

Study on myths and misconception on abortion among community people in Nepal

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EXECUTIVE SUMMARY

The Family Planning Association of Nepal (FPAN) founded in 1959 has been active in implementing sexual and reproductive health programme. An affiliate of International Planned Parenthood Federation (IPPF) FPAN complements and supplements the government of Nepal's efforts in providing reproductive health services. Since 2005, FPAN adopted IPPF's new strategic plan focusing on five thematic areas including adolescent RH, abortion, HIV and AIDS, advocacy and accessibility.

Since legalization of abortion in March 2002 and provision of counselling and services since 2004, a total of 212,714 first trimester abortions have been performed until mid May 2008 by government, NGOs including FPAN and private sector health facilities. FPAN is providing counselling and safe abortion services since 2004 and its share in national programme in safe abortion is about 10 percent.

Although in recent years maternal mortality has declined from 539 MMR in 1996 to 281 in 2006, still low level of awareness among community people about safe abortion, limited availability of safe abortion services in the country and impact of unsafe abortion on health are major factors leading to high maternal mortality and morbidity in Nepal. Most Nepalese are Hindus and Hindu as well as other religions abhor abortion practices. Hinduism places a high value on female fertility and at the same time seeks to rigidly control female sexuality, which shows strict prohibitions against abortion and these types of myths and misconception still exist in the community. In order to understand this situation better, FPAN intended to carry out a study on knowledge, attitude and practices among marginalized, underserved community people towards myths and misconception on abortion in Nepal.

The methodology of the study included review of relevant literature, some secondary data analysis and primary data collection using qualitative techniques mainly FGDs and in-depth interviews with target populations. In all 13 FGDs were conducted in FPAN Global Comprehensive Abortion Care Project (GCACP) six districts (Kailali, Kanchanpur, Banke, Palpa, Sarlahi and Ilam). FGDs were conducted with female sex workers, women living with HIV, women in ethnic minority, poor women in urban slum, poor rural women, housewives and NGO/CBOs staff. In addition, in the same districts in-depth interviews with people with different walks of life were conducted. The IDI participants included NGO/CBO staff/service providers, trained birth attendants, traditional birth attendants, female community health volunteers, private chemists and druggists, community leaders (male), community leaders (females), school teachers, religious teachers, political leaders, lawyers, police, married youth, married adolescents, unmarried youth and unmarried adolescents.

All participants were told about the purpose of the research and convinced them about the privacy of the data. Informed consent of all study participants was obtained verbally prior to requesting them to participate in the study.

The mean age of all study participants was 31.9 years and in-depth interview participants were slightly older (33.1 years) than the FGD participants (31.5 years). The selection of participants was inclusive in that they included Bahun, Chhetri, Newar, Dalit, Hill Janjati, Tharu, Terai middle castes and Muslim.

According to study participants getting rid of unwanted birth is called abortion. The local terms used for abortion in Eastern hill region is "bachcha falne" or "get rid of child in the

womb” or it is called “khulaune” or “opening” too. Educated women call abortion as “garvapatan” or they also use the English word “curette”. In Bahun Chhetri community they also use the term “bhrun hatya” or “killing of foetus” or “garva tuhaune” for abortion. In Kailali Bahun Chhetri community they use the term “bachcha nikalne” or taking out the baby from the womb. In Kanchanpur, “tuhaunu” (expelling) or “adhigro phalne” (getting rid of foetus or “safai garne” (cleaning) are also used to denote abortion.

Central Terai people call abortion as “bachcha giraibachhai”. In Western Terai Tharu community they use the term “bachcha girachh” for abortion. The Muslim community use the term “bachcha girawe” or “get rid of child in the womb” or “bachcha saphai” meaning cleaning of womb. Tharus of Kailali use the term “bachcha marana” or killing of baby in the womb or “bachcha khasaune” or dropping of baby. In Muslim community of Banke “bachcha giraye” or “bachcha safai garne” or “bachcha giraune” terms are used to denote abortion.

Both FGD and in-depth interview participants invariably mentioned that abortion service is available at hospitals, private clinics, and NGO clinics such as FPAN and Marie Stopes clinics in all study districts. Any unwanted pregnancy can be terminated by accessing services in hospitals, nursing homes or private clinics and also at NGO clinics.

A number of crude methods of abortion were mentioned by many study participants from all six districts. Women in Eastern hill and central Terai mentioned use of vegetable (*Kupindo*-pumpkin like fruit), messaging of stomach and cow dung and herbs pushed into the uterus to abort the foetus. Some women use roots of aubergine for abortion. Also mentioned was the taking of raw vermilion (*kancho sindhur*) which, they say, not only helps abortion but also stops bleeding.

Study participants of Banke district said that roots of *ainselu* (wild yellow berries) and roots of *Titera* (wild plant) are used to abort at home. Water extracted by squeezing leaves of banana or roots of lime tree can be taken to abort too. Sometimes traditional birth attendant presses the stomach of pregnant woman and aborts the foetus. Also Peppermint plant is used to abort. Taking a lot of sour stuff (*amilo*) and grinded bamboo leaves in lukewarm water can be used to abort. Foetus can be aborted by messaging the stomach of the pregnant woman with butter and usually a TBA does it.

Other crude herbal methods of abortion performed at home are: taking *badni jira* or *jhaduko phool*, sour mango (*aanpko amilo*), sour stuff along with powdered ginger when stomach is empty or before taking food, dal of *Gagat* (*beans*), chillies, pills (*gulaf*), green herbs, honey and sugarcane molasses (*gur*). Some women put roots of herbs inside the uterus, some strike the stomach with the handle of sickle and sometimes pregnant woman is asked to carry heavy load to abort. The study participants, however, said that these days such crude methods of abortion are not common; they were practiced mostly in the past because abortion service was not legal nor it was available in government health facilities. It cannot still be ruled out that such crude methods of abortion are still not prevailing in different parts of the country.

Any woman needing advice and service on abortion seeks advice of FCHV, close relatives particularly women family members. At a health facility they seek advice of nurses and doctors.

