law in Nepal. Rating scale is a one of the commonly used evaluating tool and it is used in especially for to evaluate the performances of the each respondent. In this measuring scale, different attributes are listed down with 3 to 5 or more points given to the category and evaluator define the criteria for scores. The evaluator can judge the anyone based on the given criteria or individual's performance **(Marriner, and Tomey, 2009).**

In this survey, the researcher included 200 respondents as a sample size and data collected from 200 respondents. The prepared tool was based on structural questionnaire and the tool was consisting of 17 multiple choice questions to assess the knowledge about legalization on abortion law in Nepal. Each correct answer was given a score of one and each wrong answer was given a score of zero. The scores were being categorized arbitrarily as good (12-17), fair (7-12) poor (1 -7) scores. The maximum score was seventeen and minimum score was one.

3.8 Procedures for Data Collection

Data collection refers to the steps of gathering information needed to address a research problem. Prior to the data collection, administrative permission was taken from the Prithivi Narayan Campus, Bhimkali Patan, kaski. In order to test the questionnaire prepared a pretest (Pilot survey) was carried out. For the purpose, the pilot study was carried out informally in Informix College, Ranipauwa, Kaski among 20 bachelor in management students on dated September 19, 2010. This analysis helped to refine the questions and to discover new aspects. After administrative permission was taken from principals of two selected educational institutions; informed consent obtained from the respondents prior to the data collection. The

data was collected from 200 respondents according to research design. The questionnaires were distributed in selected respondents and the answers with questionnaire were collected within limited time. The data were collected in Janapriya Multiple Campus on dated from 26 September to 30 September 2010 and in Kanya Campus on dated from 17 to 18 September 2010.

3.9 Validity and Reliability of the Data

The validity of the instruments was ensured from careful planning of structured questionnaire schedule, while doing this research project. Likewise, reliability of the data was assured by taking relatively larger sample of the respondents. Moreover, validities as well as reliabilities were maintained by consulting experts and concerned teachers from the beginning of the study. Efforts were made to maintain the objectivity of the data and avoid data error by comparing them with different data collected from different sources

3.10 DATA ANALYSIS AND PRESENTATION

Through the available data from primary and secondary sources, basically following steps were adopted for processing, analyzing and presentation. The collected data was tabulated manually and analyzed by utilizing the simple statistical method of percentage and average. Analyzed data was inter-related and compared through tables, charts and diagrams accordingly and some recommendations were made according to the findings of the study.

CHAPTER–IV
DESCRIPTION OF THE RESEARCH SITE

This chapter mainly deals with the description of research site as well as the information related with the respondents. The data were collected from different colleges, which are located within the Pokhara valley. But the researcher did not include the health educational institutions. The selected colleges were: Janapriya Multiple Campus and Kanya Campus. The total sample size of the research was 200 respondents. The study was mainly focused; to examine the knowledge about "legalization abortion law in Nepal" among youth girls in selected colleges. For the purpose of the study, the structured questionnaire was prepared and collected the data. Before collection of the data, the data collecting tool was revised very carefully. The collected data were tabulated manually and analyzed by utilizing the simple statistical method of percentage and average. Analyzed data were interrelated and compared through tables, charts and diagrams. Validities as well as reliabilities were maintained by consulting experts and concerned teachers from the beginning of the study.

4.1 General Information of the Research Area

4.1.1 Physical Setting of the Research Area

The site for the study is in Pokhara valley, the most remarkable naturally beautiful city of Nepal, regarding a majority of the indicators related to demographic, infrastructure and socioeconomic development. Pokhara, the second biggest city of Nepal lies on the lap of Annapurna range and the city is surrounded by a major Himalayan peaks in the western part of the Nepal. Its altitude ranges from 450 meters to 7939 meters under sub-tropical topography. Pokhara is the Zonal headquarter and regional headquarter of Gandaki Zone and Western Development Region respectively. Likewise, it is the headquarter of Kaski District. It lies about 200 km away from Kathmandu, the capital city of Nepal. The serenity of Phewa Lake and

the magnificence of the fish-tailed summit of Machhapuchhre (6,977 m) rising behind it create an ambience of peace and magic. Indeed, the valley surrounding Pokhara is home to thick forests, gushing rivers, emerald lakes, and of course, the world famous views of the Himalaya.

4.1.2 Cultural Setting of the Research Area

Nepal is a multiethnic and multilingual society. There are over 60 castes or ethnic groups and subgroups and twenty different languages or dialects. Nepal is primarily a Hindu kingdom with more than 86% of its population believing in the Hindu religion and other religions such as Buddhism (8 percent) and Islam (4 percent) are very few (MoH, 2002). From religious point of view, Pokhara is inhabited by the people following different religious such as Hinduism, Buddhism, Islam, and Christianity. These people belong to different castes and religious to have thier own culture. Thus, from religious and cultural points of view Pokhara can be called a mosaic of various religious and cultures. This is the land of the Magars and Gurungs, hardworking farmers and valorous warriors who have earned worldwide fame as Gurkha soldiers. The Thakalis, another important ethnic group here, are known for their entrepreneurs. The people of Pokhara include other various castes like Brahman, Chhetri, Newar, Thakuri, Tamang, Rai, Limbu, Dalit, Muslim, Christian etc.

4.1.3 Women's Health Organizations in the Research Area

In Pokhara, there are well facilities of health services to serve the people. There are some NGOs, INGOs and government health organizations, which have actively role play to promote the health status of women. The recognized organizations are:

Center for Research on Environment Health and Population Activities (CREHPA), head office - Jawulakhel, Lalitpur: CREHPA is a private and research organization registered under Society's Act 2034 also registered with the Social Welfare Council, Nepal. It contributes towards improving health particularly sexual and reproductive health of the population through research and training.

The Asia Foundation Nepal, Head office-Bhat Bhateni, Kathmandu: It helps to collect information regarding women's health It is a representative of women's organization to promote peace and women Health.

Family Planning Association of Nepal (FPAN), Ramghat, Kaski, Pokhara: It is a nongovernmental, non profitable and voluntary social organization providing family planning services. FPAN is committed to promoting and providing quality sexual and reproductive health services to women, men and youth to support the government in meeting the demand for these services throughout the country.

United Nation Children's Fund (UNICEF), Ramghat, Kaski, Pokhara: UNICEF was founded in 1946 to help government committees and families, making the world better for place for children. They also take responsibilities for safer pregnancy and child birth.

Marie Stopes, Nagdhunga, Kaski, Pokhara: It is a International Organization, which provides sexual and reproductive health services.

Western Regional Hospital (WRH), Ramghat, Kaski, Pokhara: A government hospital which provides Comprehensive Abortion Care (CAC) services.

Manipal Teaching Hospital (MTH), Phulbari, Kaski, Pokhara: A non government hospital which also provides Comprehensive Abortion Care (CAC) services.

4.1.4 Higher Educational Institutions in the Research Area

The city of Pokhara has some important higher educational institutions. The notable higher educational institutions in Pokhara are, Institute of Foresty, Prithivi Narayan Campus, Western Regional Campus for Engineering, Nursing Campus, Pokhara University, Pokhara Engineering College, Manipal College of Medical Sciences, Kanya Campus, Janpriya Multiple Campus. The all educational institutions are providing qualitative education for the students.

4.2 Demographic Characteristics of the Respondents

This Sub-section deals with the demographic characteristics of the respondents that reflect their place and position both at the indoor and outdoor sphere of the given society. Characteristics like age, geographical distribution, marital status, education, children etc.

4.2.1: Distribution of the Respondents by Age Groups

Age is a biological factor contributes to social differentiation. This demographic variable has direct implications for several issues related socio-economic aspects of a population such as female population in the reproductive age, marital age of the female population etc.

Table no.4.2.1: Respondents classified according to age

SN.	Age Interval of the Respondents	Frequency	Percentage
1	16-20 years	135	67.5
2	21-25 years	61	30.5
3	26-30 years	4	2.0
Total		**200**	**100.0**

Source: Field Survey 2010

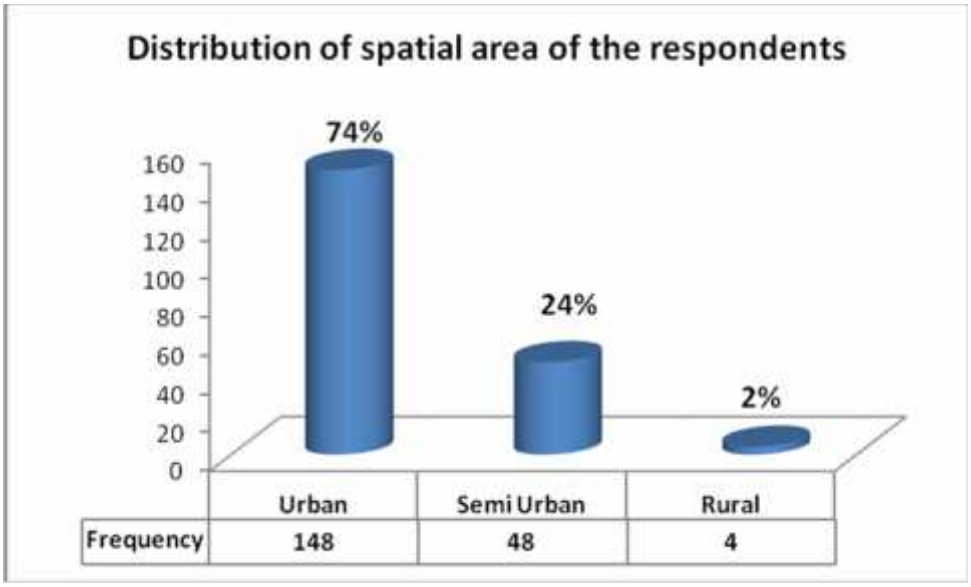
Table no.4.2.1 shows that majority of respondents 135 were age in between 16 to 20 years, that was 67.5% and lowest 4 respondents were belongs from age in between 26 to 30years, which was 2%. 61 respondents were age in between 21 to 25 years, which was 30.5%. So the finding shows that 100% students were represented from youth group that was age in between 15-29 years.

4.2.2: Geographical (Spatial) Distribution of the Respondents

Nepal is a predominately hilly and mountainous, landlocked country bordered by the People's Republic of China to the north and by India to the east, south, and west. It lies in the foothills of the Himalayas. The country has diverse cultures, climates, traditions, and languages. The total area of the country is 147,181 square kilometers and only about 14 percent of the population living in urban areas. Nepal has been divided into three distinct ecological zones and they are mountains, hills and terai *(*or

plains). The mountain zone ranges in altitude from 4877 meters to 8848 meters above sea level and because of the harsh terrain, transportation and communication facilities in this zone are limited and only about 7 percent of the total population lives there. The hill ecological zone is densely populated with about 44 percent of the total population of Nepal living there. This zone also includes a number of fertile valleys such as Kathmandu and Pokhara valleys. Although the terai is also rugged in this zone. Because of the higher concentration of people, transportation and communication are much more developed than in the mountains. The terai zones in the southern part of the country can be regarded as an extension of the relatively flat plains. Although it constitutes only about 23% of the total land area in Nepal, 49 percent of the populations live there. Transportation and communication facilities are more developed in this zone than in the other two zones of the country, and this has attracted newly emerging industries. Nepal has been divided into five developmental regions, 14 zones and 75 districts.

