

Safe abortion services in Nepal: some insights

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ABSTRACT

This study attempts to ascertain the reasons that lead women to abortion and assess the extent of the involvement of their husband or male partner in the pregnancy decision making. A total 304 of women who received safe abortion services during the eight-month period from 8 clinics of Family Planning Association of Nepal (FPAN) constitute the sample size of the study. Maternal education was a strong predictor of abortion. The most cited reason for resorting to abortion was that the women had no desire for additional child. Just more than half of the clients were accompanied by their husband. Almost one-third of the women were not practicing any contraception method prior to terminating their pregnancy. Enhancing the access of women to contraceptives and providing a wide choice of methods may offset the rise in demand for abortion. Men should be targeted in all reproductive health and right programs.

Keywords: Abortion care, family practice methods, manual vacuum aspiration, male involvement.

INTRODUCTION

There has been a significant expansion in the number of government approved facilities providing comprehensive abortion care (CAC) in Nepal after the amendment of the restrictive abortion law. Maternity Hospital (Thapathali) started providing the CAC services in March 2004 pursuant to the National Safe Abortion Policy 2002. At present, there are 122 health facilities—76 government run facilities and 46 non-government organizations (NGOs) run facilities—providing wider access to legal and safe abortion services in the country.

In order to complement the government's effort in the country, where the abortion rate is as high as 117 per 1000 reproductive age group of women,¹ Family Planning Association of Nepal (FPAN) started the safe abortion services in selected sites in 2004. Within the same year a total of 2,300 women received services from its government certified clinics. The caseload in 2005 grew to 3102 with 34.0% increment compared to the preceding year. Currently, FPAN is vying to establishing itself as the *Center of Excellence* on abortion services.

FPAN is guided by the established protocols used worldwide, especially that of the World Health Organization (WHO). According to WHO, to address the challenge of making abortion safe and accessible to the maximum extent allowed by law requires "training health personnel so that they are conversant with national laws and regulations as well as with technical procedures, ensuring equipment and supplies, and designing protocol, regulations and policies that promote access to quality abortion services."²

Besides, pre-abortion essentially being the first-step in providing quality abortion care, WHO emphasizes the importance of trained and competent staff not only to record the women's history and perform the examinations, but to help them recognize and draw upon their own resources, which they can use for future problems they may encounter. It is also required that the service providers provide complete, accurate, and easy to understand information about the procedure and voluntary counseling about options available to her to make informed decisions.²

The method for inducing abortion depends upon the duration of the pregnancy, the training and skills of the provider, the facilities available and the preference of the women.³ Several studies conducted in the USA and in developing countries reveal that manual vacuum aspiration (MVA) is a safer, equally effective and less resources intensive treatment for abortion of up to 12 weeks' gestation compared with sharp curettage or dilatation and curettage (D and C), which is the standard treatment in many countries.⁴ The preferred methods for up to 12 completed weeks since the last menstrual period are manual or electric vacuum aspiration or medical methods using a combination of Mifepristone followed by a Prostaglandin.²

In compliance to the WHO recommendations for the first trimester abortion, FPAN provided the services through MVA to 3218 women within the period of March to October, 2006.

There has been no major study conducted on abortion in the country after the liberalization of abortion. In order to provide nationally representative estimates on the services utilization an extensive survey covering all regions and ecological belts is required. However, this study based on 8 clinics could provide a valuable base for more extensive analysis on safe abortion in the days to come.

Evidence from some studies conducted in India and Nepal suggests that the reasons for women seeking abortion are diverse. A study conducted in Maharashtra revealed that the need to space children was the most-cited reason that adolescents had abortions; most of these young women did not have experience using contraception.⁵ Likewise, in a study of population based sample of 90,303 ever-married women in India aged 15-49 found that women seek abortions to limit or space birth, irrespective of the sex of their children.⁶ In the sample study of 22 CAC facilities run by the Government, Non Government Organization and Maternal Hospital (Thapathali) nearly all clients having three or more children (96.0%) and also those having two children (92.0%) reported that they did not desire for additional children.⁷

