

CHAPTER I

INTRODUCTION

1.1. Background of the Study

Abortion is the termination of pregnancy before the fetus has attained viability, i.e. become capable of independent extra-uterine life. Induced abortion is the deliberate termination of a pregnancy before the fetus has attained viability i.e. become capable of independent extra-uterine life. (WHO, 2006).

Abortion is defined as the death or expulsion of the fetus either spontaneously (also called miscarriage) or by induction before the 28th week of pregnancy. It is expulsion or extraction of all or any part of the placenta or membranes, without an identifiable fetus or with a fetus (live or dead) weighing less than 500 mg (Shrestha, 2008).

According to African Journal of Reproductive Health (March 2011), Safe abortion means “the termination of pregnancy by qualified and skilled persons using correct techniques in sanitary conditions” (p.35). In the same way WHO defines safe abortion as abortion performed by skilled providers using correct medical techniques and drugs, and under hygienic conditions, (WHO, 2006).

Unsafe abortion is defined as a procedure of terminating an unwanted pregnancy either by a person lacking the necessary skills or in an environment lacking the minimal medical standard or both (WHO, 2006).

Legalization of abortion refers to a system of governmental regulation of abortion wherein aborting mothers and those who provide abortion services are licensed to work in specific ways following the laws and policies of the country.

Abortion has long been a divisive and polarizing issue between pro-choice and pro-life advocates. However according to the survey of UK Aid; Worldwide nearly 210 million women become pregnant and among them 10% of these pregnancies end in induced abortion. Nearly all around 98% of unsafe abortions take place in developing countries with restrictive abortion laws. (UK Aid, 2014). Of the approximately 42 million abortions that do occur worldwide, almost half are performed by unskilled individuals, in environments that do not meet minimum medical standards or both. Virtually all of these unsafe abortions take place in the developing world. Were the

unmet need for contraception remains high. Sixty percentage (60%) of the world's 1.55 billion women of reproductive age (15-44) live in countries where abortion is broadly legal. The remaining 40% live where abortion is highly restricted, virtually all in the developing world (Cohen, 2009).

Complications from unsafe abortions in the developing world contribute to 47,000 preventable deaths each year. Unsafe abortion accounts for 13% of all maternal deaths and 5 million women are estimated to suffer disability as a result of complications due to unsafe abortion. According to 2012 survey of WHO; Maternal mortality due to unsafe abortion in developed region is 4% and developing region is 13% which accounts to be 14% in Africa, 8% in Europe, 12% in latin America and 12% in Asia (WHO, 2012).

Talking about Nepal, where abortion was made legal on broad grounds in 2002, it appears that abortion-related complications are on the decline. In of the studies made by WHO in eight districts of Nepal it was found that: “abortion-related complications accounted for 54% of all facility-treated maternal illnesses in 1998, but for only 28% in 2008–2009” (WHO,2012).

1.2 Statement of the Problem

Prior to its amendment in 2002, the abortion law in Nepal was highly restrictive: abortion was permitted only to save a woman's life. In 2002, the Penal Code of Nepal was amended to grant all women the right to terminate a pregnancy up to 12 weeks' gestation on demand, up to 18 weeks if the pregnancy is due to rape or incest, and at any gestational age - if the woman is advised by a doctor that the pregnancy poses a danger to her life or physical or mental health, or in cases of fetal abnormality or impairment. Strategies for implementing the law have been developed in the past decade, including provision of training in abortion services, provision of equipment, and certification of health facilities to increase coverage of abortion services throughout the country. According to the current law, induced abortion is permitted without restriction as to reason in the first trimester, and this service is expected to be provided at all government approved health facilities, and must be performed by government approved providers. Second and third trimester abortion services can be obtained at government approved facilities only if an approved medical provider authorizes it. In spite of these facilities Nepal still has high maternal deaths 170 per

100,00 live births and it is estimated that over half of the maternal deaths are due to unsafe abortions.

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

Although illegal, many women living in major urban towns seek safe abortion services from private medical practitioners and nursing homes. Unfortunately, most urban towns do not have qualified or skilled practitioners who risk women's life by attempting abortions through unsafe and unhygienic procedures.

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

Having realized these issues, this study was designed to answer the following questions:

-) How is abortion regarded in our society?
-) Are the students of marriageable age familiar about legalization of abortion?
-) Even after legalization of abortion, why are mothers undergoing unsafe abortion?
-) What can be the social consequence of abortion in our community?

1.3 Objectives of the Study

General Objective:

The general objective of the study was to identify the knowledge and attitude of abortion among the College students in Bhaktapur.

Specific Objectives:

To assess the knowledge about legalization of abortion among the respondents.

-) To explore the attitude of abortion among the respondents.
-) To measure association between knowledge of abortion and selected demographic variables.

1.4. Rationale/ Significance of the Study

Maternal mortality has raised a serious concern in developing world. For this reason, there are many NGOS and INGOS are trying hard to reduce maternal mortality rate in developing countries. The official website of Ministry of Health and Population states that the maternal mortality rate of our country is 281 as per the data got from Nepal Demographic and health survey 2006. However, “The World FactBook” published by Central Intelligence Agency of US, estimates the maternal mortality rate in Nepal as 258 as for 2015; which comes to be second from the last, Afghanistan being the last. The MMR for the SAARC countries as published in the World Fact Book is tabulated below.

Table 1.1: MMR in SAARC Countries

Country	MMR
Afghanistan	396
Bangladesh	176
Bhutan	148
India	174
Maldives	68
Nepal	258
Pakistan	178
Srilanka	30

Source: World FactBook, 2015

A comparative analysis from the above data shows that Nepal has a higher MMR rate than India and Bangladesh which have far more higher population than Nepal. Therefore, the information obtained from this study might be useful for the program managers who plan to work on the issues of awareness of abortion in adolescent. The

findings of the study will provide recommendation to the college teachers about the level of knowledge on abortion of their students and take appropriated action regarding education on safe abortion and curriculum planning. The study will also help future researcher to conduct further study in similar field based on the findings of the study. Sociology deals with the formation of a society, major issues of society and the forms and factors involved in it. Generally, when we speak about abortion, we think about going to an authorized organization and carry out induced abortion with the trained hands in a hygienic condition but if we consider every aspect of abortion, it is not just confined to the medical process. Abortion is directly linked with the socio-cultural practice of a society. There are various social factors that help determine a mother how she should carry abortion. Primarily, it is related to the knowledge on different aspects of abortion and the decision-making procedure in a family. Secondly it is associated with the religious practices, social considerations and moral issues prevailing in the community where an aborting mother belongs to. Therefore, this study aims to present a miniature picture of the concepts and considerations about abortion prevailing in our society.

1.5. Organization of the Study

The research has been divided into seven chapters and each chapter has its sub-topics. The first chapter focuses the introduction part with background of the study, statement of problems, objectives of the study, rationale and organization of the study. The second chapter is literature review that focuses on scientific understanding of studied and reviewed relevant literature on knowledge and attitude of abortion to give validity to the presentation of this research. The third chapter talks about the research methodology and it has rationale of site selection, research design, sample size and sampling method, nature and source of data, data collection techniques (tools/methods), data presentation, analysis and interpretation as sub-topics. The fourth chapter describes the socio-demographic information of the respondents, the fifth chapter deals with the knowledge on abortion among the informants, the sixth chapter deals with the attitude regarding abortion and the final chapter summarizes the major findings and its conclusion with recommendation. At the end of this study, selected references and appendices are placed.

CHAPTER II

LITERATURE REVIEW

2.1 Literature Review of the Related Concept

Since effective research is based on the past knowledge, this process helps to eliminate the duplication of what has been done and provides helpful suggestions for a significant investigation. It provides evidence that is familiar with what is already known and what is still unknown and untested. The purpose of literature review is thus to find out what research studies have been conducted in one's chosen field of study and what remains to be done. It provides the foundation for developing comprehensive theoretical framework.