Both FGD and in-depth interview participants mentioned government district hospital, private hospital, FPAN, MSI and private clinics as places for abortion. In all six GCACP

districts MSI clinic offers abortion service. Except Ilam FPAN also offers abortion service in five districts; FPAN is just beginning the service in Ilam. Study participants in Sarlahi said women go to Sitamani, India for abortion and participants of Banke also mentioned women going to Rupadiya, Baharaich (India) for abortion. Abortion tablets are bought in Rupediya and taken them at home for abortion. Women of Kailali district also go to Khariya (India) and as far as Delhi for abortion.

Overall, women do not like to have abortion at home; they prefer to go to a health facility for safe abortion. All women participating in six different FGDs said women seek abortion service away from home because at a health facility it is safe and privacy is maintained. They say aborting at home is an old way; most women go to a government listed health facility for abortion because it is safe, counselling is given and privacy is maintained. Most participants are clear that unwanted pregnancy should be aborted and they say abortion is common in their communities. Most women go for abortion after achieving the desired number of children. Still some groups like Dalit women from Sarlahi and Kanchanpur would not abort an unwanted pregnancy because to them it is a sin to have abortion. Traditional birth attendant and police woman in Sarlahi, male community leaders of Ilam and Kailali woman politician and lawyer of Ilam are also opposed to abort an unwanted pregnancy. Also some women would depend on husband's decision whether to abort the unwanted pregnancy.

Most participants of FGDs and IDIs are aware of legalization of abortion in Nepal. However, not many women know when a woman is allowed to have abortion. Most FGD participants are not aware of FPAN abortion policy although many IDI participants know conditions under which a woman can have abortion at FPAN clinic. Charge for abortion is fairly universally known and they also know that private facilities charge exorbitant rate for abortion. Poor women prefer to go to government or FPAN facilities as the rate is cheap. The sources of information on abortion are mainly radio, TV, newspaper/magazine and hoarding board of FPAN. Other communication sources such as poster, pamphlet, training/workshop, friend, neighbour, brochure and wall painting were also mentioned by few participants.

Every IDI participant and most FGD participants have heard of FPAN clinic. Main sources of abortion information were radio, TV, newspapers/magazines and hoarding board. They know FPAN activities include distribution and promotion of temporary FP methods, ANC, immunization and abortion service.

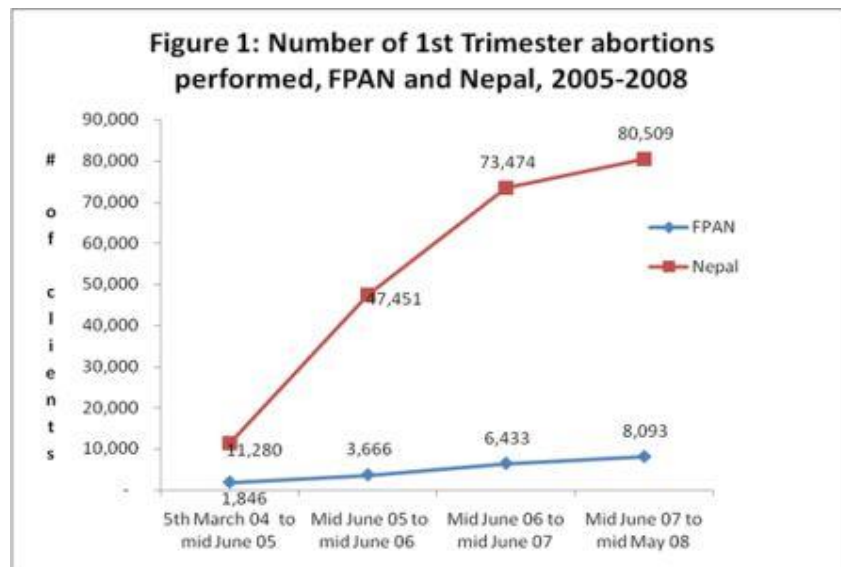
Although most women know abortion service is available, there are number of social, economic and cultural barriers to access abortion service. Disagreement with family members, belief that abortion is a sin, poverty, health risk of abortion procedure, possibility of uterus problem, social ostracism and embarrassment, lack of awareness and fear of lack of privacy are usually cited as barriers to abortion in the Nepalese society.

The study participants mentioned multimedia approach to inform women and the general public about safe abortion; they mentioned inter personal communication (IPC) channels like friends, health workers, TBAs, group communication and mass media such as radio, TV, newspapers, hoarding board and pamphlets on safe abortion should be used. The best source of information is radio and second best source is TV. However, study participants suggest radio, TV and IPC channels for illiterate audience and print media for educated target group.

I. BACKGROUND

Founded in 1959 as a nongovernmental organization, Family Planning Association of Nepal (FPAN) is the leading NGO in the field of sexual and reproductive health. FPAN is a full-fledged member of International Planned Parenthood Federation (IPPF) and works in 32 of Nepal's 75 districts. FPAN complements and supplements the government of Nepal's efforts in providing reproductive health services. Since 2005, FPAN adopted IPPF's new strategic plan focusing on 5 thematic areas including adolescent RH, abortion, HIV and AIDS, advocacy and accessibility.

Safe abortion is one of the most important thematic areas in which FPAN is providing counselling and services since 2004. Unsafe abortion in rural areas is one of the major factors contributing to high maternal mortality in Nepal. The unwanted and unintended pregnancies in rural areas are directly related to unsafe abortion. With a view to decreasing unsafe abortion, FPAN started safe abortion services from 3 clinics in 2004 and now the number of clinics providing safe abortion services has reached 18. The caseload in these clinics is growing over the years (Figure 1). During the period from March 2004 to mid June 2005, the number of clients receiving safe abortion was 1,846 which doubled to 3,666 in the following 12 months. By mid June 2007 the number cases increased to 6,433 which further increased to 8,093 by mid May 2008 (Figure 1).



Source: MOHP/FHD/TCIC and Ipas. 2008. CAC Status of Nepal: From 5th March 2004 – mid May 2008. Department of Health Services and Ipas. Teku. Kathmandu. Personal Communication.