Men's involvement in reproductive health has been found to have a positive impact on women's health. One study in Egypt found that husbands who received counseling in the time of their wives' abortions were more likely to be supportive during the recovery period.⁸ A study conducted in four districts of Nepal, revealed that husbands hold strong views and are the ones who decide on pregnancy outcomes, not their wives.⁹

Nepal has a high level of mistimed and unwanted pregnancies (37.0%)¹⁰ and a moderate level of contraceptive use (39.0%) among currently married women of reproductive age.¹¹ Postabortion care services are incomplete without effective family planning efforts. Many postabortion patients have an immediate need for family planning to prevent another unwanted pregnancy.¹²

This study sheds light on the reasons that lead women to abortions and the extent of male involvement in the pregnancy decision making. It also attempts to identify the family planning practices among women seeking safe abortion services.

MATERIALS AND METHODS

A CAC facility that was listed during the period of March to October 2006 formed a sampling unit of the study. Altogether 3218 CAC facilities were listed in the 8 clinics of FPAN — Lalitpur (central clinic), Jhapa, Sunsari, Chitawan, Kavre, Valley, Kaski, Rupandehi, not all women receiving the CAC services were willing to be interviewed owing to the sensitivity of the abortion related issues. Of the total, a sample of 304 women receiving the services was successfully interviewed. Sampling was based on stratified random sampling technique, where each clinic was treated as a stratum. And, a simple random sample was taken in each stratum in the proportionate basis. Thus, the stratum with higher number of sampling units (Itahari) had higher representation vis-à-vis stratum with lower number of sampling units (Kavre).

The interview was based on the structured questionnaire with both open ended and closed ended questions. The questionnaire was pre-tested to 5 women seeking safe abortion services at the central clinic of FPAN. Respondents were assured of privacy and confidentiality. All interviewers collecting the data were female and specially trained to deal with the touchy issue of abortion. The formal interview generally followed an informal discussion. Information collected pertained to the woman's background, the reasons she had resorted to abortion, the procedure used, her knowledge and use of contraceptive and the involvement of her husband or male partner in receiving the service. The retrieved questionnaires from the 8 clinics were entered and analyzed by SPSS. X²-test of significance was applied for goodness-of-fit.

RESULTS

During the period of March to October, 2006, the 8 clinics of FPAN provided safe abortion services to 3218 women. Altogether, highest number (1320) of clients sought the services from Itahari clinic, which is 41.0% of total caseloads of the association during the said period, followed by Chitawan (715) that constitute 22.0% of the total. Only 92 women received service in Kavre-the lowest of all clinics.

Characteristics of the clients: Some important socio-demographic characteristics of the women receiving safe abortion services are presented in Table-1.

The study showed that 96.0% of the women receiving abortion services were ever-married. Percentage of unmarried women receiving the services is 4.0%, followed by widows or divorcees, which is just 1.0% of the total clients. Of the total number of respondents, 26.0% had had an abortion previously. Out of which 54.0% had undergone 2 abortions and 21.0% had more than two. Three percent of the women experienced spontaneous abortion. The majority of the women (63.0%) fall in the above 25 age group. Six percent of women is aged 19 years and below. There were 31.0% of the women who were between the ages of 20 to 24. The median age of the women who sought

abortion services was 28 years. And, their mean age at marriage was 18.20 years. Majority of the women (75.0%) receiving the comprehensive abortion care (CAC) services were literate. Approximately one out of five of women were high school graduates, which is consistent with the findings of a study conducted in Nepal. Of the total women receiving the services 88.0% were *Hindus*, followed by *Buddhist* (8.0%), *Christian* (2.0%) and *Muslim* (1.0%). Half of the women who underwent abortion services belonged to either *Brahmin* or *Chhetri*. The second in terms of numbers were Newars who constitute almost one-tenth of the sample size. Alarming, only 5.0% of the clients were Dalits.