2.2. Review of the Theoretical Literature

Abortion has existed in some form or context throughout the history. The moral standards and implication however have changed with the passage of time, therefore abortion and its practices has been defined and redefined throughout history. Since abortion is directly related to women's life, human rights and socio-cultural practices of countries, there are different laws pertaining to abortion according to countries. Religious, moral, and cultural sensibilities continue to influence abortion laws throughout the world. The right to life, the right to liberty, the right to security of person, and the right to reproductive health are major issues of human rights that are sometimes used as justification for the existence or absence of laws controlling abortion. In the global scenario, the jurisdictions where abortion is legal has made certain requirements be met before a woman may obtain a safe, legal abortion. In all most all jurisdictions abortion without mother's is regarded as feticide and hence is punishable. However, mother's consent is not always the final criteria for abortion there are other requirements like the age of the fetus, doctor's evaluation of the fetus', doctor's prescription to describe abortion is either medically or socially necessary.

Functionalists explain that society consists of different, but related parts, each of which serves a particular purpose. Emile Durkheim compares society to the human body stating that just as the body consists of different interrelated organs enabling it to survive, society is made up of components that are dependent on each other, enabling

it to survive. A benefit of functionalism is that in many cases it produces something which helps society to develop. Therefore, functionalists may describe abortion as evil, or a right of women. Any way when we look at it functionalists are in favor of abortion. They see abortion as serving a need within society. Without abortion, they would say we are only hurting ourselves with unsafe practices of abortions.

The social conflict approach implies that human behavior in social context results from conflicts between competing groups. Karl Marx is strongly associated with this theory and is famous for his understanding of conflict between classes. Marx would often address the issue of the bourgeoisie against the working class. It essentially always examines a struggle. Social conflict theorists see abortion as necessary more due to human rights.

According to the Journal Article *A Speaker's and Debater's Notebook* published by National Abortion Rights Action League, there are various positive sides of abortion. According to the article legal abortion can help reduce various social problems in the society. It further explains:

A policy that makes contraception and abortion freely available will greatly reduce the number of unwanted children, and thereby curb the tragic rise of child abuse in countries ... Legal abortion will decrease the number of unwanted children, battered children, child abuse cases, and possibly subsequent delinquency, drug addiction, and a host of social ills believed to be associated with neglectful parenthood (p.7).

According to the official website of Amnesty International, it celebrated its 103rd International Women's day in 2013 with the slogan "My Body My Rights". The purpose of the celebration was to help the next generation realize and claim their sexual and reproductive rights which included unrestricted access to abortion and contraception, the promotion of homosexuality, and to be able to "decide whether and when to have children" and to "decide what type of family to create. Amnesty International continues to claim that countries with laws against abortion are "deeply oppressive" and ignore the safety of women.

Worldwide trend towards legalization of abortion is increasing. Today approximately, in the developed countries, 71 percent of women have right to be responsible for the demolition of an unwanted pregnancy to decide 21 percent of the world's population live in countries that have an abortion for social reason permit whereas 14 percent live in countries where abortion is permitted if the mental or physical health of women through pregnancy and childbirth is endangered 3 percent live in countries where abortion is allowed only if the physical health of woman through pregnancy and childbirth is endangered and 21 percent live in countries, mainly in the third world where an abortion is allowed only if the life of women through pregnancy and childbirth is endangered (Carter, J. 2009).

According to United Nations Population Fund, the abortion rate in developing countries is largely attributable to lack of access to modern contraceptives; assuming no change in abortion laws, providing that access to contraceptives would result in about 25 million fewer abortions annually including almost 15 million fewer unsafe abortions (Singh & et. al, 2009).

In Eastern Europe, the abortion rate held steadily at 43 per 1,000 women between 2003 and 2008, after a period of steep decline between the mid 90s and the early 200s. In Brief Global and Regional estimates of induced abortion, 1995, 2003 and 2008 (Sedgh. G. et al. 2012)

About one half of the 6.4 million U.S World Health Organization (WHO) estimates that about 25 percent of all pregnancies worldwide end in induced abortion, approximately 50 million each year. More than half of these abortions are performed under unsafe conditions resulting in high maternal mortality ratio especially in developing countries like Nepal pregnancies that occur each year are unintended and about half of those end in abortion (Finer & Henshaw, 2006).

During the 50-year period, the MMR decreased from 293,7 to 18.2/100,000 live births, a decrease of 93.8 percent. Women's education level modulated the effects of TFR, birth order, delivery by skilled attendants, clean water and sanitary sewer access. In the fully adjusted model, for every additional year of maternal education there was a corresponding decrease in the MMR of 29.3/100,000 live births. A rapid

phase of decline between 1965 and 1981(-13.29/100,000 live births each year) and a slow phase between 1981 and 2007 (-1.59/100,000 live births each year) were identified. After abortion was prohibited, the MMR decreased from 41.3 to 12.7 per 100,000 live births (-69.2%). The slope of MMR did not appear to be altered by the change in abortion law. So increasing educational level appears to favorably impact the downward trend in the MMR, modulating other key factors such as access and utilization of maternal health facilities, changes in women's reproductive behaviours and improvements in the sanitary system. Consequently, different MDGs can act synergistically to improve maternal health. The reduction in the MMR is not related to the legal status of abortion (Sedgh G, 2012 May 4).

A woman's likelihood of having an abortion is slightly elevated if she lives in a developing region. In 2008, there were 29 abortions per 1,000 women aged 15-44 years in developing countries, compared to 34 per 1,000 in the developed world (RHP, 2012).

A prospective study on "Unsafe Abortion a Neglected Tragedy" conducted among 14,400 women attending the maternity hospital, Kathmandu for various gynecological problem during 2002 to 2006 revealed that among 5592 abortion related case 113 had unsafe abortion. Unsafe abortion was 2.02 percent with the majority of women in 2nd and 3rd decade. Maximum number of women to seek the service was multiparous and regarding ethnicity Brahmin ranked the first in the list. The number of qualified versus unqualified service provider was almost equal (50.44% vs. 49.56%) (Vaidya & Giri, 2008).

According to the abortion facts and figure 2011 that revealed more than one-quarter of the world's people live in countries where procedure is prohibited or permitted only to save woman's life in these countries. Yet, regardless of legal status, abortions still occur, and nearly half of them are performed by an unskilled practitioner or in less than sanitary conditions or both. Abortions performed under unsafe conditions claim the lives of tens of thousands of women around the world every year, leave many times that number with chronic and often irreversible health problems and drain the resources of public health systems. Often, however, controversy overshadows the public health impact (Population Reference Bureau, 2011).

One study on level of awareness about legalization of abortion in women attending gynecological out patient's department of Nepal Medical College Teaching Hospital (NMCTH) in 2010 among 200 women the finding revealed that overall 133 (66.5%) women said that they were aware of legalization of abortion in Nepal. Women of age group 20-34 years, urban residents, service holders, Brhamin/Chhetri caste and with higher education were more aware about it. Majority (92.0%) of the women received information from the media. The detail knowledge about legal conditions under which abortion can be performed specially in second trimester was found to be poor. Large proportions (71.0%) of the women were still unaware of the availability of comprehensive abortion care services at this hospital, which is being provided since last seven years. Public education and advocacy campaigns are crucial to create awareness (Prof Ashma Rana, Feb 2007) about the new legislation and availability of services. Unless the advocacy and awareness campaign reaches women, they are not likely to benefit from the legal reform and service (Tuladhar & Risal, 2010).

Awareness of legalization, 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%). Awareness about legalization by educational level, almost all (91%) clients with above educational level were aware that abortion is now legal in Nepal. Awareness decreased as level of education decreased. Only about a quarter (25%) of those with no schooling were aware of the legalization. Among the women who were aware of legalization, less than half (48%) knew that abortion was 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 percent (Prof Ashma Rana, Feb 2007).

Before the legalization of abortion in Nepal in 2002, it was estimated that up to half of the maternal mortality was due to unsafe abortion. The maternal mortality rate prior to legalization of abortion was 539 per 100,000 live births. The Ministry of Health and

population (MoHP), the Nepal Society of Obs/Gyns, Ipas, Marie Stops International and Family Planning Association of Nepal with support of Community Health Projects and the World Health Organization (WHO) among other organizations have worked to increase women's access to safe abortion facilities especially through medical abortion expansion, which was piloted from December 2008 to June 2009. The program has been very successful even in rural areas with good clinical training but lacking modern technology like ultrasound. (IPAS, 2010).