Figure no.4.2.2: Geographical distribution of the respondents (Rural verses urban)



The above figure no.4.2.2 shows that majority of respondents 148 were represented from urban areas and 48 respondents were represented from semi urban areas and lowest number of respondents 4 were represented from rural areas of Nepal.

4.2.3: Distribution of the Respondents by Education

Education is the measurement of the socio-economic development of a community and the nation. Education helps individual not only for her personal development but also providing knowledge and skills. Education is accepted as one of fundamental rights of a citizen and it is the more beneficial to the women. Maternal morbidity and mortality are closely related to literacy. Educating women will dramatically change the status themselves.

Table no. 4.2.3 (i): Distribution of the respondents by education

SN	Educational Level	Frequency and Percentage	Total
1	Inter mediate 1st Year	65 (32.5)	100
	Intermediate 2nd Year	35 (17.5)	
2	Bachelor 1st Year	47 (23.5)	100
	Bachelor 2nd Year	42 (21.0)	
	Bachelor 3rd year	11 (5.5)	
Total		**200**	**200**

Source: Field Survey 2010

Table no.4.2.3 (i) shows that equal numbers of respondents that was 100 were study in both inter and bachelor level, where as 65 respondents study in first year inter level and 35 respondents study in second year inter level. Similarly, in bachelor level where as, 47 respondents study in first year, 42 respondents study in second year and 11 respondents study in third year.

Figure no. 4.2.3(ii): Distribution of the respondents by education

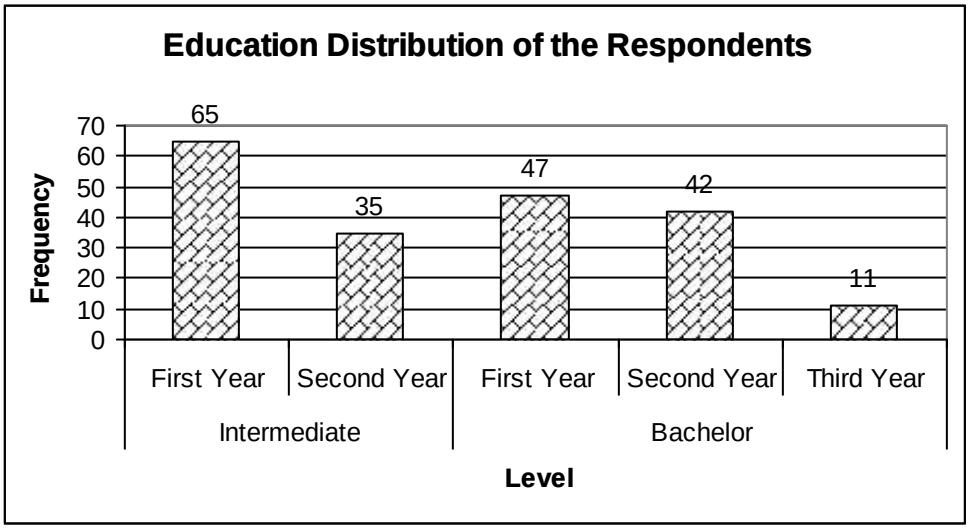
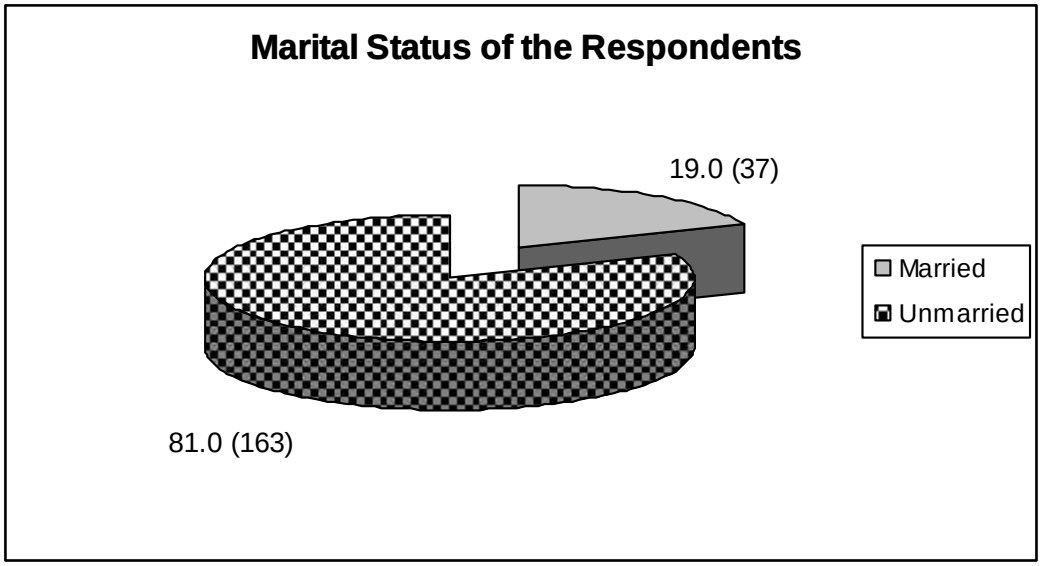


Figure no. 4.2.3 (ii) shows that total 100 respondents study in inter level, where as majority numbers of respondents that was 65 study in first year and 35 respondents study in second year. Similarly, 100 respondents study in bachelor level where as, 47 respondents study in first year, 42 respondents study in second year and 11 respondents study in third year.

4.2.4: Distribution of the Respondents according to Marital Status

Marriage has an overwhelming importance in a women's life. The event of marriage determines almost all her life options and subsequent livelihood. Marriage is a sacred institution. Marriage has a long- standing history. It has been in existence since time immemorial. There are various rules, norms and regulations to maintain the marriage system from society to society. According to Hindu tradition, marriage is essential for all for men or women. While man's life is not considered complete without a wife, a woman has no option but to marry. The husband becomes the leading power and the wife's circumstances in one of the ethical subordination (Uprety, 2008).

Figure no.4.2.4: Distribution of the respondents according to marital status



The above figure no. 4.2.4 shows that 37 respondents were married. And majority of respondents 163 were unmarried.

4.2.5: Distribution of Respondents by Age according to Marital Status

The recent amendment of Muluki Ain (Civil Code) 2020 increased the legal age at marriage for a girl to keep at par with that of a boy. As per the new 'Marriage Act' it is 18 years with the parental consent and 20 years without parental consent for both a boy and a girl. Prior to the new legalization law, the legal age at marriage for a girl was 16 years with parental consent and 18 years without parental consent. While for a boy, it was 18 and 21 respectively. Despite the law governing age for marriage, early or teenage marriages take place in the country. Many girls are still married off before twenty years of age because of unmarginized society, culture, customs and religion, uneducation, unemployment, poverty, pressure from parents. In Nepal among the 2.5 million girls aged between 15 and 19, half are already married and nearly a quarter are mothers or pregnant with their first child due to practice of early marriage. The UNFPA report states that 60 percent of girls marry before they turn 18 in Nepal.

Table no. 4.2.5 (i): Distribution of respondents by age according to marital status

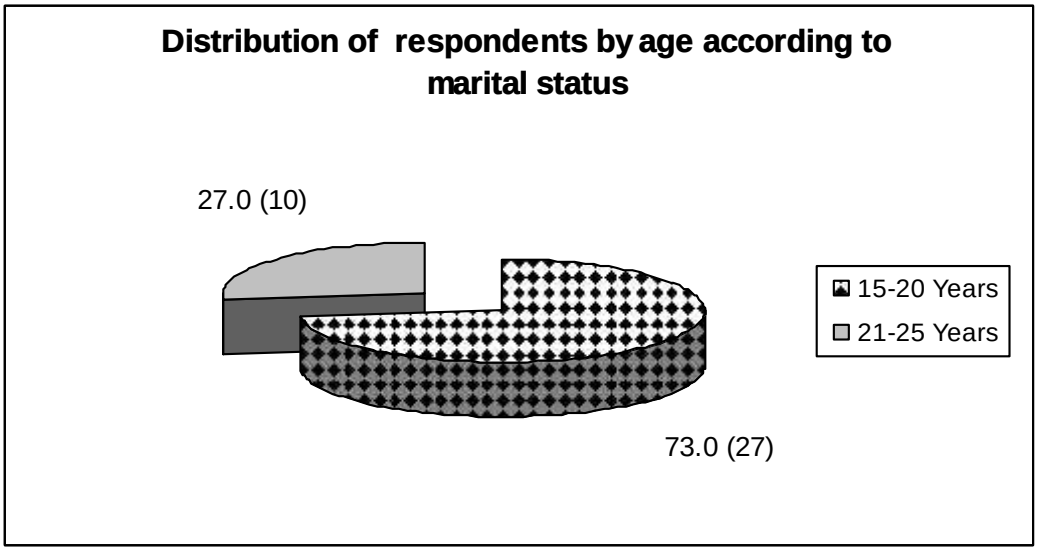
SN.	Age Interval according to Marital Status	Frequency	Percentage
1	15-20 years	27	73.3
2	21-25 years	10	27.0
Total		**37**	**100.0**

Source: Field Survey 2010

Above table no. 4.2.5 (i) shows that, among 37 respondents, majority of respondents 27 were married in between 15-20 years and lowest number of respondents 10 were married in between 21-25 years of age. So this result indicates that in Nepal still now educated girls also married before twenty years of age.

Figure no. 4.2.5 (ii): Distribution of respondents by age according to marital status

n=37



Above figure no. 4.2.5 shows that, among 37 respondents, lowest numbers of respondents 10 were married in between 21-25 years of age and majority of respondents 27 were married in between 15-20 years.

Summary

In demographic performa, the researcher included age, geographical distribution, marital status of the each respondents. The majority of respondents who were participated in this survey were adolescence college girls, who were representated from differents parts of the country. The majority of respondents were represented from urban areas and the majority of respondents were stuyding in intermediate level first year. The majority of respondents were unmarried but the respondents who were already married; they were married before 20 years old.

CHAPTER-V

5.1 Knowledge about Abortion Law

Knowledge means the facts, information, understanding and skills that a person has acquired through experience or education. The researcher wants to know the understanding, knowledge of the respondents which have perceived by themselves, or a specific idea, insight or intuition or cognizance by the senses or intellect.

5.1.1: Meaning of Abortion

The spontaneous or induced termination of pregnancy before the fetus reaches a viable age. The legal definitions of viability usually 22 to 28 weeks different form state to state. The abortion was spontaneous or induced. The term miscarriage is synonymous with abortion. Spontaneous abortion means naturally occurring abortion. And induced abortion means to abort the fetus through artificial means. The induced abortion may be legal or illegal (criminal).