Low level of awareness among community people about safe abortion, limited availability of safe abortion services in selected urban area and impact of unsafe abortion on health are major factors leading to high maternal mortality and morbidity in the country. Most Nepalese are Hindus and Hindu religion abhors abortion practices. Hinduism places a high value on female fertility and at the same time seeks to rigidly control female sexuality, which shows strict prohibitions against abortion and these types of myths & misconception still exist in the community. In order to understand this situation better, FPAN intended to carry out a study on knowledge, attitude and practices among marginalized, underserved community people towards myths and misconception on abortion in Nepal. The findings and recommendations of this research will be helpful to formulate awareness raising programme for the community

at large and thus to reduce myths and misconception on abortion in the community and increase safe abortion service seeking behaviour of community people.

II. OBJECTIVES

The main objective of the study is to assess myths and misconceptions towards abortion in Nepal.

Specific objectives

- To assess abortion related myths and misconceptions among key populations (like female sex workers, women living with HIV/AIDS, female intravenous drug users, wives of the men who have sex with men, women among ethnic minority and poor women living in urban slum and rural area).
- To identify the IEC/BCC materials and awareness raising programs required to reduce myths and misconception surrounding the abortion in Nepal.

III. LIMITATIONS OF THE STUDY

The original plan was to conduct study 18 FGDs but in practice only 13 FGDs could be conducted. No FGDs could be conducted with wives of MSM in Kailali and Banke as originally planned. The field managers of FPAN district Branches tried hard to locate them but it was not possible.

In Kanchanpur the Branch Office staffs with great difficulty were successful in gathering women with HIV and as a result one FGD was successfully conducted there but in Palpa this was not possible. Women infected with HIV in Palpa were reluctant to sit together and discuss about HIV.

Two FGDs with IDUs were planned for Kailali and Banke but the number of IDUs in the districts was not big enough to do the study. Therefore they were dropped. The findings of the study, therefore, do not include the opinions and views of IDUs and wives of MSM.

IV. REVIEW OF THE LITERATURE

In March 2002, Nepal's Parliament approved legislation to permit abortion on request during the first 12 weeks of pregnancy for any reason, up to 18 weeks of pregnancy in cases of rape or incest and up to any gestation in case of disability or risk to the woman's life or foetus deformity. Providing access to legal abortion has the potential to significantly reduce maternal mortality and morbidity by reducing unsafe abortion (MOH, Annual Report 2002/2003).

Prior to 2002, abortion was totally illegal. The Legal Code 1963 (*Muluki Ain*) of Nepal did not permit the termination of pregnancy even if it were the result of rape or incest or threatened the woman's life. In effect, it equated abortion with infanticide, and infanticide with other kinds of murder or homicide, and did not recognize any mitigating factors or exceptional circumstances under which abortion was not a crime of murder. Physicians and other medical practitioners were prohibited from recommending or performing abortion without exception.

In this environment, women who sought abortions and providers who provided abortion necessarily did so clandestinely. Most of the abortions that took place were unsafe; only a very small proportion of women, mostly those living in urban or semi-urban areas and able to afford the cost, had access to trained medical practitioners and safe procedures.

As a result of the illegal and criminal status of abortion in Nepal prior to 2002, the conditions under which poor women obtained abortion were often extremely unsafe. Maternal mortality ratio in Nepal was estimated at 539 deaths per 100,000 live births for 0-6 years prior to the 1996 survey. In a hospital-based study of abortion in Nepal pre-legalization, deaths from abortion-related complications accounted for over half of all maternal deaths. The recognition that illegal abortion was unsafe and contributed to Nepal's high maternal mortality was instrumental in the advocacy efforts to legalize abortion.

The government of Nepal is a signatory of the Millennium Development Goals and one of the MDGs is to reduce the prevalent MMR by 66 percent by 2015. Indeed, the maternal mortality ratio has improved in recent years as it was estimated to be 281 deaths per 100,000 births for 0-6 years prior to the 2006 survey. However, maternal mortality still remains among the highest worldwide and unintended pregnancy is common. Table 1 show that women on average have more children than their ideal number or wanted fertility. The gap between wanted fertility and actual fertility has steadily declined over the years but still the gap has remained at over one child per woman.

Table 1: Total wanted fertility rates and total fertility rates for the three years preceding the surveys, Nepal 1996, 2001 and 2006

Year	Wanted fertility rate	Total fertility rate	Gap
1996	2.9	4.6	1.7
2001	2.5	4.1	1.6
2006	2.0	3.1	1.1

Source: Pradhan et al 1997; MOH, New ERA and ORC MACRO 2002; MOHP, New ERA and MACRO International Inc, 2007

In Nepal contraceptive use has increased markedly since 1996. The contraceptive prevalence rate was 28.5 percent in 1996 which increased to 39.3 percent in 2001 and it further increased to 48 percent by 2001(MOHP, New ERA and MACRO International Inc, 2007).

Despite steady increase in contraceptive use, it must be noted that all contraceptive methods can fail and some are more dependable than others. Research has shown that the chance of an unexpected pregnancy is almost nonexistent for couples who rely on sterilization and very low for users of IUD, injectables or implants. It is moderate for pill and condom users and very high if couples rely upon periodic abstinence, withdrawal or spermicides (vaginal methods, The Alan Guttmacher Institute, 1999).

In Nepal, along with the increase in the use of modern contraceptive methods increase in the use of traditional methods are also seen which means increasingly more couples might end up with unwanted pregnancies and thus demand abortion service.

In order to provide safe abortion services, National Safe Abortion Policy, 2002 and the Procedural Process were developed and passed in 2003. The first Comprehensive Abortion Care unit was started in 2004 at the Maternity Hospital, Kathmandu.

Nepal follows the WHO (2003) Standards in delivering comprehensive abortion care and the major elements of which are: counselling, MVA, post CAC contraceptive methods, and complication identification and management. A draft Safe Abortion Monitoring Guidelines¹⁴ has been developed in Nepali language drawing on WHO (2003) and Provider Case Log for Uterine Evacuation Procedures, Ipas, and experiences of Technical Committee for the Implementation of Comprehensive Abortion Care Service (TCIC), which has been distributed to all service sites. This guide will be finalised after the completion of the proposed abortion complications study. Comprehensive abortion care services includes examination by the trained doctor or health worker, counselling on abortion and family planning options and services, abortion service using Manual Vacuum Aspiration (MVA), effective pain management and other reproductive health services if needed. Increasing number of service providers have been trained and listed as abortion service providers.