Studies on maternity hospital on September 2008 among 58 respondents, majority of the respondents were Hindus (83%), residing in Kathmandu district (76%) of the age group 22-29 years (69%) and 98 percent were married. One fifth (20.68%) of the respondents had previous history of spontaneous or induced abortion. The main reason for abortion was that they did not want any more babies (45%). The knowledge of modern contraception was high (98.27%). The knowledge of emergency contraception was as low as (25.9%). Side effect was the main reason (48%) for discontinuation of contraceptives. Intention to use some modern family planning methods after the abortion was expressed by 83 percent clients. The major enabling factor for continued contraceptive use was the absence of side effects. The family planning counseling was acceptable for 91 percent clients. (Khanal, 2011).

2.3. Review of the Empirical Literature

Social and cultural barriers to safe abortion go beyond lack of knowledge, and include lack of social support and stigma. A study in Nepal has found that even when women were aware of safe abortion facilities, they do not reveal unintended pregnancies to their husbands, families or friends and some tried to secretly self-induced abortion (Puri, Ingham & Matthews, 2005). In families and among couples many sexual and reproductive health topics, including abortion can be highly stigmatized and charged with emotions, shame and fear (Kumar, Hessini, & Mitchell, 2009). Nepali women have historically been marginalized in decision making process even when it is related to their lives and health instead they are forced by their male partners. For this reason, the decisions about their reproductive health and use of family planning rests in the mercy of their husbands. Therefore, to make abortion safer and more accessible for

women, initiatives that continues to challenge the status quo and patriarchal traditions that keep abortion restricted and stigmatized are critical.

Koju (2062), has done a research on the knowledge and attitude of students of higher secondary level towards reproductive and sexual health in Bhaktapur Municipality and found that majority of the female students of the sample population were unaware about safe abortion.

Similarly Bhattarai(2006) carried a study on physical and psychological effects and community level health care practices on post-abortion cases. His purpose of the study was focused on the physical and psychological effects on the mothers who underwent induced abortion. His study shows that most of the females who undergo induced abortions do not like to disclose their fact because they fear of social stigma. Similarly, his study shows most of the abortions were not because of the sole decision of the females, in some cases it was found that there were abortions only because their male partners forced them though they were not willing for abortions.

2.4 Summary of Literature Review.

Unsafe abortion is becoming a major public health issue. Because of lack of knowledge as well as awareness about abortion, legal restrictions and rights on abortion, and social stigmatization on extramarital pregnancy often force women towards seeking unsafe abortions with unqualified hands under adverse conditions which can result in life threatening circumstances. In this condition, legalization and liberalization of abortion and provision of safe abortion services can be crucial steps towards reducing abortion related morbidity and complications. But liberalization of existing abortion law alone may not be a complete solution. It is equally important to educate and aware the society by spreading information to the vulnerable groups like youths, health workers about different aspects of abortion including the legal part associated to it. Governments or organizations can make public announcement on TV, Radio, newspaper and other non-formal educational programs about legal aspects of abortions to make the citizens know about it. With this consideration in mind, this research is an attempt to access the knowledge of legalization of abortion in college students with respect to their socio-demographic variables.

CHAPTER-THREE

RESEARCH METHODOLOGY

3.1. Rational of the Site Selection

To fulfill the objectives of this research, Bachelors students from Khwopa college, Bhaktapur were selected as the study area. The reasons behind the selection were that bachelor level students are conscious enough to separate right and wrong which heavily influences decision making process. They belong to the age group of 18 to 25 which is a vulnerable time because this is the time when most of the youths get married. Their awareness on safe abortions can reveal the picture of the society they live. It can be helpful for them to acknowledge – Their body Their rights. The age group consists of females who are nearing to their marrying age, therefore this study can even be useful for the sample population to access their own knowledge. Till date no research has been carried out on this topic for this age group students in colleges therefore this research can bring a different picture of the level of awareness of abortions our college level students have. This study area also covers people from different caste, ethnicity, social status, culture and religion which can help to form a generalized scenario on abortion.

3.2. Research Design

Research design is the plan, structure, and strategy of investigation to obtain answers of research questions. A descriptive study was conducted among the students to find out knowledge of safe abortion.

3.3. Sampling Procedure and Sample Size

200 students studying in Bachelors level at Khwopa College, Bhaktapur formed the total population of this study. Out of this total population only 50 students were selected by random sampling method as our sample population. Random sampling method was used in the study considering that all most all of the students in this level are more or less known about abortion, safe abortion practices and prevailing rules and regulations existing in Nepal therefore this study can bring a true picture of the respondent's knowledge on abortion.

3.4. Nature and Source of Data

As per the nature of the research, this study was based on both the qualitative and quantitative data as well as both primary and secondary data are used to make this study more effective and authentic.

Primary Source of Data

This research was mainly based on field study. So the primary sources of data were the responses of 50 students studying in bachelors level at Khwopa college. For this purpose, each respondents were handed a questionnaire with open ended as well as closed ended questions.

Secondary Source of Data

The secondary data was obtained from population census reports and relevant literatures about abortion in Nepal such as research report, journals, newspaper, published books, documents, scholarly journal, thesis, related books written by the sociologists and anthropologists, internet and CBS records also make the source of secondary data.

3.5. Tools of Data Collection

The major tools for the collection of the data was a questionnaire. The questionnaire was devised in such a way that it comprised both open and close ended questions for qualitative and quantitative data measurement. It was structurally divided into three parts, the first part containing the demographic, sociological educational and economical status of the respondents; the second containing the conceptual knowledge about legalization of abortion and the third containing the attitudinal and behavioral measurement regarding abortion.

3.6. Validation of Tools

Validity refers to the degree to which an assessment measures what it is supposed to measure. A questionnaire must undergo a validation procedure to make it sure that it can accurately measure what it aims to do therefore the questionnaire, was submitted to the supervisor for correction and guidance before it was handed to the respondents such that it would precisely reflect underlying concept to be measured.

3.7. Data Collection Procedure

After getting permission from Sociology Department, the researcher went to Khwopa college and talked to the coordinator and got permission for the study. Afterwards, all the students from Bachelor level were gathered in a hall for data collection. Among this total population, the students from different ethnic group and social status were encouraged for voluntary participation. After getting the sufficient numbers of respondents, they were asked to fill in an inform consent form and duly sign it. Afterwards they were administered the questionnaire and were asked to fill in duly and return within a time span of 30 minutes.

3.8. Analysis and Interpretation of Data

For the study, the data is collected through various instruments. When the field survey and data collection was completed, the gathered data and information was carefully checked and edited to remove the possible error and inconsistencies. Then the questionnaires were coded and quantitative data was tabulated in SPSS and analyzed using statistical tools available in SPSS whereas qualitative data from open ended questions were interpreted and analyzed manually.

3.9. Limitations of the Study

Due to limited time, materials, budget and methodology the study was restricted in certain areas. This study was limited in Khwopa College Bhaktapur. The students of Bachelors level from Commerce and Arts were taken as the sample population. Information and data was collected through questionnaire. Simple statistical tools and techniques such as percentage and average was used in the process of data analysis. Due to the lack of research experience this study may have some constraints on the theoretical as well as empirical aspects. The findings of the research may or may not be equally generalized to the other area or whole part of Nepal so the study does not represent the whole nation.

CHAPTER-FOUR

SOCIO-DEMOGRAPHIC INFORMATION

This study has been completed with comprising 17 male and 33 female respondents who are above 18 years old and from total survey population number of 200 students of the study area.

First half of this chapter deals with socio-economic characteristics of the correspondents specially women and in the second half deals with the knowledge on legalization of safe abortion among the respondents.

4.1. Socio Economic Characteristics of the Respondents.

Nepalese society is the outcome of a long historical process under which people of different ethnic groups, races, languages and cultures were united. Even to this day, the multi-racial and multi linguistic characteristics are quite visible in the population of Nepal.

It is well known socio-economic characteristics of the people explain many aspects of their lives. In this first half an attempt has been made to highlight some of the socio-economic characteristics of the sample respondents of the study area. The socio-economic background taken into consideration includes ethnic composition, family structure, age and sex composition, marital status, educational status, knowledge about reproductive health and so forth.