Table no. 5.1.1: Respondents classfied according to knowledge of abortion

SN	Items	Frequency	Percentage
1	Natural termination of the pregnancy	34	17.0
2	Artificial termination of the Pregnancy	82	41.0
3	Both of the above	76	38.0
4	Non of the above	8	4.0
Total		**200**	**100.0**

Source: Field Survey 2010

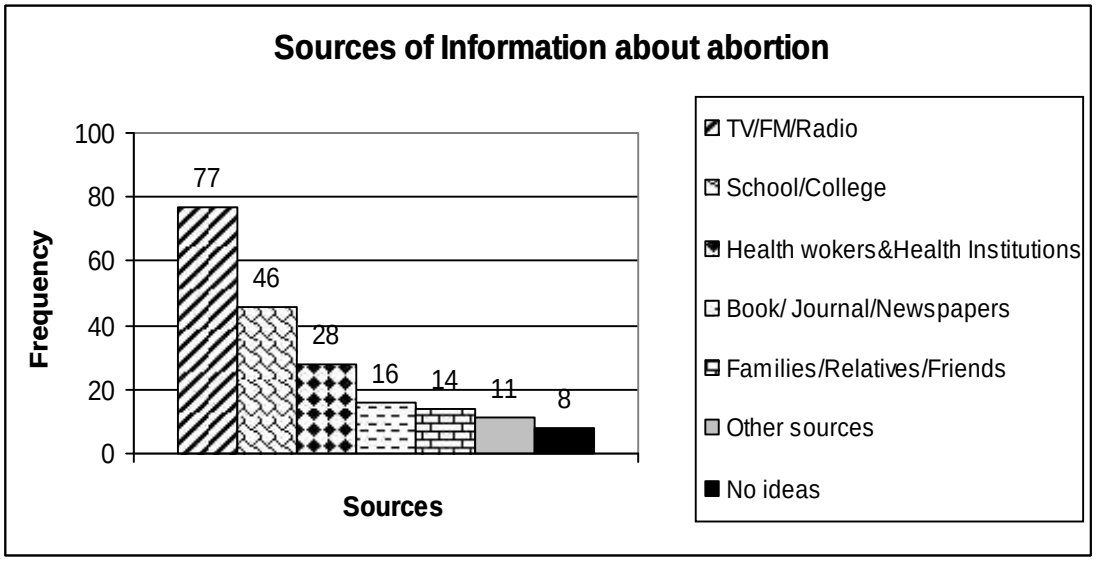
Table no. 5.1.1 shows that, the majority of number of respondents 82 said that, the meaning of abortion was artificial termination of pregnancy and 34 respondents said that abortion happened due to naturally. 76 respondents said that the meaning of

abortion included both natural and artificial termination of pregnancy. Lowest number of respondents 8 said that the all given answers were incorrect.

5.1.2: Sources of Information about Abortion

Health communication is a key strategy to inform the public about health concerns and to maintain important health issuses on the public agenda. The use of the mass and multi media and other technological innovations to disseminate useful health information to the public, increase awareness of specific aspects of individual and collective health as well as importance of health in development. Health communication is directed towards improving the health status of individuals and populations. Health communication becomes an increasingly important element at achieving greater enpowernment of individuals and communities.

Figure no.5.1.2: Sources of information about abortion



Above figure no. 5.1.2 shows that, the majority of numbers of respondents 77 got sources of health information from TV/FM/Radio. 46 respondents got health information from schools and colleges. 28 respondents got information from health workers and health institutions. Similarly, 16 respondents got health information from book, journals, news papers, 14 respondents got health information from their own families' members, relatives and friends, 11 respondents got health information from other sources and finally 8 respondents had no ideas about sources of health information respectively.

5.1.3 Statement on Safe Abortion

Safe abortion means, It is a legal termination of pregnancy provided by listed qualified medical practioner from the listed health service organizations and there is no any risk for women's life.

Table no.5.1.3: **Opinion towards the statement on safe abortion**

S.N	Educational Level	Agree	Disagree	Total
1	Intermediate Level	91 (45.5)	9 (4.5)	100
2	Bachelor Level	93 (46.5)	7 (3.5)	100
Total		**184**	**16**	**200**

Source: Field Survey 2010

The above table no. 5.1.3 shows that, the total numbers of respondents 184 were agree about the given statement on safe abortion where as, majority of bachelor level of respondents 93 were agree about given statement and similarly 91 intermediate level of respondents were also agree about it. The total numbers of respondents 16 were disagree about the given statement on safe abortion, where as 9 respondents from intermediate level and 7 respondents from bachelor level.

5.1.4: Cause of Abortion

In Nepal the main reason for women seeking for abortion are in-relations to women's social and demographic characteristics. The most common reasons for having an abortion are to postpone or stop childbearing after completing the family. The second most common reasons are socioeconomic concerns includes avoiding taking responsibilities as a parent because after child birth, the parent will be given more concentration and spending time on child care so it cause disruption of education or employment. Other common reasons are also concerns on socio-economic reasons like unemployment, poverty, early marriage, inability to afford additional children for extra other expenses. The third reasons for Nepalese women seeking for abortion are to prevent from unmarried mother. The fourth common

reason for Nepalese women seeking for abortion are due to medical cause like health hazard for pregnant women and malformation of the fetus and the last common reason is son preferences.

Table no.5.1.4: Attitudes towards the cause of abortion

SN	Items	Frequency	Percentage
1	Avoid responsibilities as a parent	20	10.0
2	Gender discrimination (Son Preferences)	110	55.0
3	Defect embryo and Mother's health hazard	4	2.0
4	Unmarried mother	37	18.5
5	Complete family	29	14.5
Total		**200**	**100.0**

Source: Field Survey 2010

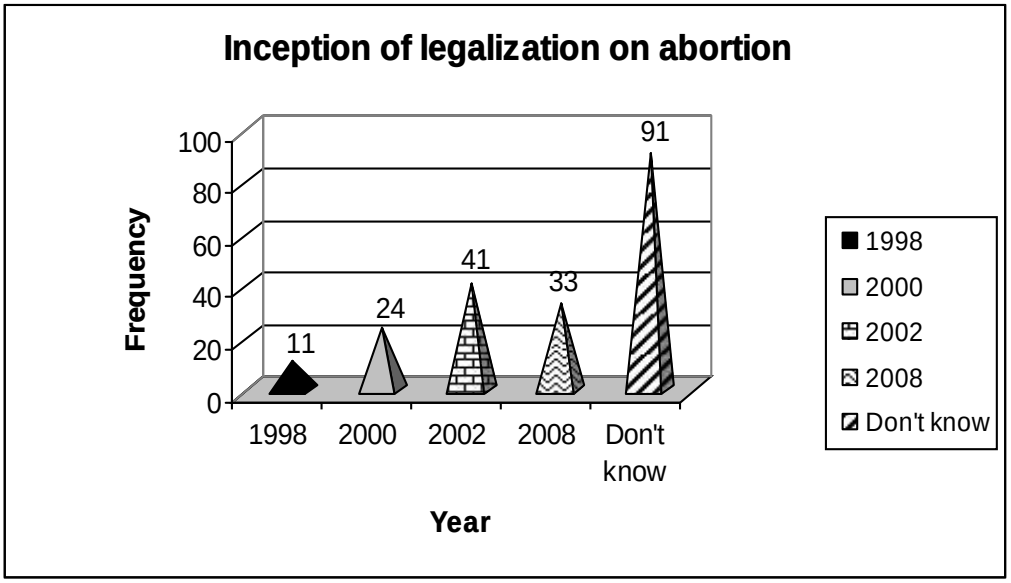
Table no. 5.1.4 shows that, the majority numbers of respondents 110 gave opinion about cause of major Nepalese women seeking for abortion was son preferences (gender discrimination) and lowest numbers of respondents 4 gave opinion about abortion performed in Nepal due to defect in embryo and health hazard of the mothers. Similarly, 20 respondents said that abortion performed in Nepal due to parent avoid to take responsibilities, 37 respondents said that abortion performed due to unmarried mother and 29 respondents said that abortion performed due to complete family respectively.

5.1.5: Inception of Legalization on Abortion

Legalization means acting in conformity with law or created or permitted by law. Nepal made a historical achievement in reproductive health and rights for women in March 2002, when the House of Representatives passed the 11th amendment of the Muluki Ain (Civil Code) six years after it was registered in the Parliament and the Royal Seal of approval was given by the King in September 2002. The abortion legislation was an outcome of persistent advocacy efforts of many rights based

organizations and activists supported by research studies and public opinion polls that helped to create favorable environment for the lawmakers to pass the 11th Amendment of Muluki Ain (Civil Code). The strength on which the advocacy messages are built based on the premises that 'existing high level of maternal mortality in the country is due to unsafe abortions' and the maternal mortality levels can be reduced drastically, once women have access to 'legal and safe abortion'.

Figure no 5.1.5: Knowledge about inception of legalization on abortion



Above figure no. 5.1.5 shows that, out of the 200 respondents; 41 said that abortion was legalized in Nepal in 2002, which is the correct year of legalization abortion in Nepal. However, majority could not identify which year it was legalized; 11 respondents said that abortion legalized in 1998 similarly, 24 respondents said that abortion legalized in Nepal in 2000 and 33 respondents said that it legalized in 2008. Majority numbers of respondents 91 said that they have no any ideas about it.

5.1.6: Termination of Pregnancy by Self Discretion by Women

According to the legal provision for abortion law in the Nepal, if the pregnant woman wants to terminate the pregnancy by her own decision then she can terminated the pregnancy within the 12 weeks of gestation by on the request of the pregnant women.

Table no.5.1.6: Respondent's knowledge about timing of pregnancy that can terminate by self discretion of pregnant women

S.N	Educational Level	Termination of Pregnancy in Weeks				Total
		12 weeks	16 weeks	20 weeks	24 weeks	
1	Intermediate	59 (29.5)	22 (11.0)	11 (5.5)	8 (4.0)	100
2	Bachelor	77 (38.5)	16 (8.0)	4 (2.0)	3 (1.5)	100
Total		**136**	**38**	**15**	**11**	**200**

Source: Field Survey 2010

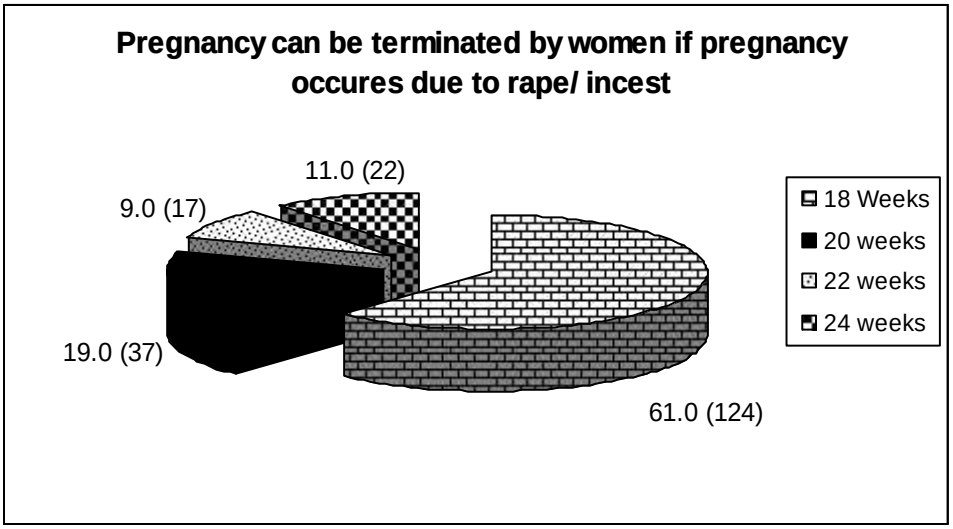
The table no. 5.1.6 shows that majority number of the respondents 136 gave correct answer for pregnancy can be terminated by self discretion by women was within 12 weeks and less number of respondents 11 said that pregnancy can be terminated by self decision by women within 24 weeks. Remaining 38 respondents and 15 respondents said that pregnancy can be terminated by self discretion by women within 16 weeks and within 20 weeks respectively.