V. METHODOLOGY

The methodology of the study included review of relevant literature, some secondary data analysis and primary data collection using qualitative techniques mainly FGDs and in-depth interviews with target populations. FGD and in-depth interview guidelines were prepared and pre-tested in Kathmandu valley. The guidelines were revised based on the feedbacks from pre-testing. The study design is presented in Table 2.

Table 2 Distribution of number of FGDs planned to be studied in FPAN Global Comprehensive Abortion Care Project (GCACP) districts, Nepal 2008

Focus Group Discussions		Kailali	Kanchanpur	Banke	Palpa	Sarlahi	Ilam	Total
1.	Female sex workers	1		1				2
2.	Women living with HIV		1		1			2
3.	Female IDUs	1		1				2
4.	Women in ethnic minority					1	1	2
5.	Poor urban women		1			1		2
6.	Poor rural women			1		1		2
7.	Housewives in community		1				1	2
8.	NGO/CBOs staff	1			1			2
9.	Wives of MSM	1		1				2
	Total	4	3	4	2	3	2	18

The study was conducted in 6 FPAN Global Comprehensive Abortion Care Project (GCACP) districts namely Kailali, Kanchanpur, Palpa, Banke, Ilam and Sarlahi.

For each type of study population two FGDs were planned to be conducted and in each of six districts two to four FGDs were planned to be conducted. The concerned District Manager of FPAN invited participants from the regular list of contacts. In all 18 FGDs were planned to be conducted in six GCACP districts.

As per the discussion between FPAN officials and the PHD group, the District Managers of the study districts were kind enough to gather study participants for FGDs and in-depth interviews. They were in a much better position to gather study participants because they were in regular contacts with them through FPAN RH clinics.

For each category of in-depth interview population two participants were to be chosen. From each of the six districts 3 to 4 in-depth interview participants were planned to be chosen for interview as shown in Table 3.

Table 3 Distribution of number of in-depth interviews planned to be conducted in FPAN Global Comprehensive Abortion Care Project (GCACP) districts, Nepal 2008

In-depth Interviews		Kailali	Kanchanpur	Banke	Palpa	Sarlahi	Ilam	Total
1.	NGO service providers	1					1	2
2.	Government birth attendants		1	1				2
3.	Traditional birth attendants	1				1		2
4.	FCHV				1		1	2
5.	Private chemist and druggist		1		1			2
6.	Community leaders (male)	1					1	2
7.	Community leaders (females)			1		1		2
8.	School teachers		1		1			2
9.	Religious teachers			1	1			2
10.	Political leaders		1				1	2
11.	Lawyers			1			1	2
12.	Police	1				1		2
13.	Married youth		1			1		2
14.	Married adolescents			1		1		2
15.	Unmarried youth				1		1	2
16.	Unmarried adolescents	1				1		2
	Total	5	5	5	5	6	6	32

5.1 Data collection tools and procedures

The FPAN and the PHD Group together decided to develop nine types of FGD guidelines – one each for nine categories of participants, dealing with myths and misconceptions towards abortion in Nepal. Also 16 types of in-depth interview guidelines were developed – one each for 16 categories of IDI participants.

The draft guidelines were discussed with the concerned officials of FPAN and they were pre-tested in Kathmandu valley. The instruments were finalised by incorporating comments and suggestions following the pre-test. The final instruments were administered in 6 study districts.

In order not to miss any information of FGD participants consent was sought from them to tape record the discussions. In addition, there was a note-taker who took notes on important issues discussed.

The in-depth interviews were, however, conducted by one interviewer but good notes were taken about the issues discussed in the interview.

5.2 Ethical considerations

Informed consent of all study participants was obtained verbally prior to requesting them to participate in the study. All participants were told about the purpose of the research and convinced them about the privacy of the data. Those participants contacted were explained why they had to be brought in such a manner. They were explained about the objectives of

the study and their consent to participate in the study was sought. The names of participants that were used during discussions and interviews were not disclosed. While citing quotations the true names of participants were changed.

VI. STUDY FINDINGS

Prior to conducting analysis of the information collected through qualitative methods the data was thoroughly processed. Upon completion of the field activities, the qualitative data were transcribed in Nepali. Information collected through in-depth interviews and FGDs were manually processed and analyzed. The senior team members critically reviewed and collated information to generate factual qualitative data and meaningful conclusions.

6.1 Basic characteristics of study participants

For myths and misconception about abortion study 13 FGDs were conducted in six districts although the target was to conduct 18 FGDs (Table 4).

Table 4 Distribution of number of FGDs planned to be studied in FPAN Global Comprehensive Abortion Care Project (GCACP) districts, Nepal 2008

Focus Group Discussions		Kailali	Kanchanpur	Banke	Palpa	Sarlahi	Ilam	Total
1.	Female sex workers	1		1				2
2.	Women living with HIV		1		0			1
3.	Female IDUs	0		0				0
4.	Women in ethnic minority					1	1	2
5.	Poor urban women		1			1		2
6.	Poor rural women			1		1		2
7.	Housewives in community		1				1	2
8.	NGO/CBOs staff	1			1			2
9.	Wives of MSM	0		0				0
	Total	2	3	2	1	3	2	13

In Palpa women living with HIV could not be gathered for FGD because of sensitivity of the subject; women infected with HIV were reluctant to sit together and discuss about HIV. In Kanchanpur, however, with great difficulty, some women living with HIV were brought together for discussion in a group.

Although FPAN Branch Offices of Kailali and Banke tried to bring together female ID users to sit together for FGD the minimum number of females required for discussion was not enough and therefore the activity was dropped. More serious problems were encountered to bring together wives of MSM to sit together for discussion and therefore MSM FGDs were dropped in Kailali and Banke.

All planned in-depth interviews were successfully conducted. In-depth interviews were conducted with NGO service providers, Government trained birth attendants, traditional birth attendants, female community health volunteers, private chemist and druggist, community leaders (male and female), school teachers, religious teachers, political leaders, lawyers, police, married youth, married adolescents, unmarried youth, and unmarried adolescents as shown in Table 3 above.