4.2 Age, Gender and Ethnic Distribution of the Respondents.

Age refers to the hierarchical ranking of people into age group within a society. This study was based on the responses from 50 respondents. Most of the respondents (62%) belonged to the age group 19-20. Gender refers to the social or cultural distinction associated with being male or female. The gender distribution of the respondents show that the population of the female is higher than that of the males which comes out to be 33 and the males comprise 17 of the sample population. Ethnicity refers to a shared cultural heritage. The distribution of the data in the study shows that there is a single respondent from Brahmin Ethnic group and she is a female of 19 years. Similarly, there were 33 Newar respondents out of which 11 were males and 22 females. There were 4 Tamang respondents out of which 1 was a male and 3 were the females. Similarly, 5 males and 7 females comprised the Chhetries of

our sample population. The table mentioned below helps to acknowledge age, sex and ethnicity distribution of the respondents.

Table 4.1: Caste, Ethnicity and Gender Composition of the Respondents

Ethnicity			Sex		Total
			Male	Female	
Brahmin	Age	19		1	1
	Total			1	1
Newar	Age	18	1	4	5
		19	4	7	11
		20	5	6	11
		21 &>	1	5	6
	Total		11	22	33
Tamang	Age	18	0	1	1
		19	0	1	1
		20	1	1	2
	Total		1	3	4
Chhetri	Age	18	3	1	4
		19	1	3	4
		20	1	0	1
		21 &>	0	3	3
	Total		5	7	12
Total			17	33	50

Source: Field Survey, 2017

4.3. Family Structure of the Respondent:

A Joint family is a family structure where the grandparents, father, mother and children live under the same roof. An extended family comprises of family members beyond the nuclear family consisting of grandparents, uncles, aunts or cousins under the same roof whereas a nuclear family comprises a basic unit of family comprising the parents and their children. According to the passage of time, development of the society and the nature of work, extended family hardly exist these days, lot more popular are the joint or nuclear families these days. In this research among the 50

respondents, majority of the respondents lived in Nuclear family compared to Joint family. The observation table shows that 68% of the respondents lived in Nuclear family, 32% lived in joint family which none were there in the extended family.

Table 4.2: Family Structure of the Respondent

Type	Frequency	Percent
Joint Family	16	32.0
Nuclear Family	34	68.0
Total	50	100.0

Source: Field Survey, 2017

4.4. Marital Status of the Respondents.

Marital status is regarded as a civil status of each individual in relation to marriage laws or customs of the country. In our study, among the 50 respondents, 45 are found to be unmarried and 10 are married. Though most of the respondents were unmarried, according to our law and cultural practices all of them are nearing the age of marriage in a very short time span.

Table 4.3: Marital Status of the Respondents

Status	Frequency	Percent
Married	5	10.0
Unmarried	45	90.0
Total	50	100.0

Source: Field Survey, 2017

4.5 Educational Status of the Parents

Education is a social endeavor designed to get the maximum from the ability of each member of society. Among 50 respondents of this study; majority of them (90%) responded that their fathers were literate whereas the remaining of them (10%) responded that their fathers were illiterate. While the same question put to their mothers show that only 54% of the mothers were literate and 46% were illiterate.

Table 4.4: Educational status of parents

Status	Father		Mother	
	Frequency	Percent	Frequency	Percent
Literate	45	90	27	54
Illiterate	5	10	23	46

Total	50	100	50	100
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Source: Field Survey, 2017

4.6 Education Level of the Parents.

Among the 45 literate fathers most of them (23) are seen to complete their secondary level, 9 of them only completed their primary education, 7 of them completed higher secondary education, 6 of them completed bachelors level education and 2 of them have completed masters education. The same analysis with mothers show that 12 of the mothers completed primary education, next 12 of the mothers completed secondary education while 2 of the mothers have completed higher secondary level education and 1 of them has completed bachelors. This is further elucidated in the following table.

Table 4.5: Educational level of parents

Education level	Father		Mother	
	Frequency	Percent	Frequency	Percent
Primary	9	20.0	12	44.4
Secondary	23	51.1	12	44.4
Higher Secondary	7	15.6	2	7.4
Bachelors	4	8.9	1	3.7
Masters	2	4.4	0	0.0
Total	45	100.0	27	100.0

Source: Field Survey, 2017

4.7 Family Economic Status:

Family economic status is family's economic and social position based on income, education and occupation. In this study; most of the respondents liked to call themselves from the middle classeconomic background. Out of 50 respondents 96% of them defined themselves from the middle economic class, 4% from the lower economic status and none of them defined themselves in the upper economic class.

Table 4.6: Family Economic Status

Economic status	Frequency	Percent
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Lower	2	4.0
Middle	48	96.0
Total	50	100.0

Source: Field Survey, 2017

4.8. Major Occupation of Respondents.

Occupation is a means of earning a living or any activity which a person is engaged. Small scale business is the main occupation of the respondents while agriculture comes to the second in line and service and industry comes to be in the third. The respondents were also inquired about the secondary occupation in the family. Majority of them have responded agriculture as the secondary occupation and others have even included service industry and foreign employment.

CHAPTER-FIVE

KNOWLEDGE ON ABORTION

This part of the questionnaire deals with the concept of abortion. There were 30 questions directly related to knowledge about legalization of abortion. These questions are used to measure the students' knowledge about legalization of abortion pertaining to the current practices and laws of our country.

5.1 Familiarization of the Term Abortion

All most all of the respondents (98%) were familiar with the term abortion however 2% of them were unfamiliar to it. The extensive analysis of data shows that the entire male respondents (100%) and 97% females were familiar with the term while 3% were unfamiliar to it. Among those who have heard the term "abortion" majority of them responded that they heard the term from Television (64%) and those remaining 36% heard the term from other sources like radio, friends and newspapers. The following table helps describe the analysis further:

Table 5.1: Familiarization with the term abortion

Gender	Yes (%)	No(%)	Total(%)
Male	100.0		100.0
Female	97.0	3.0	100.0
Total	98.0	2.0	100.0

Source: Field Survey, 2017

5.2. Knowledge of Abortion

On analysis of the responses collected from the respondents, it seems they have a very basic knowledge about abortion. Majority of respondents responded abortion as the killing of child in the mother's womb before he/she is born. 5 of them even responded it as an artificial process of killing the unwanted child before his/her birth. A significant number (13) of them were silent about it.

5.3 Abortion and Reproductive Health in Curriculum.

The response was also taken from the respondents to know if they had studied abortion and reproductive health in their earlier curriculum and the response showed

that 62% of the respondents were familiar to abortion from their curriculum while 38% of the respondents were not familiar about abortion and reproductive health in their earlier curriculums.

Table 5.2: Respondents who studied Abortion in their curriculums

Response	Frequency	Percent
Yes	31	62.0
No	19	38.0
Total	50	100.0

Source: Field Survey, 2017

5.4. Legalization of Abortion in Nepal.

Legalization means to make things legal or authorized by mentioning and regulating it through legal policies and practices. The analysis of the data collected show that majority of the respondents (82%) knew about legalization of abortion in Nepal while 16% did not know legalization of abortion and 2% remained silent about it. When this response was cross matched against the ethnicity, it was found that allof the Brahmins who formed 2% of the total respondents responded negatively meaning that they did not know legalization of abortion in Nepal. The Newars formed 66% of the total sample population and out of their total sample population 81.8% of them responded that they knew about legalization of abortion while 18.2% were still unknown about on the topic. Out of the respondents Tamang formed 8% of the total population and out of this 8%, 25% of the Tamangs did not respond to this question while the remaining 75% of the Tamangs answered that they knew about the legalization of Abortion. 24% of the total population formed the Chhetries out of whom 91.7% replied that they knew about legalization of abortion and the remaining 8.3% seemed unknown about this fact.