Reasons: The most cited reason (59.0%) revealed by the women for terminating the pregnancies was that they had no desire for additional children size (X^2 value significant at $\alpha=.001$). Almost one in five of the total women undergoing abortion had early pregnancy and one-tenth of them sought the services owing to unplanned pregnancy. Six percent of the women resorted to induced abortion due to the failure of contraceptives. Only 3.0% underwent safe abortion to avoid the risk to health or life (Table-2).

Analysis of the marital status with respect to the reasons revealed that majority of the married women had aborted their pregnancies after meeting their desired family size (61.0%) and almost one-fifth sought services owing to early pregnancy. Percentage of married women receiving abortion due to unplanned pregnancy and contraceptive failures were similar to that of the total clients (Table-3).

Among unmarried women the most cited reason for undergoing abortion was due to unplanned pregnancy (45.0%). However, more than one-fourth (27.0%) unmarried clients had resorted to abortion owing to early pregnancy (Table-3).

Parity status: Almost 9 out of 10 women of the reproductive age had more than 1 child. More than half of them already had more than 2 children, which consolidates the findings that women resorted to induced abortion after the meeting the desired family size. Nearly one-eighth of the women who sought abortion had no child (Table -4).

Male involvement: Four out of five women reported that both partners (male and female) were involved in the decision to aborting the pregnancies. Only 12.0% of the total women decided themselves. And, one out of twenty women resorted to terminating their pregnancies based on their husbands' decision. Just more than half of the clients (57.0%) were accompanied by their husband, followed by those accompanied by other family members (13.0%). One-tenth of the clients were accompanied by their peers. Percentage of clients who came alone for the service was just 7.0% (Table -5).

Table-6 reveals that almost three-fourth of the women perceive that both male and female partners should be involved in the decision making of family planning (FP) methods. Only 11.0 % think that the women have the right to make the decision. However, lesser number (205) of women reported that both are involved in making the decision on methods of birth spacing contrary to their perceptions (218). Almost one-tenth reported that the husbands are the sole decision makers on the use of the FP methods.

Family planning practice: Majority of the women reported using some method of contraception prior to becoming pregnant (70.0%) contrary to the findings of a similar study based on the urban areas of Nepal, which was just 48.0%.¹³ Hormonal injectables were the most used methods (41.0%), followed by male condoms (29.0%), the pills (19.0%) and Norplant (4.0%). Almost nine out of ten women receiving abortion were provided some methods of contraception after the procedure. Slightly more than half of the clients were given pills (53.0%). Other methods provided were depo (22.0%), followed by male condoms (20.0%), the IUD (3.0%) and Norplant (2.0%). Only 1.0% opted for male sterilization (Table- 7).

DISCUSSION

The present analysis is based on the primary survey of 304 women who received safe abortion services in the 8 clinics of FPAN. Of the total clients receiving the services, only 5.0% were Dalits, which is comparatively low vis-à-vis their population in the country (13.0%).¹⁴ The national statistics shows that illiterate women outnumber the literate ones.¹⁵ But, when it comes to receiving the service, their share is just one out of four. The likely factor is that educated women are more likely than uneducated women to have information about and access to abortion services. The services should reach to the women who don't have access to education.

Almost one out of five women had experienced early pregnancy and slightly more than one-tenth sought abortion in their first pregnancy. Majority of married women had aborted their pregnancies after meeting their desired family size. This is consistent with a study conducted in Nepal.⁷ Enhancing the access of women to contraceptives and providing wide choice of methods may reduce the incidence of unwanted pregnancies.

Involving men in reproductive health has been found to have a positive impact on women's health. But, just more than half of the women receiving abortion services were accompanied by their husband. Hence, it is advisable that men should be targeted in all reproductive health and rights programs. Almost one-third of the total women had not used the FP method prior to abortion, suggests that there are unmet needs which should be addressed. This will help offset the rise in demand for abortion.