Except two community leaders participating in in-depth interviews all FGD and in-depth interview participants were females.

The average age of FGD and in-depth interview participants was 31.9 years and in-depth interview participants were slightly older (33.1 years) than the FGD participants (31.5 years, Table 5).

Table 5 Distribution of FGD and in-depth interview (IDI) participants by age, Nepal 2008

Five year age group	All participants	FGD participants	IDI participants
15-19	8.5	5.9	15.6
20-24	15.4	14.1	18.8
25-29	14.5	16.5	9.4
30-34	23.1	27.1	12.5
35-39	17.1	18.8	12.5
40-44	6.8	7.1	6.3
45-49	13.7	10.6	21.9
55+	0.9	0.0	3.1
Mean	31.9	31.5	33.1
Std. Deviation	9.1	8.0	11.5
Total percent	100.0	100.0	100.0
Total Number	117	85	32

Table 6 shows caste/ethnic distribution of FGD and in-depth interview participants. Except for Terai middle castes, a fair number of other major caste/ ethnic groups were captured in the study.

Table 6 Percent distribution of participants by caste/ethnicity, Nepal 2008

Caste/ethnicity grouping	All participants	FGD participants	IDI participants
Bahun	21.4	16.5	34.4
Chhetri	23.1	20.0	31.3
Newar	9.4	5.9	18.8
Dalit	20.5	28.2	9.4
Hill Janjati	9.4	9.4	3.1
Tharu	8.5	10.6	3.1
Terai Middle Castes	1.7	2.4	34.4
Muslim	6.0	7.1	31.3
Total percent	100.0	100.0	100.0
Total number	117	85	32

Most FGD and in-depth-interview participants were Hindus (83.8 percent), 6.8 percent were Buddhist, 6.8 percent Muslim and 2.6 percent Christians and Buddhists were widowed and Muslims were unmarried. For female ever married women the mean number of living children was 2.7.

Nearly one in five FGD and IDI participants was illiterate and nearly one in four FGD participants were illiterate while illiteracy was virtually nonexistent among the IDI participants (Table 7). There was one illiterate IDI participant and that too was a female.

Table 7 Percent distribution of participants by education, Nepal 2008

Years of schooling	All participants	FGD participants	IDI participants
Illiterate	17.9	23.5	3.1
1-5 years	33.3	43.5	6.3
6-8 years	15.4	14.1	18.8
9-10 years	17.9	12.9	31.3
11 years or more	15.4	5.9	40.6

Mean (excluding illiterate)	6.7	5.0	10.3
Std. Deviation	4.6	4.1	3.4
Total percent	100.0	100.0	100.0
Total number	117	85	32

6.2 Awareness, attitude and behaviour towards abortion

6.2.1 Knowledge of abortion and myths and misconceptions about abortion

6.2.1.1 Female sex workers (FSW)

Two FGDs were conducted with sex workers – one in Banke and another in Kailali. Eight FSWs participated in FGD in Banke and six FSWs participated in Kailali. The age range of FSWs in Banke was 20 to 40 while in Kailali the corresponding figures were 17 to 39. The mean age was 29 years in Banke while in Kailali it was 28. Except one FSW in Kailali all were married. Despite the general belief that Hindus are orthodox in sexual mores it was found that of the 14 FSWs five were Bahun/Chhetri (4 Bahun and one Chhetri). Two each were Muslims and Christians and the rest (10 FSWs) were Hindus. Most FSWs (12 of 14) came from urban areas. Four of them were totally illiterate while 6 of them had completed only one year of schooling which is tantamount to illiteracy. The remaining four FSWs had 2 to 9 years of schooling.

Every FSW participating in FGDs in both districts has understood well that abortion is getting rid of an unwanted birth. In Muslim community of Banke “bachcha giraye” or “bachcha safai garne” or “bachcha giraune” terms are used to denote abortion. They also use the terms “bachcha saphai” meaning cleaning of womb by throwing out the foetus.

In Kailali Bahun Chhetri community they use the term “bachcha nikalne” or taking out the baby from the womb; they also use the term “bachcha falne”. In Kailali where Tharu community is big, “bachcha maraune” or “bachcha giraune” are the terms used to denote abortion.

The main sources of abortion related information mentioned by FSWs participating in Banke were friends, radio, neighbours, Bheri zonal hospital, TV, medical doctor, Kantipur Newspaper, book, and relatives.

The FSWs of Kailali said that their main sources of abortion related information were Marie Stopes clinic, Nepal Red Cross Society, radio, TV, friends, teacher, FM radio, FPAN training, trained health provider, poster and local women.

Methods and place of abortion

According to FGD participants of Banke methods of abortion are mainly three – medical abortion, traditional/herbal methods of abortion and health institution based abortion. Several women in Banke buy abortion tablets either from pharmacies in town or from across the border in India. To abort unwanted pregnancies less than 3 months old women take medical tablets and abort at home. Some women ask help from TBA but some women do it on their own. Women from the districts bordering with India in the south go to border towns in India for abortion. Women in Banke district go to Rupediya (Baharaich), India for abortion. Some women buy abortion tablets in Rupediya and take them at home and abort. Medical abortion

tablets costs 400 in Rupediya, India. Some women mentioned availability of even cheaper tablets in Rupediya, India for abortion.

“The abortion tablets found in Rupediya cost 300; 5 tablets can be bought and of them one is a big tablet and four are small tablets. First big table is taken and later 4 small tablets are taken; it is secretive and abortion can be done at home.” (Illiterate FSW, age 40-44, Banke, focus group participant)

A FSW from Banke participating in FGD said that water/juice extracted by squeezing leaves of banana, roots of lime tree can be taken to abort at home. Also Peppermint plant is used to abort. Her sister-in-law used this method for abortion. Other FSWs from Banke mentioned the use of vegetable (*Kupindo*- pumpkin like fruit), messaging of stomach and cow dung and herbs pushed into the uterus to abort the foetus. Some women in Banke heat a clay pot and put it on the stomach and abort; local TBA does this type of abortion.