Table 5.3: Legalization of Abortion in Nepal

Ethnicity	No Response(%)	Yes(%)	No(%)	Total(%)
Brahmin			100.0	100.0
Newar		81.8	18.2	100.0
Tamang	25.0	75.0		100.0

Chhetri		91.7	8.3	100.0
Total	2.0	82.0	16.0	100.0

Source: Field Survey, 2017

5.5: Social Cause of Abortion:

Abortion is a social problem because it is directly or indirectly associated with issues like population growth, crime, maternal mortality, abortion from sex selection etc. The respondents were also inquired about the social cause of the abortion; majority(56%) replied that abortion is carried out on the basis of sex determination on closer analysis it was found that males out of this 56%; 10% were the males and 46% were the females from the total population. This variation in the response reflects the wish for a male child in our community. In the same manner 14% of the males and 6% of the females believed failure of contraceptive as the main cause of abortion. 10% of the males and, 22% of the females also replied abortion is carried because of family pressure and 2% who were all females replied that failure of contraceptive as the reason of abortion.

Table 5.4: Possible cause of abortion

Gender	Failure of Contraceptive (%)	basis of sex determination (%)	advice of doctor (%)	pressure from family/hbd (%)	Total (%)
Male	41.2	29.4		29.4	100.0
Female	9.1	69.7	3.0	18.2	100.0
Total	20.0	56.0	2.0	22.0	100.0

Source: Field Survey, 2017

5.6 Cultural Aspect of Abortion

Cultural aspect describes people's religion, spirituality, faith, economy, family and community life and other part of their culture. When the respondents were put, open question regarding the cultural aspect of abortion only 26 respondents agreed to response and remaining 24 remained silent among the collected responses 20 of them regarded abortion as irresponsible, illegal act or social taboo while the remaining 6 regarded abortion as sin. This shows that majority of the respondents are not much

concerned with the religion however they seem to be greatly affected with the socio-cultural dynamics of our society. Abortion, in our society is frequently regarded as an unethical activity, it is regarded as a killing and associated with crime. Our law even regards abortion without genuine cause is illegal, and puts the persons involved in it behind the bars therefore it seems people are still unable to frame positive aspect of legal abortion. Therefore, when people think of abortion, they think it's a crime to be away from. People who have a greater faith on religion regard aborting means killing of the baby, so they do not want this to happen and take legal abortion as an act of sin. This can be further elucidated in the following table.

Table 5.5: Cultural aspect of abortion

Response	Frequency	Percent
Social taboo	20	77
Sin	6	23
Total	26	100

Source: Field Survey, 2017

5.7 Legal Conditions of Abortion.

Legal status is a set of rites, obligation, powers or restrictions that a person or thing has which are encompassed or declared by legislation. Among 48 people who replied on their awareness about legal condition of abortion 14 people replied 'Yes'. It is 29%. Other 71% did not know that the abortion is legalized. Among 14 respondents who live in joint family, 14% know and rest 86% do not know that the abortion is legal. Comparing it with the people living in nuclear family, 35% respondents know and 65 % do not. The awareness level is higher in nuclear families.

Table 5.6: Family Structure, gender and Knowledge about Legal Conditions of Abortion.

Type of Family		Knowledge about the legal condition of abortion		Total
		Yes	No	
Joint Family	Male	1	3	4

	Female	1	9	10
Nuclear Family	Male	6	7	13
	Female	6	15	21
Total		14	34	48

Source: Field Survey, 2017

5.8 Notion about Legalization of Abortion.

When the respondents were put an open question in regarding to their views on legalization of abortion majority of the respondents (29) hesitated/refused to give their opinion while 16 of them responded legalization of abortion as appropriate and gave several reasons supporting it like to save the life of mother(6), stop unwanted pregnancy(5), helpful for rape victims(3), prevents unsafe abortion(1) and mothers compulsions(1). The 5 respondents who were of the opinion that abortion is inappropriate reasoned out legalization of abortion regarded it was unethical activity which kills the unborn child before they see the world and one of them even claimed this does not help to save a rape victim from her psychological trauma.

5.9 Benefits of Abortion.

When the respondents were asked about the benefits of abortion, each 13 of the valid responses emphasized the major benefit of abortion as birth control / spacing and to save the life of woman, Out of these 13 who emphasized benefits of abortion as birth control/ spacing 10 were from the Newar community (4 males and 6 females), 2 females were from the Tamang community and a single male from the Chhetri community which infers that most of the females within these ethnicity believe one of the benefits of abortion could be birth spacing and control. Similary other 13 of the respondents were of the notion that the benefits of abortion could also be to safe the life of woman. In this scenario there are 13 responses out of which there are 10 respondents of Newar community 2 males and 8 females, one male from Tamang community and each one male and female from Chhetri family. There 11 responses which regarded benefits of abortion could be prevention from unsafe abortion, the ethnic distribution of respondents in this group was formed with 1 female from Brahmin community, 3 males and 4 females from Newar community, a single female

from the Tamang community and two females from Chhetri community. This data shows that mostly the females from different ethnic groups regard benefits of abortion can be prevention from prevention of unsafe abortion. There are still a small number of respondents who responded benefits of abortion could be prevention from unsafe abortion and birth control as well as it can be a measure for birth control and save the life of woman. This can be elucidated in the table below.

Table 5.7: Benefits of abortion.

Ethnicity		Benefits of legalization of abortion							Total
		No Response	Prevention from unsafe abortion	Prevention from unsafe abortion and Birth control	Prevention from unsafe abortion and life of woman	Birth control/ Birth spacing	Birth control and to save the life of woman	To save the life of woman	
Brahmin	Female		1						1
	Total		1						1
Newar	Male	0	3	1		4	1	2	11
	Female	1	4	2		6	1	8	22
	Total	1	7	3		10	2	10	33
Tamang	Male		0			0		1	1
	Female		1			2		0	3
	Total		1			2		1	4
Chhetri	Male	2	0	1	0	1		1	5
	Female	1	2	1	2	0		1	7
	Total	3	2	2	2	1		2	12
Total		4	11	5	2	13	2	13	50

5.10 Safe Abortion

Among the respondents 9 responses were with the notion that safe abortion is carried to save the mother aborting her child, 7 responses concluded that abortion carried by licensed and trained actioners as safe abortion, 2 of them responded safe abortion is the process of conducting abortion as prescribed by the doctors. Majority of the respondents(28) were found to be reluctant in answering this question, which in a way seems disappointing as per the seriousness of the question.

5.11 Safe Abortion Service.

While querying about the institutions and persons who can conduct safe abortion service according to our law; 100% of the married respondents believed that its the authorized license holder organizations where safe abortion service can be conducted according to our law. Out of those unmarried respondents 70% of the males and 82% of the females also believed authorized license holder organizations are the places where safe abortion practices can be conducted legally. The remaining 23.5% of unmarried males selected Government hospitals and remaining 5.9 selected other places. While 14.3% of the unmarried females chose Government hospitals and 3.6% chose private clinics are the legal places where safe abortion can be carried out. This data infers that all most all of the respondents know safe places where safe abortion is provided legally however, it seems 100% of the married are sure about this place and small number of unmarrieds are unknow about the place where safe abortion services are delivered legally.Which can be further elucidated in the following table.

Table 5.8: Safe Abortion Service Providers.

Marital Status		According to our law where are safe abortion services provided?				
		Government Hospitals (%)	Authorized license holder organizations (%)	Private Clinic (%)	Others (%)	Total (%)
Married	Female		100.0			100.0
	Total		100.0			100.0
Unmarried	Male	23.5	70.6		5.9	100.0
	Female	14.3	82.1	3.6		100.0
	Total	17.8	77.8	2.2	2.2	100.0
Total		16.0	80.0	2.0	2.0	100.0

Source: Field Survey, 2017

5.12 Decision on Abortion

Decision making is the process of making choices by identifying a decision gathering information and accessing alternative resolution. Majority of the respondents (80%) were of the notion that only the pregnant woman can decide abortion while 14% responded that it's only the health persons who can decide abortion. On closer analysis it is seen that almost all (100%) of the male respondents who formed (34%) of the total population similarly 69.7% of the total female respondents were with the notion that its only the pregnant woman who can decide abortion. Further; 9.1% of the females described its family or the husband who can decide on abortion and remaining of the females; 21.2% believed it's the health persons who can decide on abortion.