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Table-1: Socio demographic profile of women receiving safe abortion services

Characteristics	n	%
Age group		
10-'19	18	6.0
20-24	94	31.0
Above 25	192	63.0
<i>(Median age of the clients: 28)</i>		
<i>(Mean age at marriage of clients: 18.20)</i>		
Total	304	100.0
Marital status		
Married	291	95.0
Never married	11	4.0
Widow/divorcee	2	1.0
Total	304	100.0
Education		
Illiterate	75	25.0
No-formal	21	7.0
Primary	50	16.0
Secondary	86	28.0
SLC passed	32	11.0
Intermediate and above	40	13.0
Total	304	100.0
Religion		
Hindu	268	88.0
<i>Buddhist</i>	25	8
<i>Muslim</i>	3	1
<i>Christian</i>	5	2
Others	3	1
Total	304	100.0
Ethnicity		
<i>Brahmin/Chetri</i>	152	50
<i>Newar</i>	28	9
<i>Rai/Limbu</i>	21	7
<i>Magar/Gurung</i>	20	7
<i>Dalit (Hil region)</i>	8	3
<i>Dalit (Terai region)</i>	5	2
<i>Tharu</i>	20	7
<i>Yadav/Rajbansi/Mahato</i>	14	5
Others	36	12
Total	304	100.0

Table-2: Reasons for seeking abortion

<i>Reasons of abortion</i>	n	%
Early pregnancy	59	19.0
Unplanned pregnancy	29	10.0
Contraceptive failure	19	6.0
Economic factors	9	3.0
Desired family size already established	179	59.0
Risk to health or life	9	3.0
Total	304	100.0

Table 3: Reasons with respect to marital status

<i>Reasons of abortion</i>	<i>Marital status in (number)</i>		
	Never married	Married	Divorced / widow
Early pregnancy	3 (27)	56 (19)	0 (0)
Unplanned pregnancy	5 (45)	24 (8)	0 (0)
Contraceptive failure	2 (18)	17 (6)	0 (0)
Economic factors	0 (0)	9 (3)	0 (0)
Desired family size already established	0 (0)	177 (61)	2 (100)
Risk to health or life	1 (9)	8 (3)	0 (0)
<i>Total</i>	<i>11</i> <i>(100)</i>	<i>291</i> <i>(100)</i>	<i>2</i> <i>(100)</i>

Number inside the parenthesis indicate % of the total.

Table-4: Percentage distribution of women with respect to parity status

Total No. of Children	Son	Daughter	Women receiving services
0	0	0	12
1	13	10	23
2	30	27	57
3	2	4	6
4	1	1	2

Table-5: Male involvement in seeking abortion services

Person Involved in Decision Making	n	%
Husband	16	5.0
Wife	35	12.0
Both	243	80.0
Others	10	3.0
Total	304	100.0
Person Accompanying	n	%
Husband	174	57.0
Service provider	17	6.0
Family	39	13.0
Peers	32	10.0
Alone	22	7.0
Others	20	7.0
Total	304	100.0

Table-6: Perception and decision making on fp methods and practices

<i>Clients' Perception about FP Methods</i>	n	%
Husband	20	7.0
Self	33	11.0
Both	218	72.0
Don't know	33	11.0
<i>Total</i>	304	100.0
<i>Person Involved in Decision Making</i>	n	%
Husband	27	10.0
Self	24	9.0
Both	205	76.0
Others	15	5.0
<i>Total</i>	271	100.0

Table-7: Practice of family planning methods used before and after abortion

<i>FP Method Prior to Abortion</i>	n	%
Yes	214	70.0
No	90	30.0
<i>Total</i>	304	100.0
<i>FP Method Prior to Abortion</i>	n	%
Male Condom	64	29.0
Pills	40	19.0
Injection	87	41.0
Norplant	8	4.0
IUD	6	3.0
Male Sterilization	4	2.0
Withdrawal	5	2.0
<i>Total</i>	214	100.0
<i>FP Method after Abortion</i>	n	%
Yes	264	87.0
No	40	13.0
<i>Total</i>	304	100.0
<i>FP Method after Abortion</i>	n	%
Male condom	52	20.0
Pills	140	52.0
Depo	58	22.0
Norplant	4	2.0
IUD	8	3.0
Male sterilization	2	1.0
<i>Total</i>	264	100.0