5.1.7: Termination of Pregnancy by Women and Rape/Incest

Rape is sexual intercourse with a woman by a man without her consent and chiefly by force or deception. Incest is sexual intercourse between close relatives that is illegal in the jurisdiction where it takes place and or is socially taboo. The type of sexual activity and the nature of the relationship between people that constitutes a breach of law or social taboo vary with culture and jurisdiction. Some societies consider incest to include only those who live in the same household, or who belong to the same clan or lineage; other societies consider it to include 'blood relatives'; other societies further include those related by adoption or marriage.

In Nepal, the abortion law also discourages the pregnancy which occurred by rape or incest. Pregnant women can take decision for termination of pregnancy within 18 weeks of gestation if pregnancy happened by rape or incest.

Figure no. 5.1.7: Respondent's knowledge about timing of pregnancy can be aborted if pregnancy occurs due to rape/incest

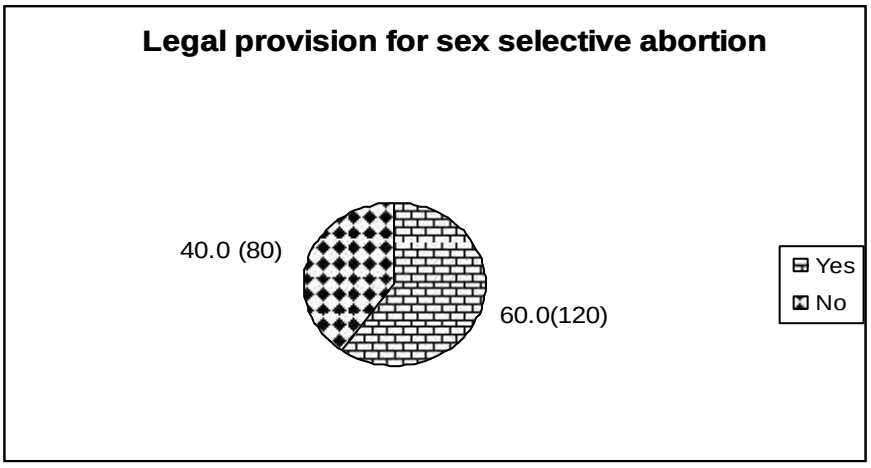


The figure no. 5.1.7 shows that The majority number of the respondents 124 said that, the pregnancy can be terminated by women within 18 weeks is consideration on in legal abortion law; if in case pregnancy occurred due to rape or incest. Lowest numbers of respondents 17 said that pregnancy can be terminated within 22 weeks. Similarly, 37 respondents said that pregnancy can be terminated by women within 20 weeks and 22 respondents said that pregnancy can be terminated by within 24 weeks according to legal consideration of abortion law in Nepal.

5.1.8: Legal Provision for Sex-selective Abortion

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

Figure no.5.1.8: Knowledge about the legal provision for sex-selective abortion



The above figure no. 5.1.8 shows that, the majority of respondents 120 said that the pregnancy can be terminated by selection of sex were consideration in legal abortion in Nepal. And 80 respondents said that there is no legal provision for termination of pregnancy by selection of sex.

5.1.9: Reason for Sex-selective Abortion

Sons are preferred than daughter by Nepalese parents mainly for socioeconomic and religious reasons. Sex preferences in particular, as a major determinant of family size is influenced by son preferences (Arnold et.al., 1975). Other factors like continuity of the family name, religious rituals, and ancestor worship as important reasons for wanting sons in Nepalese society. Most of the Nepalese communities' sons are highly prized; the birth of a son may be an occasion for celebration, where as a new daughter is almost causing for commiseration. Furthermore, mostly boys attend schools, and boys are better fed and better clothed. In the patriarchal society, son biasness exists in each family. Studies show that Nepal has the second highest index of son preferences in the world. The birth of a girl in a family is seen as a curse. It is partly due to the fact that the son is treated as insurance for the old age (who is expected to take care of them) and party as the driving forces to send them to heaven after the death.

Table no.5.1.9: Attitudes towards reason for sex-selective abortion

SN	Items	Frequency	Percentage
1	Gender discrimination	81	40.5
2	Oppress*ion* and exploitation against women	14	7.0
3	Influences by cultural factor	9	4.5
4	Influences by social factor	2	1.0
5	All of the above	94	47.0
Total		**200**	**100.0**

Source: Field Survey 2010

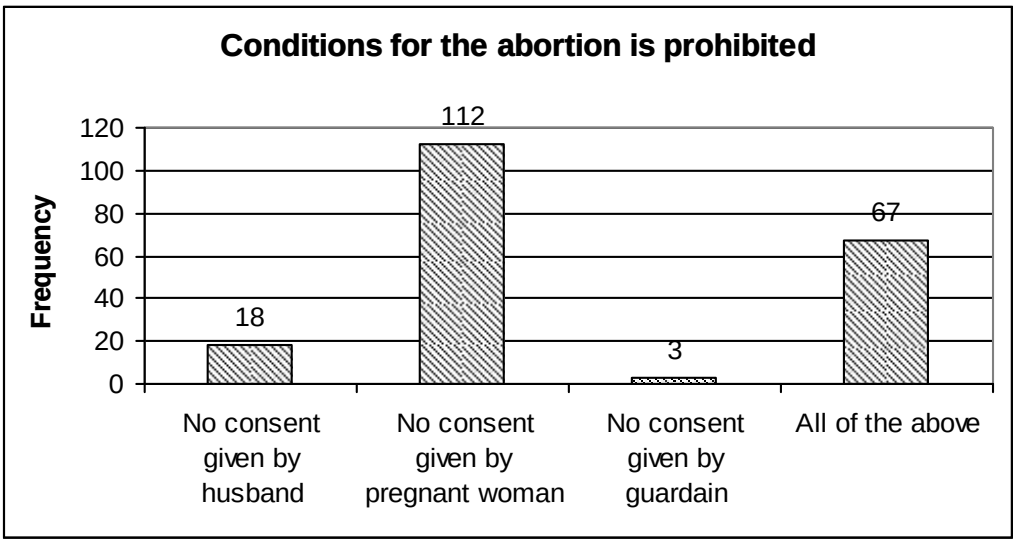
Above Table no. 5.1.9 shows that, the majority numbers of respondents 94 gave opinion about the causes for performed abortion in Nepal according to selection of

sex was due to gender discrimination, oppression and exploitation against women and influences by cultural as well as social factors. 81 respondents said that abortion performed in Nepal according to selection of sex due to gender discrimination and 14 respondents said that abortion performed due to oppression and exploitation against women. The abortion performed in Nepal due selection of sex that was influences by cultural factors said 9 respondents and influences by social factors said by only 2 respondents.

5.1.10: Conditions for the Abortion is Prohibited

Consent means the granting of permission by the patient for another person to perform an act e.g. permission for a surgical or therapeutic procedure or experiment to be performed by healthcare professional. In the context of abortion procedure, only the pregnant women hold the right to choose to continue or discontinue the pregnancy, which is based on certain consideration of abortion law in the Nepal.

Figure no.5.1.10: Knowledge about the in which conditions the abortion is prohibited



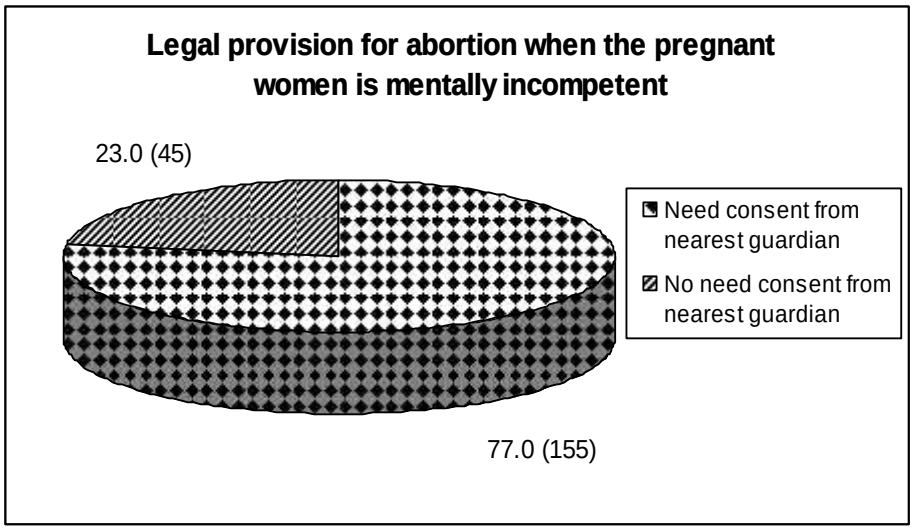
Above figure a no. 5.1.10 show that, according to legal provision on abortion law in Nepal, the abortion is prohibited if not consent given by pregnant women and majority of respondents 112 said, need consent from pregnant lady for to performed abortion. Similarly, 18 respondents said that need consent from husband and 3 respondents said that consent needed from guardian for to perform the abortion.

Remaining 67 respondents said that for termination of pregnancy; consent needed from all persons like husband, pregnant lady and guardian.

5.1.11: Legal Provision on Abortion for Mentally Incompetent Women

People are considered mentally incompetent if they suffer from a disorder or illness that renders them unable to make sound judgments concerning their welfare or the welfare of others whom they are responsible for. The need to legally define mental incompetence falls under such categories as criminal law, estate and financial planning, child custody and health care decisions. An incompetent prospective subject is a person who has either been adjudicated to lack the capacity to give informed consent or is judged by the investigator to lack the capacity to give informed consent.

Figure no. 5.1.11: Knowledge about the legal provision for abortion when the pregnant woman is mentally incompetent



The figure no. 5.1.11 shows that, majority numbers of the respondents 155 said that if below 16 years of pregnant women who is mentally incompetent, she could perform abortion after written consent given from her nearest guardian. And lowest number of respondents that was 45 said no need for consent from guardian to performed abortion.

5.1.12: Unmarried Mother and Right on Abortion

An unwanted pregnancy in an unmarried adolescent girl can either result to induced abortion or early and unplanned marriage (through elopement, or under coercion by parents). The 'single mother' concept is not yet acceptable in Nepalese society. Because of the social stigma and the fear of being exposed of the abortion act (if performed in health institutions), unintended pregnancies are terminated clandestinely with the assistance of unskilled persons. Moreover, such abortions are likely to take place later in the pregnancy thereby involving greater risks to life, health and future fertility of the young girl. Suicide is the extreme measure taken by a young girl because of an unwanted pregnancy. However, such incidence occasionally occurs in the country. Effective contraceptive use including knowledge about emergency contraception (EC) is helps to reducing unintended pregnancies and consequent outcomes such as complication during pregnancy and abortion rates. The Nepalese abortion law safeguards the rights of an unmarried woman to abortion. So that, it is right for abortion performed by unmarried women.