Table 5.9: Decision on abortion

Gender	Decision on abortion			Total (%)
	pregnant woman (%)	Family (%)	health persons (%)	
Male	100.0			100.0
Female	69.7	9.1	21.2	100.0
Total	80.0	6.0	14.0	100.0

Source: Field Survey, 2017

5.13 Consent of Husband in Abortion.

Consent is giving permission for something to happen or agreement to do something. On this issue 64.7% of the total males believed consent of husband is necessary for abortion while 11.8% denied this belief and 23.5% remained silent about it. The same issue when analyzed taking reference to female respondents, it was found that 54.5% of the female respondents believed husband's consent is necessary, 6.1% refused this issue while a significant percentage 39.4% remained silent on the topic.

Table 5.10: Husband's consent on abortion

Gender	Necessity of husband is always required for abortion			Total (%)
	Yes (%)	No (%)	Don't know (%)	
Male	64.7	11.8	23.5	100.0

Female	54.5	6.1	39.4	100.0
Total	58.0	8.0	34.0	100.0

Source: Field Survey, 2017

5.14 Sex Selection Abortion and Punishment

Punishment means the infliction or imposition of a penalty as retribution for an offence. Majority of the respondents (29) didn't know abortion carried out of sex selection is punishable whereas 17 of them knew abortion carried out of sex selection as punishable whereas 4 were with the concept that it is not punishable. This shows that females know better that abortion from sex selection is punished by law. And those who know it is punishable still don't know how long they are punished for carrying abortion with sex selection.

Table 5.11 Sex Selection Abortion and Punishment.

Gender	Anyone found guilty of abortion according to sex selection punished			Total
	Yes	No	Don't know	
Male	3	2	12	17
Female	14	2	17	33
Total	17	4	29	50

Source: Field Survey, 2017

5.15 Concept of Unsafe Abortion

The open question to test the knowledge of the prevailing concept of unsafe abortion among the respondents (10) claimed that abortion carried by unauthorized persons in unauthorized organization is unsafe abortion, 6 of the respondents described abortion without the advice from doctor is unsafe abortion, 5 of them responded that an abortion carried out by putting the mother's life at risk is unsafe abortion. 29 of the respondents did not put their opinion seems to be too serious in regard to the gravity of this question.

5.16. Cause of Unsafe Abortion Practice

In response to the unsafe abortion practice majority of the responses (60%) claimed that unsafe abortion is practiced due to the fear that people in their society may know

it; this figure when analyzed according to their gender comes to be 70.6% of the total male and 54.6% of the total female population. 30% of the total responses; which comprised 17.6% of the males from the total males and 36.4% of the females from the total females were with the opinion that women are still unknown about legalization of abortion. Which can be inferred from the data in the following table.

Table 5.12. Cause of Unsafe abortion practice

Gender	Girls undergo unsafe abortion because				Total (%)
	Lack of knowledge of legalization (%)	Fear that people may know (%)	Lack of knowledge of complication (%)	Hesitation to go to service center (%)	
Male	17.6	70.6		11.8	100.0
Female	36.4	54.5	3.0	6.1	100.0
Total	30.0	60.0	2.0	8.0	100.0

Source: Field Survey, 2017

5.17 Practice of Unsafe Abortion

Majority of the respondents(56%) were of the common notion that most of the young unmarried girls carry unsafe abortion and 20% of them were of the notion that unsafe abortion is also carried for unwanted pregnancy and unmarried girls and rape victims.

Table 5.13: Practice of unsafe abortion

Response	Frequency	Percent
Young unmarried girls	28	56.0
Young Unmarried girls and Rape Victims	10	20.0
Rape victims	2	4.0
Unwanted pregnancy	10	20.0
Total	50	100.0

Source: Field Survey, 2017

5.18. Preventive Measure for Unsafe Abortion.

Preventive measure is an acting or an obstacle used to prevent or hinder events from unrestricted progress. 48% of the respondents in total were with the opinion that unsafe abortion can be prevented through awareness program. The ethnic distribution of this group is comprised of the 54.5% of males and 40.9% females from Newar community; 100% of the Tamang males and 33.3% of Tamang females; 60% of the Chhetri males and 57.1% of Chhetri females. 28% of the respondents were with the opinion that it can be checked through strict law while 10% were with the opinion that awareness program with proper monitoring is necessary for prevention of unsafe abortion practices.

Table 5.14: Preventive measure for unsafe abortion

Ethnicity		What can be the effective preventive measure for unsafe abortion?							Total (%)
		Strict law (%)	Strict Law and Awareness Program (%)	Strict Law and Proper Monitoring (%)	Awareness program (%)	Awareness program and proper monitoring (%)	Proper monitoring (%)	Abortion in curriculum (%)	
Brahmin	Female	100.0							100
Newar	Male	18.2	18.2		54.5	9.1			100
	Female	36.4	4.5	4.5	40.9	9.1	4.5		100
	Total	30.3	9.1	3.0	45.5	9.1	3.0		100
Tamang	Male				100.0				100
	Female	66.7			33.3				100
	Total	50.0			50.0				100
Chhetri	Male	20.0	20.0		60.0				100
	Female				57.1	28.6		14.3	100
	Total	8.3	8.3		58.3	16.7		8.3	100
Total		28.0	8.0	2.0	48.0	10.0	2.0	2.0	100

Source: Field Survey, 2017

5.19 Condition Restricted by Law for Abortion

Restriction is a limiting condition or measure specially on legal one. In our context, NSAP, defines the rules and regulation that define the criteria for abortion. To the open question about restriction of abortion in our country 3 responded that abortion carried with sex determination is illegal, 2 each responded that abortion after 3

months is illegal, 2 responded that abortion in first pregnancy is against law and other 2 responded abortion before marriage is against law. Another one responded that abortion without the consent of mother is restricted by law. Majority of the respondents (40) refused to answer the question.

5.20 Suggestion Regarding Abortion

8 of the respondents would suggest abortion to be carried from safe and authorized help personnel, 4 would suggest doctor's consultation before abortion, 2 would suggest to consider social and physical impact before undergoing abortion, 3 of them would suggest to consult the family and elders, 7 would suggest not to abort and the remaining 26 of them were reluctant to answer.

CHAPTER-SIX

ATTITUDE REGARDING ABORTION

Perhaps the most straightforward way of finding out about someone's attitudes would be to ask them. However, attitudes are related to self-image and social acceptance therefore to preserve a positive self-image, people's responses may be affected by social desirability. They may not well tell about their true attitudes, but answer in a way that they feel socially acceptable. Therefore, this set of question is devised as a closed questionnaire where respondents must response the mentioned questions either as strongly agree, agree, undecided, do not agree or strongly disagree.

6.1 Abortion as an unethical activity.

40% of the respondents could not agree abortion as an unethical activity. This group comprised of 39% of the Hindus and 57% of the Buddhists however there were only 16% who strongly disagreed that abortion is unethical. Among the other respondents 16% remained undecided and remaining 44% claimed it is an unethical activity. This group comprised of the 44% of the Hindus, 42.9% of the Buddhists and 50% of the Christians. This shows people are still ambivalent whether it is an ethical or unethical activity.

Table 6.1 Abortion as an unethical activity

Religion	S.A (%)	Agree (%)	Undecided (%)	Disagree (%)	S.D (%)	Total (%)
Hindu	19.5	24.4	17.1	24.4	14.6	100.0
Buddhist	28.6	14.3		28.6	28.6	100.0
Christian	50.0		50.0			100.0
Total	22.0	22.0	16.0	24.0	16.0	100.0

Source: Field Survey, 2017

6.2 Woman's Sole Decision for Abortion:

68% of the respondents agreed that woman's sole decision is sufficient for abortion. Among those who thought its appropriate the they were the 64.7% of males from total males and 69.7% of females from total females. 10% of the total respondents were undecided about this fact which comes to be 23.5% of males and 3% of females.

While 11.8% of males and 27.3% of females disagree woman’s sole decision regarding abortion is appropriate. This shows that educated youths including the males are also of the opinion that woman should have sole decision for abortion, still some of them seem undecided and even disagree that woman should have full power of decision in abortion which may be the reflection of our patriarchal culture and value.