The FSWs participating in Kailali say that unwanted pregnancy should be aborted in health institutions such as Seti zonal hospital, FPAN and Marie Stopes clinics. Some FSWs said that some women seek help of *Guruba* (Tharu traditional healer) and *dhami/jhankri* (witch doctor) who use herbal medicines to abort. Also women use roots of lime tree, grind it and take it to abort. Some women take food like dal of *Gagat* (*beans*), chillies, pills (*gulaf*), green herbs, honey and sugarcane molasses (*gur*) for abortion. Some women put roots of herbs inside the uterus.

The FSWs of Banke and Kailali, however, do not approve of conducting abortion at home because they say it is highly risky. They say it is not safe; woman can bleed heavily and eventually die.

(Abortion at home is not safe. The woman can bleed heavily. (Illiterate FSW, age 25-29, Banke, focus group participant)

A woman tried crude methods of abortion at home; but the foetus was dead. The dead foetus was taken out of the womb. (Literate FSW, age 35-39, Kailali, focus group participant)

FSWs from Banke participating in FGD said that abortion service is available at Bheri hospital, private clinics, and NGO clinics such as FPAN Nepalgunj and Marie Stopes clinic in Kohalpur. Any unwanted pregnancy can be terminated by accessing services in hospitals, nursing homes or private clinics and also at NGO clinics.

FSWs participating in FGD in Kailali said that women in their locality mostly seek service from health institutions such as Seti zonal hospital and clinics like FPAN and Marie Stopes clinics. There women seek advice of nurses and doctors on abortion. A few FSWs also mentioned the use of herbal medicines for abortion.

6.2.1.2 Women living with HIV

Only one FGD could be conducted with women living with HIV/AIDS and this was in Kanchanpur. There were six participants in the group. Their age range was between 20 and 34. They were all married and had at least one living child. They were all Hindus. One woman was totally illiterate, three women had only completed one year of schooling while two other women had completed 7 years of schooling. Of the six women two were Dalit and four were Chhetri. Two of them came from rural areas and four from urban areas.

All six FGD participants have heard about abortion. According to them the terms such as “bachcha saf garne” (cleaning the baby) “bachcha falne” (get rid of child in the womb) “bachcha giraune” are used to denote abortion. Some of them think that after two children women go for abortion.

“If a woman cleans her baby in the womb it is called abortion. (Educated woman living with HIV, age 30-34, Kanchanpur, focus group participant)

“In our community the terms used for abortion are cleaning of womb or get rid of foetus”. (Illiterate woman living with HIV, age 30-34, Kanchanpur, focus group participant)

Women living with HIV participating in FGD in Kanchanpur mentioned meeting, public health office, Mahakali zonal hospital, pamphlet, radio, neighbour, FCHV, FM radio station and hoarding board as the sources of abortion information.

Methods and place of abortion

Women living with HIV in Kanchanpur mentioned that women in their locality go to health institutions such as hospital, FPAN and Marie Stopes clinics. Some also go to private clinics. They have heard and seen that some women take a lot of honey and sugarcane molasses (*gur*) and cooked hot boiling *Kupindo* to abort. Young unmarried girls try to abort by pressing the stomach with heavy items or stone and some tie a rope around the stomach tightly.

However, the women of Kanchanpur do not approve of crude methods of abortion. Use of crude methods of abortion can cause a lot of problems such as breaking of uterus, prolapsed uterus, soars, heavy bleeding, infertility, and even death of woman. They say it is unsafe to use crude methods. They suggest that for abortion woman should go to a hospital.

6.2.1.3 Women in ethnic minority

One FGD each was conducted in Ilam and Sarlahi districts with poor and ethnic minority women. Seven women in Ilam and six women in Sarlahi were participating in FGDs. Except one woman all were married and their age range varied from 15 to 49. The six women of Sarlahi were all Tamang and Buddhists while those from Ilam were all Dalit and Hindus. Two women each from Ilam and Sarlahi were illiterate but the rest had some education.

Except two women participating in FGD in Sarlahi all women from Ilam and four other women of Sarlahi have heard about abortion. These two women belong to rural areas.

The FGD participants of Ilam said that people use the term “bachcha falne” or “get rid of child in the womb” or it is called “khulaune” or “opening” for abortion. In Sarlahi women participating in FGD said that they use the terms “bachcha falne” and also “curette” for abortion.

According to the FGD participants getting rid of unwanted birth is called abortion.

“These days people do not have many children. In past people had 10 to 12 children but nowadays when couples have more than two children they call it unwanted child and go for abortion. This is called abortion.” (Educated ethnic minority woman, age 35-39, Ilam, focus group participant)

Ethnic minority women of Ilam have heard about abortion from friends, sisters, women who have had abortion, calendar, FPAN, TV, radio, doctor, TBA, health education teacher, FM radio station and Marie Stopes Clinic.

Minority women of Sarlahi heard about abortion from TV, abortion clinic, FM radio, village folks, neighbour, relatives and friends.

Methods and place of abortion

Most women go to hospital and FPAN clinics in Ilam for abortion. In the past they said women took *Kupindo*- pumpkin like fruit for abortion but it is not common these days. Some women also said that if medicine is taken during fever or for headache the pregnancy can be terminated.

Minority women of Sarlahi participating in FGD said that most women in their areas go to hospital for abortion. These women mentioned traditional methods but they do not trust much in them. It must be noted that during focus group discussions many participants said that these days such crude methods of abortion are not much heard of; they were practiced mostly in the past because abortion service was not legal nor it was available in government health facilities. It cannot still be ruled out that such crude methods of abortion are still prevailing in different parts of the country. The following is the case in point:

“A girl had illegal conception, parents tried to abort by several crude means at home such as stomach messaging, pressing and hitting the stomach with feet, five women together put weight on her stomach and still the foetus could not be aborted. At last she went a hospital and got aborted.” (Literate, age 40-44, ethnic minority focus group participant woman of Sarlahi)

Most FGD participants of Ilam do not agree that abortion should be done at home; they say it is very risky. Woman can bleed heavily and she can even die. It is unsafe to do abortion at home.