Figure no.5.1.12: Attitudes towards the right to have an abortion for unmarried mother

S.N	Marital Status	Yes	No	Total
1	Married	29 (78 .0)	8 (22.0)	37 (100.0)
2	Unmarried	99 (61.0)	64 (39.0)	163 (100.0)
Total		**128**	**72**	**200**

S.N	Educational Level	Yes	No	Total
1	Intermediate	54 (27.0)	46 (23.0)	100
2	Bachelor	74 (37.0)	26 (13.0)	100
Total		**128**	**72**	**200**

Source: Field Survey 2010

The above figure no. 5.1.12 shows that majority number of the respondents 128 were favor on to abort pregnancy by unmarried mother. Where as, according to marital status majority of married respondents 29 and according to educational level bachelor students 74 were favor on to abort pregnancy by unmarried mother. And

remaining 72 respondents disagreed and not favor for pregnancy abort by unmarried mother; where as 64 respondents came from unmarried category and 46 respondents came from intermediate level category were not favor on to abort pregnancy by unmarried mother.

5.1.13: Impact of Legal Abortion on Unmarried Mother

Legalization on abortion law cannot impact on possibility of increase in unmarried mother because; the family planning devices (contraceptives) can be used by both married and unmarried people to prevent from unplanned and unwanted pregnancies. And there are also emergency contraceptives (EC) methods available, so unwanted pregnancy can be prevented by both married and unmarried mother; but the main problem is the majority of Nepalese women have no knowledge and ideas about it because of lacking on education, not sufficient communication media for health education, unmarginalized society, conservative society and some women have knowledge about it but due to shame, fear, she can't exposed openly.

Table no.5.1.13: Attitudes towards the impact of legal abortion on unmarried mother

S.N	Educational Level	Agree	Disagree	Total
1	Intermediate	59 (29.5)	41 (20.5)	100
2	Bachelor	77 (38.5)	23 (11.5)	100
Total		**136**	**64**	**200**

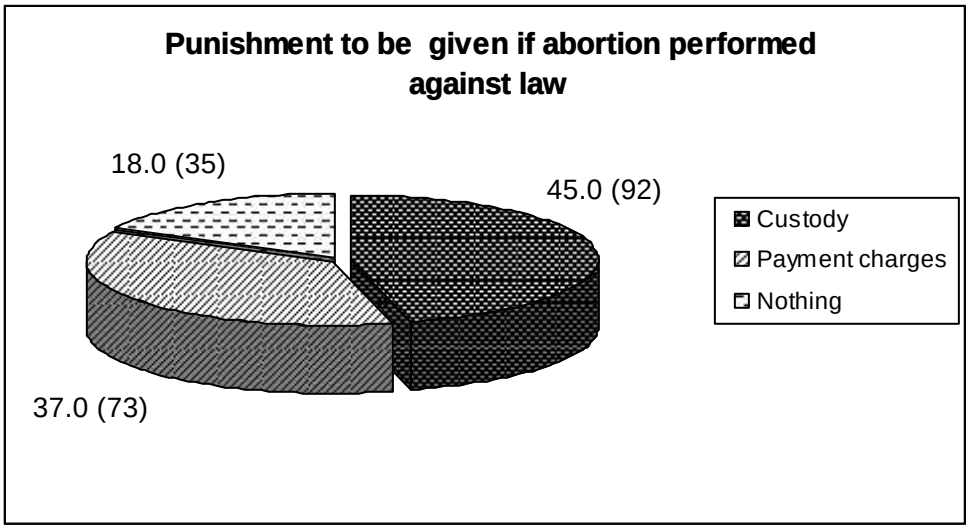
Source: Field Survey 2010

The table no. 5.1.13 shows that majority number of the respondents 136 said that legalization of abortion law can impact possibility of increase unmarried mother, where as the majority of bachelor level of students 77 agreed about it. And 64 respondents said that the legal abortion can't impact for increase unmarried mother where as majority of intermediate level of students 41 were disagreed about it.

5.1.14: Illegal Abortion and Punishment

If abortion is performed against law, both the persons who involved in abortion i.e. one person who did abortion and another person who came for abortion that is patient and patient's party both are taken on custody.

Figure no.5.1.14: Knowledge about the punishment to be given if abortion performed against law



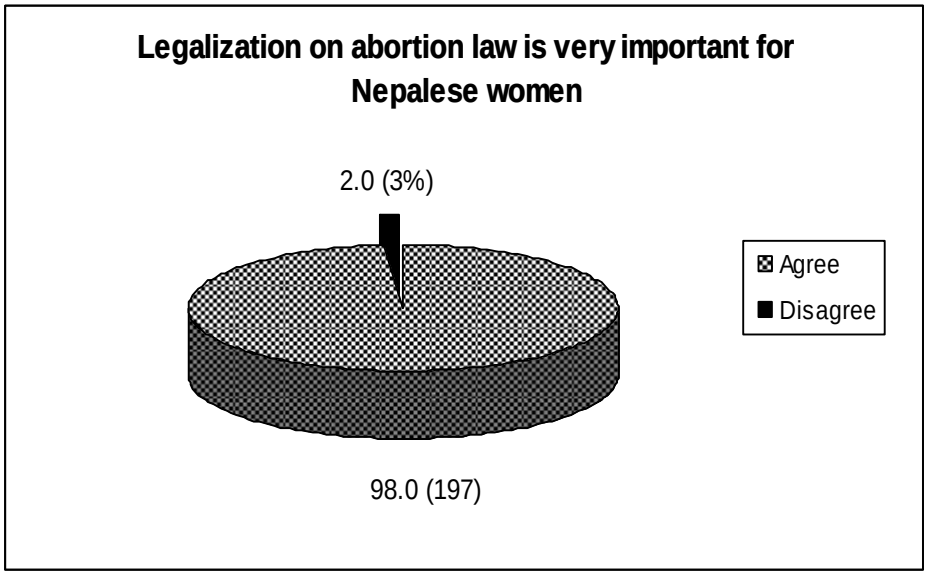
The figure no. 5.1.14 shows that, the majority numbers of respondents 92 said that custody was a right answer. Similarly, 73 respondents said that a payment charge was a correct answer and 35 respondents said that no any punishment given for both of them.

5.1.15: Importance of Legal Abortion for Women

Reproductive health right is one of the basic human rights of women. Nepal has one of the highest maternal mortality rates in the world. And it is estimated that more than half of these deaths are due to unsafe abortion (FWLD). Safe and efficient health services can usually improved the general health of the people. Nepal has already liberalized the law of abortion and in the past decade maternal mortality has significantly decreased from 539 to 281 per 100000 live births (MoHP). If the unsafe abortion rate will drop and safely of the procedure will improve, then it directly affects the women's sexual and reproductive rights as well as decrease maternal mortality and morbidity rates. The legalization of abortion was just the first step for

improvement for women's health. The knowledge regarding legal abortion among Nepalese women helps them to make informed decisions about to choose their reproductive rights and they should communicate the information and share about these health matters with their families, relatives, friends and their communities. So, knowledge regarding legalization on abortion law is very important for Nepalese women.

Figure no. 5.1.15: Attitudes towards the legalization on abortion law is very important for Nepalese women



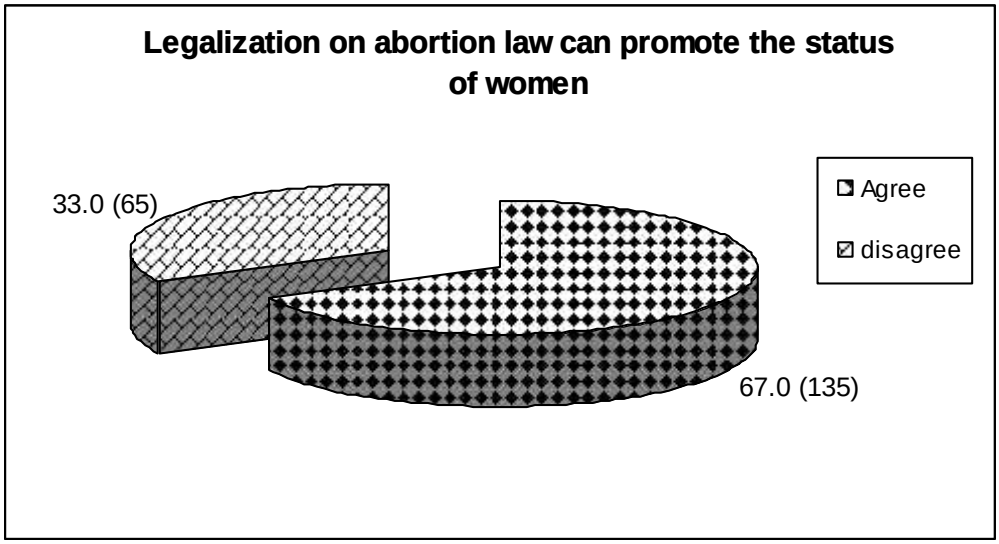
The above figure no. 5.1.15 shows that majority of respondents 197 considered that women's health improved after abortion has been legalized. So, majority of respondents advocated about knowledge regarding abortion law is very important for Nepalese women. Out of 200 respondents, only 3 respondents said that it was not important for Nepalese women.

5.1.16: Legal Abortion and Promotion of the Status of the Women

Legalization of abortion in any country is the first and the most important step to save women from dying and deformities caused by unsafe abortions. However, maternal mortality and morbidity cannot be reduced by legal reform alone. Increasing public awareness about their legal rights to abortion and the health consequences of unsafe abortion practices, expanding access to safe and affordable

abortion care are important interventions that need to be carried out without much delay. If Nepalese women have knowledge regarding legalization on abortion law then it motivates the women and increases awareness about where to go to find a specialized centre for abortion and where to find an authorized doctor. If young women are to make informed decisions, they should be told through the mass media where they can go. So legalization on abortion law in Nepal cause positive impact on society because it helps to reduce maternal mortality and morbidity rate due to unsafe abortion, prevent from women from prison as well as it protects the women reproductive rights.

Figure no. 5.1.16: Attitudes towards the legalization on abortion promotes the status of women



The above figure no. 5.1.16 show that, the majority of respondents 135 were positive perspective about legal abortion and said legalization on abortion can have positive impact in society as well as it promote the status of the women in society. And 65 respondents said that legalization on abortion law can cause negative impact on Nepalese society and can not promote the women's status in society.

5.1.17: Comprehensive Abortion Care (CAC)

Comprehensive Abortion Care (CAC) services means elective abortion performed at the request of the women is based on legal criteria, along with counseling for contractive use and medical care after services. After legalization of abortion, the

procedural order was approved in December 15th in 2003 and from that time onwards abortion services became legalized in Nepal. The National Abortion Policy 2002 guarantees access to safe and affordable abortion services to every woman without discrimination. The CAC services is affordable by all because its charge is minimum, we paid only Rs. 1000 to receive CAC services. CAC services provide quality services for people because it provided by listed qualified medical practioner from the listed health service organizations and there is no any risk for women's life.

Table no. 5.1.17: Knowledge and meaning of Comprehensive Abortion Care

SN	Items	Frequency	Percentage
1	Perform abortion based on legal criteria by request from pregnant women	25	39.5
2	Provides counseling for contraceptives	13	20.5
3	Medical care after abortion	5	8.0
4	All of the above	20	32.0
Total		**63**	**100.0**

Source: Field survey 2010

The above table shows that, total 200 respondents; only 63 respondents have ideas about Comprehensive Abortion Care services. Among 63 respondents only 20 respondents gave correct answer of the meaning of the CAC. Remaining 25 respondents said that CAC services means abortion done according to the request by pregnant mother, 13 respondents said that CAC services means it provides counselling services for contraceptives and 5 respondents said that it means medical care after abortion respectively.