Table6.2: Woman’s Sole decision for abortion:

Gender	Woman's sole decision regarding abortion is appropriate					Total (%)
	S.A (%)	Agree (%)	Undecided (%)	Disagree (%)	S.D (%)	
Male	29.4	35.3	23.5	11.8		100.0
Female	21.2	48.5	3.0	21.2	6.1	100.0
Total	24.0	44.0	10.0	18.0	4.0	100.0

Source: Field Survey, 2017

6.3 Unmarried Teenagers and Unsafe Abortions.

The analysis from the given data shows that 94% of the respondents were with the opinion that most of the unmarried teenagers are vulnerable to unsafe abortions that married ones. Only 6% of the respondents put an opposing view claiming that its not only the unmarried teenagers who are vulnerable to practices of unsafe abortion. From the data we can conclude most of the unmarried teenagers go for unsafe abortion, because abortion before marriage can’t be imagined in our context and those who want to undergo abortion in registered institutions fear the lack of their privacy though National Safe Abortion Policy safeguards the privacy of the person undergoing abortion in the registered institutions.

Table 6.3: Unmarried teenagers and unsafe abortions

Response	Frequency	Percent
Strongly Agree	27	54.0
Agree	20	40.0
Disagree	3	6.0
Total	50	100.0

Source: Field Survey, 2017

6.4 Right to Terminate Pregnancy.

Majority of the respondents (76%) believed that female must have the right to terminate pregnancy, the gender distribution of the data shows that this group comprised of 76.4% of the males and 75.8% of females. 11.8% of the males and 21.2% of females still disagree on it and 11.8% of males and 3% of females were undecided on this topic. Which infers that the respondents at large believed that it's the females, who should have rights to terminate pregnancy.

Table 6.4: Females must have the right to terminate pregnancy

Gender	S.A%	Agree %	Undecided %	Disagree %	S.D%	Total
Male	52.9	23.5	11.8		11.8	100.0
Female	45.5	30.3	3.0	18.2	3.0	100.0
Total	48.0	28.0	6.0	12.0	6.0	100.0

Source: Field Survey, 2017

6.5 Abortion and Complications of Abortion

All most all of the respondents (92%) of the respondents were with the opinion that safe abortion reduces the complications of abortion. The data shows that the respondents are aware of the health issues during abortion, this could be because our respondents are well educated students.

Table 6.5: Safe abortion and complications of abortion

Response	Frequency	Percent
Strongly Agree	22	44.0
Agree	24	48.0
Undecided	4	8.0
Total	50	100.0

Source: Field Survey, 2017

6.6 Accessibility of Safe Abortion service.

Although a small number of respondents remained silent in this topic majority of the respondents(88%) gave emphasized that safe abortion services should be accessible

and affordable to women.

6.7 Unsafe Abortion and its Consequences

All most all (92%) of the respondents were with the opinion that unsafe abortion causes threat to life however a small portion (8%) remained undecided on it.

6.8 Legalization of Abortion above 18 weeks.

Nearly half of the respondents remained undecided about the legalization of abortion above 18 weeks is necessary in the consent of mother or not but the other half was with an opinion that it must be legalized.

Table 6.6: Legalization of abortion above 18 weeks.

Response	Frequency	Percent
Strongly Agree	9	18.0
Agree	14	28.0
Undecided	22	44.0
Disagree	5	10.0
Total	50	100.0

Source: Field Survey, 2017

6.9 Abortion Practices and Strict Monitoring

Majority of the respondents are with the opinion that abortion practices should be made strict and private clinics and hospitals are to be strictly monitored by government. 94% of the respondents demand for a strict monitoring and regulation of the organizations providing safe abortions may speak in volumes, i.e, they might be fearing of any unethical activities going in such organizations or they want these organizations meet all the rules and regulations described in NSAP. This can be further elucidated in the following table.

Table 6.7: Abortion Practices and Regulation

Response	Frequency	Percent
Strongly Agree	31	62.0
Agree	16	32.0
Disagree	2	4.0

Strongly disagree	1	2.0
Total	50	100.0

Source: Field Survey, 2017

6.10 Abortion Issues in High School Curriculum.

84% of the respondents were with the opinion that abortion related issues should be included in high school curriculum however 8% remained undecided on this topic and 10% even though it is not important to prescribe abortion related issues in high school curriculum. Actually this figure shows that it's the time now, all most all of the students should be aware of the issues relating to abortion, therefore it can be best done by prescribing it in the study curriculum.

Table 6.8: Abortion issues in high school curriculum.

Response	Frequency	Percent
Strongly Agree	27	54.0
Agree	14	28.0
Undecided	4	8.0
Disagree	5	10.0
Total	50	100.0

Source: Field Survey, 2017

CHAPTER-SEVEN

SUMMARY AND CONCLUSION

This chapter deals with the summary and conclusion of the study. The discussion also presents the summary of the findings and conclusions which were drawn from the statistical analysis of the data.

7.1 Summary

The purpose of this study was to identify the knowledge and attitude of abortion among the bachelors students studying in Khwopa College, Bhaktapur. This was a study carried among the educated urban youths hoping that the respondents would fill in the questionnaire without hesitations however respondents were found to be hesitant to answer when they had to answer on ethical grounds. Maybe they feared that their privacy could be breached although they were clearly announced that their privacy would be respected, they were also asked to fill up an inform consent form which explained that their privacy would be protected and were also told not to mention their identity if they don't like. The major objective of the study was to measure the knowledge on legalization on safe abortion among the college students in the selected college. For the study, bachelor level students from Khwopa college were taken into consideration with random sampling method. The prior consideration to adopt this method was that almost all of the students in bachelor level are in some or other ways familiar with abortion.

The study revealed that majority age group of the respondents was between 18 to 20; out of whom 66% were females and the rest 34% were the males. Most of the respondents were from Newar community (66%) followed by the Chhetries (28%). There was a majority of Hindu (82%) respondents followed by the Buddhists (14%). Almost all the respondents who heard about abortion for them the common source was Television (64%). Those who heard about abortion were found to be unknown about the dates when abortion was legalized in Nepal. Although most of the respondents (68%) had read issues related in abortion in their curriculum, still a significant number (32%) had not read this issue as a part of educational curriculum. More than half percentage of the respondents (56%) replied that abortion

is carried resulting from sex selection, which reflects the nature of our patriarchal society where boys are preferred to girls. Half percentage of the respondents (48%) remained hesitant to answer when they were asked about the cultural aspect of abortion however those who responded regarded it either as a cultural taboo (77%) or a sin(23%).An ethnic study of the responses showed that more than half of the respondents (60%) regarded abortion as unethical, in this scenario 44% of the total Hindus, 42% of the total Buddhists and 50% of the total Christians regarded abortion as unethical hence sinful.The study showed that the awareness about legalization of abortion seems to be higher in nuclear families (65%). According to this study (46%) of the male respondents who lived in nuclear family had knowledge about legal condition of abortion which is in contrast to 28% of the girls living in the nuclear family.Most of the respondents(26%) regarded legalization of abortion as a tool for birth control or spacing while 22% regarded it as a measure for prevention from unsafe abortion.Majority of the respondents (58%) hesitated to put their notion on legalization of abortion and those who gave their notions put several views like; to save the life of mother; helpful for rape victims, prevents unsafe abortion and the like.Maximum respondents knew the organizations which provide legal and safe abortion service; but majority of them (68%) did not know the legal condition of abortion.80% of the respondents knew that abortion could be carried out on the sole decision of the mother however remaining 20% thought they should take the consent of the family including their husband or the doctors.Most of those who responded that husband's consent during abortion is required were the males, this reflects the prevailing practice of decision making where males are dominant over the females. Not only the males even a small fragment of females showed the necessity of husband's consent during abortion, which totally is fallacious.

Although the survey was carried among the educated youths, it is strange to know that majority of the respondents (58%) were unaware that abortion carried out of sex selection is punishable.Majority of the respondents were with the notion that most of the young unmarried girls carry unsafe abortions because they fear that they may get into social problems if not health problems when they go to legally authorized organizations for safe abortion because they do not feel their privacy is fully protected hence thereremains a chance that the community members may know her abortive act.