(Abortion at home) is not safe. Woman will develop many diseases; she will be weak and she can even have cancer. (Literate, age 20-24, ethnic minority focus group participant woman of Ilam)

Every ethnic minority FGD participant in Sarlahi said that abortion should not be done at home; woman should go to a hospital. For safe abortion they say woman should go to a hospital. Some women prefer to go to a private facility to government hospital as the latter they say is not up to the standard.

“I do not think it is safe to have abortion at home. First thing is that we do not know many things. Sanitation is not good at home. At a hospital they (medical persons) take responsibility’ it is safe and good. The mother will have no death.” (Literate, age 30-34, ethnic minority focus group participant woman of Sarlahi)

6.2.1.4 Poor urban women

Two FGDs were conducted with women living in poor urban slums in Sarlahi and Kanchanpur. Except two Muslim women from Sarlahi all other participants belonged to Dalit group of either hill or Terai origin. In Sarlahi six women were participating in FGD while in Kanchanpur seven women were participating in FGD. The participants were all married and their age ranged from 15 to 49. Of the 13 women in two FGDs seven were totally illiterate,

three had only one year of schooling, two women had four years of schooling and one had five years of schooling.

Despite very low literacy and social status the urban slum women have heard of abortion. In Sarlahi the people in the community call abortion as “bachcha giraibachhai”. Some women in Sarlahi hold the notion that any woman becoming pregnant because of illicit relationship aborts her pregnancy and it is called abortion. Illegitimate pregnancies are aborted in jungles or by a river side.

“When a woman conceives illegally through immoral deed she goes to a jungle or river or pond and gets rid of her baby. Sometimes a private doctor is quietly called in to abort the baby and all this is called abortion.” (Illiterate Terai Dalit woman, age 45-49, Sarlahi, urban slum focus group participant)

In Kanchanpur Dalit community women take medicines to kill 2 to 3 months old baby in the womb and this is called abortion.

Women participating in FGD in Sarlahi heard about abortion from local people, neighbour, radio, poster, friends, TV, school children and hospital. Their counterparts in Kanchanpur have heard about abortion from health provider, nurse from hospital, local folks, radio and TV.

Methods and place of abortion

Marginalized urban women of Sarlahi mentioned two ways of aborting child. Health institution based method and home based method. Most, however, said that the best way is to go to a hospital for safe abortion. The other way is to take medicines at home get abortion done with the help of other females in the house.

Women participating in FGD in Kanchanpur said that a woman can abort at home by taking medicine or go to a hospital or clinic for surgical abortion. If pregnancy is less than three months it can be aborted at home too but for pregnancy of longer duration woman should go to a hospital or clinic.

Most urban women of Sarlahi mentioned that women go to a hospital for abortion. Only some women who are pregnant because of illicit relationship ask doctor to come home for abortion. They say if abortion is tried at home the woman can even die, it is very dangerous.

Women of Kanchanpur said that women can abort at home by taking dal of *gagat* (beans), *chuk* (sour stuff), *gudpak* (sweets), sugarcane and sugarcane molasses (*gur*). However, they do not approve of these crude methods of abortion because they are harmful to women’s health. They suggest that women should visit a health facility such as zonal hospital for abortion, it is safe.

6.2.1.5 Poor rural women

Two FGDs were conducted with poor rural women in Sarlahi and Banke. In Sarlahi six women were participating in FGD while in Banke the number was eight. Their age ranged from 15 to 49 and all were married. All women were Hindus in Sarlahi but in Banke three were Muslim and five were Hindus. All six women in Sarlahi had one year to eight years of schooling but in Banke four of eight women were totally illiterate and others had one to nine years of schooling.

All 14 poor rural women participating in FGDs in both districts have heard of abortion.

“If a woman conceives at an early age she cleans that baby and this is called abortion.” (Illiterate Muslim Terai woman, age 45-49, Banke, poor rural woman focus group participant)

Rural women participating in FGD in Sarlahi use the term “bachcha falne” to mean abortion. Everybody says that women have abortion after they have enough children. Some women said that abortion takes place especially for pregnancy of shorter duration. They call it “adhigro falne” and “adhigro” means half growth.

“In this community getting rid of pregnancy before maturity is called abortion. The pregnancy that is not fully grown is called “adhigro” and therefore it is called “adhigro falne” (Literate woman, age 30-34, Sarlahi, poor rural woman focus group participant).

Rural women participating in FGD in Sarlahi said that their sources of abortion information were FCHV, MCHW, Marie Stopes clinic, radio, local people, neighbour, relative, sisters, TV and FPAN. Rural women of Banke heard about abortion from radio, FCHV, TV (serial Jeevan Chakra), SAATHI organization and Sag Nepal.

Methods and place of abortion

Rural women of Sarlahi go to Labandi or Birgunj government hospitals or Marie Stopes or FPAN clinics for abortion. They do not recommend abortion at home using crude methods.

Rural women participating in FGD in Banke believe that abortion can be done at home and at health institutions. Crude methods reported by women are taking a lot of sour stuff (*amilo*) and grinded bamboo leaves in lukewarm water. Foetus can also be aborted by messaging the stomach of the pregnant woman with butter and usually a TBA does the message.

Other crude herbs and methods of abortion performed at home reported by women participating in FGD in Banke are: taking *badni jira* or *jhaduko phool*, sour mango (*aanpko amilo*), sour stuff along with powdered ginger.

Rural women of Sarlahi do not know anything about abortion taking place at home. They have heard about it. They said only in the past women used to have abortion at home but not anymore. Abortion at home is unsafe and they say woman should go to a hospital for safe abortion.

Women participating in FGD in Banke do not say that it is safe to have abortion at home. If someone tries it at home the woman will be unconscious, there will be heavy bleeding and the woman becomes very weak. The Banke women do not approve of having abortion at home.

6.2.1.6 Housewives in community

Two FGDs were conducted with housewives in Ilam and Kanchanpur. Each FGD comprised of 6 participants and none of them were illiterate. Their age ranged from 20 to 44. The women were Bahun, Chhetri, Newar and Limbu (Subba). Women of Ilam were from urban areas and those in Kanchanpur were from rural areas. All were Hindus.