5.2 Knowledge about Abortion Law and its Relation to Variables

According to Webster, there are several definitions on variable which are used in research. “Variable is able to vary or alter, susceptible to change, having no fixed value.” “When applied to research, variables are classified *as* independent or dependent” “Variables are things that we measure, control, or manipulate in research” .

Independent Variable," That factor which is measured, manipulated, or selected by the experimenter to determine its relationship to an observed phenomenon”. In a research study, independent variables are antecedent conditions that are presumed to affect a dependent variable. They are either manipulated by the researcher or are observed by the researcher so that their values can be related to that of the dependent variable. Dependent Variable**, “**That factor which is observed and measured to determine the effect of the independent variable, i.e., that factor that appears, disappears, or varies as the experimenter introduces, removes, or varies the independent variable.” In a research study, the independent variable defines a principal focus of research interest. It is the consequent variable that is presumably affected by one or more independent variables that are either manipulated by the researcher or observed by the researcher and regarded as antecedent conditions that determine the value of the dependent variable.

5.2.1: Knowledge about Abortion Law according to Rating Scale

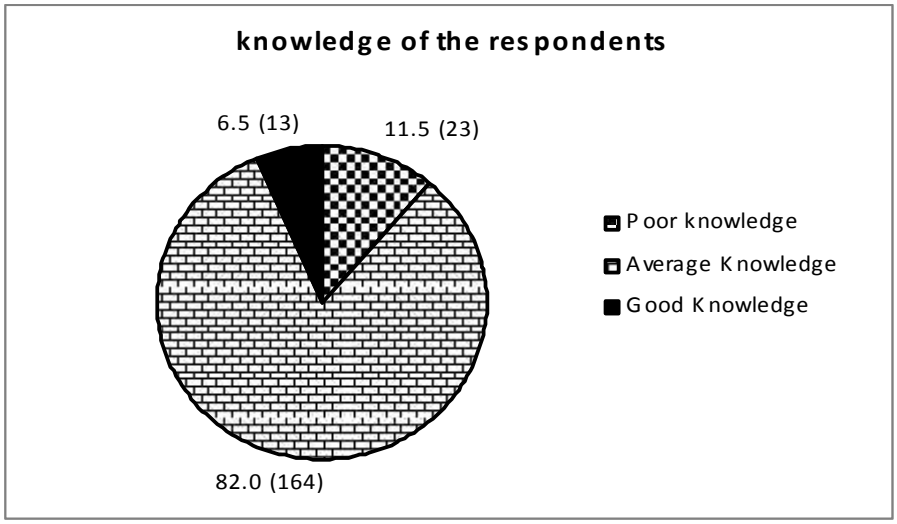
Rating scales are one of the commonly used evaluating tools and it is used in especially in individual’s evaluation. In this measuring scale, different attributes are listed down with 3 to 5 or more points given to the category and the evaluator define the criteria for the obtaining the scores. The evaluator can judge anyone which is based on the given criteria or performance of the individual. One reason why this rating scale is so popular is because of the simple mechanisms that it involves, making it easier for the evaluation **(Marriner, Tomey, 2009).**

In this survey, the researcher included 200 respondents as a sample size. The prepared tool was based on the structured questionnaire for to collect the data. The tool was consisted of 17 multiple choice questions to assess the knowledge on legalization on abortion law in Nepal among college studying youth girls. Each correct answer carried a score of one and each wrong answer carried a score of zero. The scores were categorized arbitrarily as good (12-17), fair (7-12) poor (1 -7) scores. The maximum score was seventeen and minimum score was one.

The researcher defines the criteria to evaluate the knowledge regarding abortion law of the Nepal among respondents were as follows:

- **Poor Knowledge -** It indicate less knowledge in between 1-7 score. Because the researcher included some questions were very easy and suitable for all categories of the respondents and each respondent can be obtained minimum 5 scores from the knowledge related questionnaire. The evaluation tool was based on evaluator judgement so, the researcher rating the poor knowledge in between 1-7 scores.
- **Average Knowledge-** It should be expected the knowledge scores in between 7-12 scores. It also categorized in fair knowledge. The researcher developed the structured questionnaire for to collect the data and in this questionnaire the researcher included 10 questions from provisions of abortion law in the Nepal. So, researcher divided the average knowledge and good knowledge according to respondent's obtained 50% scores from provision of abortion related questions.
- **Good Knowledge-** It should be expected the knowledge score in between 12-17 scores.

Figure no. 5.2.1 (i): Knowledge about abortion law of the respondents according to rating scale



Above figure shows that the majority of respondents 164 had categorized in average knowledge regarding legal abortion of the Nepal; they obtained in between 7- 12 scores. Lowest numbers of respondents i.e. 13 had categorized in good knowledge because they obtained in between 12-17 scores. And 23 respondents had categorized in poor knowledge because they obtained 1-7 scores.

Table no. 5.2.1 (ii): Rating scale for Knowledge about abortion law of the respondents according to education

S.N	Education Level	Knowledge of the Respondents			Total
		Poor	Average	Good	
1	Intermediate	11	85	4	100
2	Bachelor	12	79	9	100
Total		**23**	**164**	**13**	**200**

Source: Field Survey, 2010

The above table shows that the total intermediate level of respondents and total bachelor level of respondents both were 100. Majority of 85 respondents obtained average knowledge category from intermediate level and similarly, majority of 79 respondents obtained average knowledge category from bachelor level. In poor knowledge categories, 11 respondents from intermediate level and 12 respondents from bachelor level. Good knowledge obtained by both levels, where as 4 respondents belong from intermediate and 9 respondents belong from bachelor level.

5.2.2: Knowledge about Abortion Law according to Marital Status

The researcher's assumption that married women have more knowledge about abortion law of the Nepal in comparison to unmarried mother because they are married and they may be conscious to prevent from conception. So, for avoiding the conception, she may use different methods of family planning devices. If accidentally pregnancy may be occurred then married women have some ideas and knowledge about it for example where to go for medical help for continue or discontinue for the pregnancy. She can share openly and getting information regarding abortion services from health services providers, families, friends, even from her husband.

Table no.5.2.2: Respondent's knowledge about abortion law according to marital status

S.N	Marital Status	Frequency	Obtained score	Mean	Mean Percentage
1	Married	37	373	10.0	59.0
2	Unmarried	163	1603	9.8	58.0
Total		**200**	**1976**	**10.0**	**59.0**

Source: Field Survey, 2010

The above table shows that the knowledge regarding married women was little greater knowledge about abortion law in comparison to unmarried women. The number of married women i.e. 37 obtained 10.0 mean score regarding knowledge on legal abortion of the Nepal and unmarried women who were 163, obtained 9.8 mean score regarding knowledge on legal abortion.

5.2.3: Association between Education and Knowledge Scores

Education is one of the important factors that determines the capability of a person to handle different tasks, and to be involved in the different activities. In general, the researcher is assumed that the person with higher educational background is considered as the person with more knowledge. So, it is obvious that educational background is also the important variable that determines the level of knowledge. In this survey, the researcher involved the educated women/ girls above school leaving certificates. The respondents were studying in different level of educational

background. In this survey, the respondents were involved from inter-mediate first year, inter-mediate second year, bachelor first year, bachelor second year and bachelor third year.

Table no.5.2.3: Association between of education and knowledge scores

S.N	Education Level	Frequency	Obtained score	Mean	Mean Percentage
1	Inter Mediate First Year	65	628	9.6	57.0
2	Inter Mediate Second Year	35	333	9.5	56.0
3	Bachelor First Year	47	453	9.6	57.0
4	Bachelor Second Year	42	441	10.5	62.0
5	Bachelor Third Year	11	124	11.2	66.0
Total		**200**	**1976**	**10.0**	**59.0**

Source: Field Survey, 2010

The above table no 5.2.3 shows that, according to level of education, knowledge about legalization on abortion law was greater knowledge in higher educated respondents than others, here intermediate-first year obtained total scores 628 and the mean percentage was 57%, inter-mediate second year obtained total scores was 333 and mean percentage was 56%, bachelor first year respondents obtained total scores was 453 and the mean percentage was 57%, bachelor second year respondents obtained total scores was 441 and mean percentage was 62%, and bachelor third year respondents obtained total scores was 124 and mean percentage was 66% respectively. All together the 200 respondents had obtained knowledge regarding legalization on abortion law was 10.0 mean score, that was 59%.

Summary

The chapter v deals with the knowledge about abortion law of the Nepal among college studying youth girls. The total 200 respondents were included for the purpose for collecting the data. The 100% of the students heard about the word of 'Abortion'. Majority of the respondents said that meaning of abortion was artificial induced abortion and it was a correct meaning of abortion. Majority of the

respondents did not give correct answer for when abortion is legalized. The respondents got the main sources for health information on abortion from F.M/T.V./ Radio. Majority of the respondents agreed about safe abortion statement. According to respondents' opinion, the majority of Nepalese women who were seeking for abortion was due to the cause of gender discrimination; it means sons preferences. So that, most of the respondents said that sex selection has considered on abortion law of the Nepal. Majority of the respondents gave opinion about need for pregnant women's consent to perform the abortion. Majority of the respondents agreed about abortion can be performed by unmarried mother and it is right for them but they also gave opinion about it would be possible cause of increase number of unmarried mother. The majority of the respondents said and agreed about the knowledge on abortion law is very important for Nepalese women. The respondents gave various opinions about the impact on society after legalization of abortion law in Nepal but the majority of respondents said that the legal abortion has positive impact on the Nepalese society and it promote the status of the women. The respondents had less knowledge on meaning of CAC and their services. They had obtained as a total average knowledge scores on knowledge about abortion law of the Nepal. Where as, majority of the respondents (164) had obtained fair knowledge about legal abortion, 23 respondents had obtained poor knowledge and 13 respondents had obtained good knowledge respectively. Married respondents were little greater knowledge than unmarried respondents that was 59%. According to level of education, knowledge about legalization on abortion law was greater knowledge in higher educated respondents than others.

CHAPTER–VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Summary

Reproductive health right is one of the basic human rights of women. After continuous efforts of civil societies and international pressure to the government, the Eleventh Amendment of the country code providing the right to abortion to women has been passed. Through the new law is a great achievement for the Nepalese women. The prohibition of abortion in Nepal posed serious risks to women's health and disregarded their human rights. Nepal has one of the highest maternal mortality rates in the world and it is estimated that more than half of these deaths are due to unsafe abortions. Illegal abortions have caused a serious of human rights transgression. Maternal mortality rate in the nation has gone down significantly after the endorsement of the 'Safe Abortion Procedural' order and the related policies on legal abortion approved by Nepali parliament in 2002. However, women still are falling pregnancy of unwanted pregnancy pushing them towards unsafe abortion due to lack of awareness putting themselves at high risk of mortality and morbidity.