7.2 Conclusion

After legalization of abortion care in Nepal, the utilization of safe abortion care was found to be increased. Many abortion care facilities were established and a large number of health care providers were trained in abortion care by the government. Despite the various efforts, a significant number of unsafe abortion practices still exist in our country. There can be various reasons like people are unknown about safe abortion care services, they are unknown that abortion is legalized in our country or other socio-cultural causes; why mothers are undergoing unsafe abortions. Since this is a sociological research this research was primarily focused on knowing whether the citizens are aware about legalization of abortion in our country or not. With this purpose in hand, this descriptive study was conducted among the students of Bachelors level studying at Khwopa college. Therefore, all of the respondents in our sample population were educated and sensible enough to find what is right and what is wrong. Moreover, all most all of the students were in the age group of 18 to 20 years. By law, this is the age when adolescents are allowed to marry. To test the knowledge of legalization of abortion in these respondents particularly is effective because they are the educated youths who can aware their society about safe abortion practices as well as this is also the group of people who will be starting their married lives sooner or later.

On analyzing the data collected as responses to the questionnaires distributed to these respondents, it is seen that all most all of them are known about abortion. Although they claim, they are known about abortion it seems they have very basic idea about abortion because they responded abortion as a method of killing the unborn child. Majority of them did not know the legal conditions when safe abortion could be carried. They were hesitant to put their views on abortion practices which demands that awareness of legalization of abortion in our country is low even in the educated youths, which must be taken as a serious issue. The data from the study also shows that, the respondents were also unknown about the conditions restricted by law for abortion, majority of them even did not know abortion by sex selection is illegal

which can also be accounted as the next serious issue. The respondents were found to be divided equally between the positive and the negative poles when they were replying abortion as an ethical or unethical activity. Majority of the respondents took abortion as a social taboo some of them regarded it as a sin. This shows that only the framing of laws and policies about legalization of abortion does not move positively towards legal abortive practices because our social practices and decorum view abortion as a crime or a sin, which if carried offends god. Abortion carried from sex selection seems to be taken cautiously because this study shows there are chances that mothers may be carrying induced abortion under the hood of legalization of abortion. This may cause a greater social problem in days to come. The number of girls will diminish steeply and result in different social crimes. Authorized institutions and organizations generally do not induce abortion after sex selection this is one of the reasons why mothers tend to go for unsafe abortion in unauthorized places. This fact seems to be alarming, hence it is also necessary to confirm whether the authorized centers are also providing illegal services and victimizing our society or not. Regular monitoring and surveillance of these authorized centers can be meaningful in this scenario. The study also revealed that the respondents were unaware that the privacy of a person undergoing safe abortion in authorized organizations by authorized health persons as per legal condition is enforced in the abortion policy.

From this study we can come to a conclusion that abortion are mostly done for two causes: abortion for a genuine cause which complies the rules and regulations of the prevailing rules and regulations of a country and illegal abortion after sex selection or unethical activities. In the first case, people are mostly undergoing unsafe abortions because they are unaware about the legal practices of abortion in the country, they fear the social consequences or they fear the breach in their privacy. In second case, the act of abortion itself is illegal and is a crime, so the mothers are forced to practice unsafe abortion for her face saving. This reflects that our socio-cultural practices are still against abortion despite the government has liberalized abortion and regulated it through National Safe Abortion Policy. The best solution can be devised by making the citizens aware of legal and illegal forms of abortion and providing knowledge on it. Disseminating, knowledge on abortion is one of the social duties of a government therefore a government should be able to make the youths know about what is legal

abortion and how certain types of abortions are legal and what is illegal abortion and why it is regarded as a crime. Government can use different tools of information dissemination like radio/tv broadcasts, awareness programs, educational programs or training campaigns to raise the awareness about legal forms of abortion which ultimately will help establish legal abortion as a service in our society not a crime to be punished or a sin that offends the god.

7.3 Issues for Further Studies

This study was done in only one college of Bhaktapur district. Therefore, it can be too early to make a concluding statement that although most of the respondents of marriageable age are familiar of the term abortion, they are not aware of the legal conditions included in the National Health Policy, that regulates abortion facilities in our context. So, the government has still to conduct awareness raising programs which helps its citizens to enhance the knowledge of legalization of abortion in the country. More experiments of this type should be conducted among the population in major parts of the country or in the country as whole to get a true picture on this scenario.

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Appendix I

Questionnaire

Name (Optional):

Faculty:

Part I

Demographic Information

1. Age: _____
2. Sex:
 - a) Male
 - b) Female
3. Ethnicity you belong to:
 - a) Brahmin
 - b) Newar
 - c) Tamang
 - d) Chhetri
 - e) Specify if others _____
4. Marital Status
 - a) Married
 - b) Unmarried
 - c) Divorcee
 - d) Separated
5. Age at marriage: _____
6. Religion
 - a) Hindu
 - b) Buddhist
 - c) Christian
 - d) Muslim
 - e) Specify if others _____
7. What is the type of family you live in?
 - a. Joint Family
 - b. Nuclear Family
 - c. Extended Family

8. Education status of father
 - a. Illiterate
 - b. Literate
9. Education level of father.
 - a) Primary
 - b) Secondary
 - c) Higher Secondary
 - d) Bachelors
 - e) Masters
10. Education status of mother
 - a. Illiterate
 - b) Literate
11. Education level of mother.
 - a) Primary
 - b) Secondary
 - c) Higher Secondary
 - d) Bachelors
 - e) Masters
12. Family Economic Status
 - a. Lower
 - b. Middle
 - c. Higher
13. Family Occupation
 - a. Main occupation: _____
 - b. Other occupation: _____

25. If yes. What are the conditions? (Multiple responses if possible)
- Up to 12 weeks of gestation for any women
 - Up to 18 weeks of gestation if pregnancy resulted from rape or incest.
 - At any time during pregnancy with the advice of medical practitioner or if the physical or mental health or life of the pregnant woman is at risk or if fetus is deformed and incompatible with life.
 - Don't know.
26. How do you feel about legalization of abortion?
- Appropriate (why?) _____
 - Inappropriate(why?) _____
27. In your opinion, what are the benefits of legalization of abortion? (Multiple response possible)
- Prevention from unsafe abortion
 - Birth control / Birth spacing
 - To save the life of women
 - Others (specify) _____
28. What does safe abortion mean?
-
29. According to our law who can provide safe abortion service?
- Doctors / Nurses
 - Health assistant /C.M.A
 - Trained and listed authorized health personnel only
 - Don't know
30. According to our law where are safe abortion services provided?
- Government Hospitals
 - Authorized /legalized license holder organizations only
 - Private clinic
 - Any other specify

31. Who can decide abortion?
- a. Only the pregnant woman
 - b. Family
 - c. Health persons / Institutions
 - d. Community
32. In case of rape; abortion is legal up to
- a. within 12 weeks
 - b. within 16 weeks
 - c. within 18 weeks
 - d. within 20 weeks
33. The consent of the husband is always required for abortion
- a) yes
 - b) No
 - c) Don't know
34. Is anyone found guilty of aborting pregnancy according to sex selection punished?
- a. Yes
 - b) No
 - c) Don't know
35. How many years a person performing abortion according to sex selection punished for?
- a) 6 months
 - b) One year
 - c) Life long
 - d) I don't know
36. What do you understand by unsafe abortion?
-
-

37. Why do girls undergo unsafe abortion?
- a. Lack of knowledge of legalization of abortion
 - b. Fear that people may know
 - c. Lack of knowledge of complication
 - d. Hesitation to go to service center

38. What can be the complications of unsafe abortion?
-
-

Part III

Attitude related statement.

The following items are not designed to test your knowledge, they are only meant to explore some of your feeling and point of view about abortion. Kindly respond to any of the column against eac of the following statements.

SA= Strong Agree, A = Agree, U= Undecided, D= Disagree, SD= Strongly disagree

S.No	Items	SA	A	U	D	SD
1	Abortion is an unethical activity.					
2	Woman's sole decision regarding abortion is appropriate.					
3	Unmarried teenagers are mostly vulnerable to practices of unsafe abortion than married ones					
4	Female must have the right to terminate pregnancy.					
5	Safe abortion reduces the complications of abortion					
6	Safe abortion services should be accessible and affordable to all women					
7	Legalization of safe abortion for more than 18 weeks is also necessary in the consent of the mother.					
8	Unsafe abortion practices may cause threat to life					
9	Abortion practices should be made strict and private clinics and hospitals are to be strictly monitored by government					
10	Abortions related issues are to be prescribed in high school level curriculum.					