So this study conducted to explore the knowledge about legalization on abortion law among college studying youth girls and the respondents who were participated in this study were included from two educational institutions of the Pokhara, Nepal (Janpriya Multiple Campus and Kanya Campus). This study will be helpful to the health care provider, who are directly involved in providing services regarding women’s health. It has yielded some important information which can be very fruitful for the betterment of the given information about legal abortion. It will be also useful for researcher because researcher belongs from health background. This survey also will be very useful for community people, students, Nepalese women, health institutions for to gain knowledge on legal abortion. This study has provided

guidelines to government, NGO, INGO, and development agencies for future improvements. Likewise, this study is helpful in providing some information needed by the agencies concerned with similar problems. Health cannot be isolated with its social context. The last few decades have shown that social and economics factors have as much influence on health and medical interventions. All these factors have a direct bearing on the incidence, course and outcome of wide variety of health problems in setting the world today. Poverty, lack of education, unemployment, lack of access to medical facilities, cultural and behavioral factors all predispose to ill health. As a result, for the new outlook concepts of Sociology are increasingly being used in this study in human societies.

Descriptive and exploratory research designs were used in order to gain the objectives of this study. The both research design methods to gain more information about the interrelationship between knowledge on legal abortion and different social variables. Primary and secondary sources were adopted. However more priority was given to the collection of primary data.

The total sample size was 200 from both educational institutions (100 sample size from Janpriya multiple campus and 100 sample size from Kanya Campus) and included 50% sample size from each educational level i.e. 50% sample size from intermediate level and 50% sample size from bachelor level. The sampling technique was completely non- probability sampling method.

For the purpose of the study, the structured questionnaire was prepared and collected the data. Before collection of the data, the data collecting tool was revised very carefully in order to ensure their validity. For this purpose the questionnaire was firstly pretested and refined the questionnaire according to the results. During collection of data, privacy and confidentiality maintained from each respondent and only included the respondents who were agreed to participate in this survey and were given structured questionnaire to them and collected within the limited time for to find out their knowledge about legal provision on abortion law in Nepal.

The collected data were tabulated manually and analyzed by utilizing the simple statistical method of percentage and average. Analyzed data were interrelated and compared through tables, charts and diagrams. Moreover, reliability of the data was assured by taking relatively larger sample of the respondents. Likewise, validities as well as reliabilities were maintained by consulting exports and concerned teachers from the beginning of the study. Efforts were made to maintain the objectivity of the data and avoid data error by compared them with different data collected from different sources. This study was under taken within the boundaries of limit area, subject and time.

6.2 Major Findings

- Majority of age of respondent's who were participated in this survey were in between 16-20 years that is 135 (67.5%). So majority of respondents belongs to adolescence age group.
- The 200 respondents were come from different part of the country. But the majority of respondents who were participated in this survey were included from urban areas who were 148 (74%).
- The all respondents were from educational background and they were studying in different educational level i.e. the researcher included the Inter-mediate first Year, second year and bachelor first, second, and third years. The majority numbers of 65 (32.5%) respondents were studying in the inter-mediate first year. 35 (17.5%) respondents were studying in inter-mediate second year, 47(23.5%) respondents were studying in bachelor first year. 42(21%) respondents were studying in bachelor second year and 11(5.5%) respondents were studying in bachelor third year.
- 37 participants (19%) were married.
- Among 37 respondents, the majority of respondents 27 (73%) were married in between 15-20 years. And 10 (27%) respondents were married in between 21-25 years.
- 100 % respondents have heard about the word of "Abortion."
- Majority of number of respondents 82(41%) said that the meaning of abortion was artificial termination of pregnancy. 34 (17%) respondents said

that it means natural abortion. 76 (38%) respondents said that the meaning of abortion included both natural and artificial abortion.

- Majority of numbers of respondents 77 (38.5%) had got sources of health information from TV/FM/Radio. 46 (23%) respondents had got health information from schools and colleges.
- 184 (92%) respondents were agree about given statement of safe abortion.
- The majority numbers of respondents 110(55%) gave opinion about causes of major Nepalese women seeking for abortion was son preferences.
- Out of the 200 respondents, 41 (20.5%) knew abortion was legalized in Nepal in 2002.
- Majority number of the respondents 136 (68%) gave correct answer for pregnancy can be terminated by self discretion by women was within 12 weeks.
- The majority number of the respondents 124 (61%) said that, the pregnancy can be terminated by women within 18 weeks is consideration on in legal abortion law; if in case pregnancy occurred due to rape or incest.
- The majority of the respondents 120(60%) said that the pregnancy can be terminated by selection of sex is consideration in legal abortion in Nepal.
- Majority of numbers of respondents 94 (47%) gave opinion about the causes for performed abortion in Nepal according to selection of sex was done due to gender discrimination, oppression and exploitation against women and influences by cultural as well as social factors.
- The majority of respondents 112 (55%) said that; need consent from pregnant women for to perform abortion.
- If below the 16 years of pregnant women who is mentally incompetent, she can perform abortion after consent given by her nearest guardian. And majority of respondents 155 (77%) said that they need consent from nearest guardian.
- Majority number of the respondents 128(64%) were in favor to perform abortion by unmarried mother
- 136(68%) respondents said that legalization of abortion law can impact possibility of increase unmarried mother.
- In legal provision on abortion law in Nepal, if abortion performed against law, the both persons i.e. who performed abortion and the person who came for

abortion (means client/ client's party) both are taken on custody. The majority number of respondents 92 (45%) said that custody was correct answer.

- Majority of respondents were considered that women's health improved after abortion has been legalized and they had positive perspectives about legal abortion, which were 197 (98%).
- Majority of the respondents 135 (67%) said that legalization on abortion can have positive impact in Nepalese society and it promotes the women's status in society.
- Majority of respondents didn't know about Comprehensive Abortion Care; which services are being provided by government of Nepal since 2005 A.D., this indicates that public was still unaware about Comprehensive abortion Care (CAC) sites. Only 63 (32%) respondents said that they had ideas about Comprehensive Abortion Care sites and among 63 respondents only 20 respondents gave right meaning of the CAC.
- Majority of the respondents 164 (82%) had obtained fair knowledge about legal abortion, 23 (11.5%) had obtained poor knowledge and 13 (6.5%) respondents had obtained good knowledge respectively.
- According to educational level of the respondents, knowledge about legalization on abortion was higher in bachelor level comparison to intermediate level. Where bachelor level students obtained 12% in poor knowledge, 79% in average knowledge and 9% in good knowledge and similarly intermediate level students obtained 11% in poor, 85% in average and 4% in good knowledge respectively.
- Married respondents had little greater knowledge than unmarried respondents, that was 59% i.e. they obtained mean score 10.0 and unmarried respondents obtained 58% (9.8 mean score)
- According to level of education, knowledge about legalization on abortion law was greater in higher educated respondents than others, the obtained total mean percentages according to educational levels were; inter-mediate first year (57%), inter-mediate second year (56%), bachelor first year (57%), bachelor second year (62%), and bachelor third year (66%) respectively. All together the 200 respondents had obtained knowledge regarding legalization on abortion law was 10.0 mean score, that was 59%.

6.3 Conclusion

All respondents in this survey were educated and majority were from urban areas and they obtained 58% Knowledge regarding legal abortion in Nepal, which is very high as compared to survey done by CREPHA in 2002, that was 22%, which was done by public opinion poll and another survey result present on seminar 2009, "Scaling up of medical abortion services in Nepal" only 30% women were aware of the legal abortion and this percentage belongs to the privileged groups. But this shows that even a respondents were educated and majority belong from urban areas and even after 8 years of legalization on abortion, the legal provisions are not adequately available among them. So, imagine less educated women or uneducated women, women who belong from rural areas; where are not adequate health facilities, low socio-economical status women of Nepal need a greater extent of information about new abortion law.

Legalization of abortion in any country is the first and the most important step to save women from dying and deformities caused by unsafe abortions. However, maternal mortality and morbidity cannot be reduced by legal reform alone. Treatment of unsafe abortion uses a disproportionate share of scarce hospital resources. So increasing public awareness about their legal rights to abortion and the health consequences of unsafe abortion practices, expanding access to safe and affordable abortion care and access to the post abortion care (PAC) services are important interventions that need to be carried out without much delay. One of the main post-legalization challenges for Nepal is ‘how to access legal, safe and affordable abortion service by women without fear and as reproductive rights'. Legalizing abortion and even providing abortion services is not adequate to ensure access to safe abortion. Many challenges still lie ahead in our country so that no girls or women have to take risk of her life or health to end an unwanted pregnancy. It is imperative that the community especially the poor, marginalized and the undeserved need to be informed. Proper and adequate advocacy increase awareness of new law and CAC service should be done with good media campaign and strategic public/private partnership. Even today, in urban areas among educated

young women, there is not enough awareness about where to go to find a specialized centre for abortion and where to find an authorized doctor. If young women are to make informed decisions they should be told through the mass media where they can go. Safe abortion requires the provision of good quality abortion services, which should include proper counseling, trained human resources, infection prevention practices and adequate logistic support. For many women, especially in development countries like ours, safe abortion may not be available or affordable despite the liberation of abortion law.

6.4 Recommendations

- Formulating the well planned policies, strategies and the procedural order to implement the law.
- Need for improved monitoring in the quality of services provided and need to follow the procedural order should receive more attention.
- Public education and information as well as advocacy campaigns are crucial to create awareness especially in rural and suburban areas about the availability of safe and legal abortion services.
- Strengthening the existing health media campaign especially through the T.V/F.M/ Radio.
- Strengthening the existing health facilities and extending the availability of services to the periphery should improve access to quality abortion services.
- A similar study can be conducted on a large scale which may yield more convincing results.

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Annex

Tribhuvan University
Prtihivi Narayan Campus
Pokhara, Kaski, Nepal
Research Questionnaires (शोध प्रश्नावली)

Topic विषयः Knowledge about Legalization of Abortion Law in Nepal among College Studying Youth Girls: A Case Study of Pokhara, Kaski' (नेपालमा स्थापित गर्भपतन कानुन सम्बन्धी क्याम्पसस्तरका युवा महिलाहरुमा यसको बारेमा जानकारीको अध्ययन)।

Direction निर्देशन: Please, read the following question carefully and tick one of the best answer. कृपया तल उल्लेखित प्रश्नहरु राम्रोसँग पढिसकेपछि तपाईलाई अतिउत्तम लाग्ने एउटा उत्तरमा मात्र चिन्ह लगाउनुहोला।

Note नोट: The obtained information will be used for study purpose only. Please do not write your name. All information will be kept confidential. यस प्रश्नको उत्तरहरुबाट निस्केको नतिजा र सूचनालाई अध्ययनको लागि मात्र प्रयोगमा ल्याइने छ र तपाइको नाम यहाँ उल्लेख नगुर्नहोला र तपाईबाट आएको उत्तरलाई गोपनियताका साथ अध्ययनमा समावेश गरिने छ।

Section: A Demographic Information (जनसाङ्ख्यिक सूचना)

Age उमेर .....

Address ठेगाना Permanent स्थायी

नगरपालिका/गा.वि.स./जिल्ला .....

Municipality /VDC/ District .....

Temporary अस्थायी

नगरपालिका/गा.वि.स./जिल्ला .....

Municipality/ VDC/ District .....

Educational Level (recent) शिक्षा तह (हाल) .....

Marital Status वैवाहिकता

a. Married विवाहित ∠ b. Unmarried अविवाहित ∠

If you are married then your age at that time. यदि विवाहित भए, विवाह हुँदा तपाईको उमेर कति थियो .....years वर्ष

Do you have any child till date? के तपाईको बालबच्चा छन् ?

a. Yes छ ∠ b. No छैन ∠

If you have then how many they are? यदि बच्चा भएको भए तपाईको कतिजना बच्चाहरु छन् ?

a. Son.....Persons छोरा ..... जना

b. Daughter.....Persons छोरी ..... जना

Section: B Knowledge Questionnaire (ज्ञानसम्बन्धी प्रश्नावली)

1. (a) Do you know about abortion? तपाईलाई गर्भपतन भनेको थाहा छ ?

a. Yes (छ) ∠ b. No (छैन) ∠

(b). What is the meaning of abortion? गर्भपतन भनेको के हो ?

a. The natural termination of pregnancy. (गर्भमा रहेको भ्रुण स्वाभाविक रुपमा जन्मनु अगाडि नै गर्भाशयबाट बाहिर निस्कनु ।) ∠

b. The artificial termination of pregnancy. (गर्भ तुहाउनु ।) ∠

c. Non of Above (माथिका कुनै पनि होईन ।) ∠

d. Both a and b (a र b दुबै) ∠

(c). Where you got the main source of information regarding legalization of abortion law in Nepal.

गर्भपतन सम्बन्धी कानुनी जानकारी तपाईले मुख्य गरेर कुन श्रोत र कहाँबाट थाहा पाउनु भयो ?

a. Television/F.M./Radio (टेलिभिजन/एफ.एम./रेडियो) ∠

b. Health workers/ Health services institutions (स्वास्थ्यकर्मी/स्वास्थ्य संस्थाबाट) ∠

c. Families/ Relatives/Friends (घरपरिवार/नातेदार/साथीहरुबाट) ∠

d. Schools/ Colleges (स्कुल/क्याम्पस) ∠

e. Books/ Journals/ News papers (किताब/पत्र-पत्रिकाहरु) ∠

f. Other sources (अन्य) ∠

g. No ideas (थाहा छैन) ∠

2. Do you agree with the following statement about safe abortion?

के तपाई सुरक्षित गर्भपतन सम्बन्धी तल उल्लेखित कथनसँग सहमत हुनुहुन्छ ?

Safe abortion is a legal termination of pregnancy provided by listed qualified medical practioner from the listed health service organizations and there is no any risk for women's life.

गर्भवती महिलाको स्वास्थ्यमा कुनै हानि नहुने गरी दक्ष, तालिम प्रप्त चिकित्सक वा स्वास्थ्यकर्मिद्वारा मान्यता प्राप्त स्वास्थ्य संस्थामा गरिएको गर्भपतन सुरक्षित गर्भपतन हो ।

a. Agree (सहमत छु ।) ∠

b. Disagree (सहमत छैन ।) ∠

3. In your opinion, what is the main cause that major Nepalese women seeking for abortion.

तपाईको विचारमा धेरैजसो नेपाली महिलाहरु कुन प्रमुख कारणले गर्दा बढी गर्भपतन गर्न चाहन्छन् ?

a. Avoid to take immediate responsibilities as a parent. (तुरुन्तै अभिभावक बन्न नचाहेर ।) ∠

b. Gender discrimination about sex preferences (especially son) (आफूले चाहे अनुसारको भ्रुणको लिङ्ग नभएर (छोरा नभएर) ।) ∠

c. Defect in embryo or mother's health. (भ्रुण वा गर्भवती महिलाको स्वास्थ्य सम्बन्धि समस्या भएर ।)∠

d. Unmarried mother (अविवाहित आमा हुनबाट बच्न ।) ∠

e. Complete family (चाहेजति सन्तान भइसकेको हुनाले ।) ∠

4. When safe abortion is legalized in Nepal? नेपालमा सुरक्षित गर्भपतनले कानुनी मान्यता कहिले पायो ?

a. 1998 A.D. (१९९८ सन्) ∠

b. 2000 A.D. (२००० सन्) ∠

c. 2002 A.D. (२००२ सन्) ∠

d. 2008 A.D. (२००८ सन्) ∠

e. Don't know (थाहा छैन) ∠

5. According to the provision of abortion law in Nepal, how many weeks of pregnancy can be terminated by self discretion of pregnant women? महिलाको स्वेच्छाले कति हप्तासम्मको गर्भपतन गर्न पाउने कानुनी व्यवस्था नेपालमा छ ?
   a. 12 weeks (१२ हप्ता) ∠
   b. 16 weeks (१६ हप्ता) ∠
   c. 20 weeks (२० हप्ता) ∠
   d. 24 weeks (२४ हप्ता) ∠

6. If the pregnancy occurs due to rape or incest, how many weeks of pregnancy can be aborted according to the provision of abortion law in Nepal? यदि जवरजस्ती वा हाडनाता करणीबाट रहन गएको गर्भलाई कति हप्तासम्ममा गर्भपतन गर्न पाउने कानुनी व्यवस्था नेपालमा छ ?
   a. 18 weeks (१८ हप्ता) ∠
   b. 20 weeks (२० हप्ता) ∠
   c. 22 weeks (२२ हप्ता) ∠
   d. 24 weeks (२४ हप्ता) ∠

7. In Nepal, is there any legal provision for termination of embryo according to selection of sex? नेपालमा भ्रुणको लिङ्ग पहिचान गरी गर्भपतन गर्न पाउने कानुनी व्यवस्था छ कि छैन
   a. Yes (छ) ∠
   b. No (छैन) ∠

8. What is your perspective about; abortion can be performed according to the selection of sex (especially daughter embryo) भ्रुण पहिचान गरी गरीने गर्भपतनलाई तपाईले कुन दृष्टिकोणले हेर्नुहुन्छ ? (विशेषगरी छोरी भ्रुण)
   a. Gender discrimination (लिङ्ग भेद) ∠
   b. Influence by cultural factor (सामाजिक पक्षको प्रभाव) ∠
   c. Influence by social factor (सांस्कृतिक पक्षको प्रभाव) ∠
   d. Oppression and exploitation against women (महिला विरुद्ध हुने दमन र शोषण) ∠
   e. All (माथिका सबै) ∠

9. In which condition, the abortion is prohibited? कुन अवस्थामा गर्भपतन गर्न पाइदैन ?
   a. No consent given from husband. (श्रीमानको मञ्जुरी बिना) ∠
   b. No consent given from pregnant woman (गर्भवती महिलाको मञ्जुरी बिना) ∠
   c. No consent given from guardian (अभिभावकको मञ्जुरी बिना) ∠
   d. All (सबै) ∠

10. What is the legal provision in case of pregnant women less than 16 years of age or not in a position to given consent (mentally incompetent) then abortion can be performed after consent given by whom? १६ वर्षमुनिका र शारीरिक/मानसिक रुपले अशक्त महिलाले गर्भपतन गर्नुपरेमा कानुनमा कस्तो व्यवस्था गरिएको छ ?
   a. Consent given by the nearest guardian or relative. (नजिकका अभिभावक/नातेदारको मञ्जुरीमा गर्भपतन गर्न सकिने कानुनी व्यवस्था गरिएको छ ।) ∠
   b. Not needed any consent given by the nearest guardian or relative. (नजिकका अभिभावक/नातेदारको मञ्जुरी बिना गर्भपतन गर्न सकिने कानुनी व्यवस्था गरिएको छ ।) ∠

11. Is it right to abort the pregnancy by the unmarried mother? अविवाहित महिलाले गर्भपतन गर्न पाउनु उचित हो ?
   a. Yes (हो) ∠
   b. No (होइन) ∠

12. Do you agree that the legalization of abortion can impact possibility of increase in unmarried mother? गर्भपतन गर्न कानुनले छुट दिदाँ अभिवाहित महिलाहरु गर्भवती हुने सम्भावना बढी हुन्छ भन्ने तर्कसँग तपाई सहमत हुनुहुन्छ ?
    a. Agree (हुन्छ) ∠ b. Disagree (हुदैन) ∠

13. What punishment should be given if abortion performed against abortion law? कानुनले तोकेको अवस्था बाहेक अन्य अवस्थामा गर्भपतन गर्नेलाई कस्तो सजाय हुन्छ ?
    a. Custody (कैदमा राखिन्छ ।) ∠
    b. Nothing (कुनै सजाय हुदैन ।) ∠
    c. Payment charges (हर्जाना तिरे पुग्छ ।) ∠

14. Where and when you inform, if the abortion is terminated against law? कानुन विपरित गरिएको गर्भपतनको उजुरी कहाँ र कहिलेसम्म दिने
    a. Inform to the near police station within 3 months after date of abortion. (गर्भपतन भएको मितिले ३ महिनाभित्र नजिकको प्रहरी कार्यालयमा उजुरी गर्नुपर्छ ।) ∠
    b. Inform to the near police station within 6 months after date of abortion. (गर्भपतन भएको मितिले ६ महिनाभित्र नजिकको प्रहरी कार्यालयमा उजुरी गर्नुपर्छ ।) ∠
    c. Inform to the near police station within 1 year after date of abortion. (गर्भपतन भएको मितिले १ वर्षभित्रमा नजिकको प्रहरी कार्यालयमा उजुरी गर्नुपर्छ ।) ∠
    d. All (माथिका सबै हो ।) ∠

15. Do you agree about the knowledge regarding legalization on abortion law is very important for Nepalese women? गर्भपतन सम्बन्धी कानुनी जानकारी नेपाली महिलाहरुमा हुनु जरुरी छ भन्ने कुरामा तपाई सहमत हुनुहुन्छ ।
    a. Agree (सहमत छु ।) ∠ b. Disagree (सहमत छैन ।) ∠

16. What is your opinion about the legalization of abortion in Nepal can helps to promote the status of the women in society? तपाईको बिचारमा नेपालमा कानुनी तवरले गर्भपतन गर्न दिँदा के यसले समाजमा महिलाको जीवनस्तर उकास्न मद्दत पुऱ्याउँछ ?
    a. Yes (पुऱ्याउँछ) ∠
    b. No (पुऱ्याउँदैन) ∠

17(a). Do you heard about the Comprehensive Abortion Care (CAC) services, which are providing by government of Nepal? तपाईलाई Comprehensive Abortion Care (CAC) सेवा बारे जानकारी छ ? जुन सेवाहरु नेपाल सरकारले दिदै आइरहेको छ ।
    a. Yes (छ) ∠ b. No (छैन) ∠
    If yes then go to question number 17 (b) थाहा छ भने प्रश्न नम्बर १७ (b) मा जानुहोला ।

(b) . If you have knew about CAC services then what is the meaning of Comprehensive Abortion Care services? यदि तपाईलाई CAC सेवाबारे जानकारी छ भने, CAC भनेको के हो ?
    a. Provides abortion services on the request of women is based on abortion law (गर्भवति महिलाको स्वेच्छाले कानुनी मान्यतामा रहेर गरिने गर्भपतन) ∠
    b. Provides counseling for contraceptives (गर्भ निरोधका साधनहरुको बारेमा परामर्श) ∠
    c. Provides medical care after abortion (गर्भ पतन पश्चात दिईने स्वास्थ्य सेवा) ∠
    d. All of the above (माथिका सबै) ∠

Thank You (धन्यवाद)