All 12 FGD participants in two districts have heard about abortion. According to housewives in Ilam educated women call abortion as “garvapatan” or they also use the English word “curette”. In Bahun Chhetri community they also use the term “bhrun hatya” or “killing of foetus” or “garva tuhaune” for abortion.

“When a woman has enough children but still conceives which becomes unwanted; such a conception is got rid of in a safe manner and this process is known as abortion”. (Literate woman, age 35-39, Ilam, housewife in community focus group participant)

Most housewives in Kanchanpur hold the view that abortion has to do with first trimester conception only. They think getting rid of first trimester pregnancy is abortion.

“Aborting a foetus in first two to three months is abortion; it is also called “garvapatan (abortion)”, “pet safai (cleaning of womb)” or “bachcha falne (throwing out the baby)”. (Literate woman, age 25-29, Kanchanpur, housewife in community focus group participant)

Housewives of Ilam have heard about abortion from TV, FM radio, FPAN, Marie Stopes clinic, poster and friends. Housewives of Kanchanpur have heard about abortion from radio, group discussion, FCHV, FPAN calendar, Public Health Meeting, radio and TV.

Methods and place of abortion

Housewives taking part in FGD in Ilam said that most women got to hospital or clinic for abortion. However, they said that some women still use traditional methods of abortion such as roots of aubergine and *kupindo*. Also they mentioned taking raw vermilion (*kancho sindhur*) by women which they believe not only helps abortion but also helps stop bleeding.

Housewives of Kanchanpur mentioned home based and hospital based abortions. Most women think that it is safe to go to zonal hospital, FPAN or Marie Stopes clinics for abortion. They also said that some women try to abort by carrying heavy load or by hitting the stomach hard with hand, or by taking sour stuff, honey or something chilly hot.

Housewives in Ilam do not believe that it is safe to have abortion at home. Similar views are held by housewives of Kanchanpur. They say abortion at home can damage the uterus, the woman will become weak, and she can develop cancer and so on.

6.2.1.7 NGO/CBO staff

With NGO/CBO women staffs two FGDs were conducted on abortion issues. One FGD was held in Palpa and another in Kailali and in the former six women were participating and in the latter seven women were participating. The ages of women ranged from 25 to 49, all were married and Hindus. No one was illiterate. These women belonged to Bahun, Chhetri, Tharu and Newar caste/ethnic groups.

Every FGD participant from both districts is knowledgeable of abortion and abortion issues. According to the FGD participants getting rid of unwanted birth is called abortion.

The women participating in FGD in Palpa say there are several terms used for abortion. “bachcha falne (getting rid of child)”, “garva tuhaune or cleaning of womb”, “adhegro falne or getting rid of foetus” are the terms used to denote abortion.

“Getting rid of the baby who is not wanted is called abortion.” (Literate hill woman, age 25-29, Palpa, NGO/CBO focus group participant)

In Kailali, “tuhaunu” (expelling) or “adhigro phalne” (getting rid of foetus) or “safai garne” (cleaning) are also used to denote abortion. Women think that when there are too many children they should go for abortion rather than continuing with pregnancy.

“If a woman has many children, or she conceives despite using a contraceptive method then she gets rid of that baby that is called abortion”. (Literate woman, age 45-49, Kailali, NGO/CBO focus group participant)

Women of NGOs/CBOs participating in FGD in Palpa learned about abortion from pamphlet, newspapers, health institution, radio, TV, health worker, relative, friend and neighbour. Their counterparts in Kailali heard about abortion from local people, health provider, neighbour, sisters, relatives, radio, neighbour, FCHV, Marie Stopes clinic and hospital.

Methods and place of abortion

NGO/CBO staff participating in Palpa said that after legalization of abortion women go to FPAN or Marie Stopes clinics and hospital for abortion. In the past women had abortion at home using various herbs. Herbs and vegetables used for abortion in the past were boiled *Kupindo*, *gagat* (beans) and raw papaya. They used barks of papaya too. Pregnant women are very sensitive to the use of *Kupindo*.

“A pregnant woman must not touch Kupindo because if she touches it the pregnancy can end in abortion”. (Literate woman, age 25-29, Palpa, NGO/CBO focus group participant)

NGO/CBO women participating in FGD in Palpa said that abortion at home is not safe at all. They said women should go to listed sites for abortion.

Women in Kailali mentioned women aborting both at home and in hospitals or clinics. They said a woman can abort by taking medicines or herbs. However, they do not believe that it is safe to have abortion at home. They say for safe abortion they should go to a health facility.

“It is not safe to have abortion at home. The womb can be perforated, there can be heavy bleeding, cancer can develop in the uterus, and the mother can even die.” (Literate woman, age 40-44, Kailali, NGO/CBO focus group participant)

6.2.2 Source of advice and service for abortion

Any woman needing advice and service on abortion seeks advice of FCHV, close relatives particularly women such as sisters-in-law and other senior women in the community. Upon their advice, they go to a health facility where they seek advice of nurses and doctors. Most women said that they seek advice of trained doctors or nurses so that abortion is less risky and safe.

“First of all when one has to go out of home the woman meets with FCHV and seeks advice from her for safe abortion. Upon her advice she goes to the health facility such as hospital or NGO clinic like Marie Stopes or private clinic where she meets with the doctor and nurse for advice”. (Literate woman, age 15-19, Ilam, ethnic minority focus group participant).

Similar consultation was reported by some in-depth interview participants.

“Women go to FCHV for advice. Meet with doctor and nurse and get their advice for safe abortion”. (Educated unmarried youth, age 20-24, Ilam, in-depth interview participant).

Ethnic minority women in the Terai apparently give priority to meeting an experienced doctor for abortion advice.

“Husband and wife discuss about abortion issue. Then they meet with the doctor in a hospital. They try to meet with the main doctor of the hospital. Even if the main doctor is not met initially they wait to see the main doctor for abortion advice”. (Literate woman, age 40-44, Sarlahi, ethnic minority focus group participant).

According to community leaders in Western districts and women living with HIV/AIDS in Far-western district too woman seeking abortion service first takes the advice of community workers or local health workers.

“Woman wanting abortion meets with the local FCHV gets her advice and then goes to a hospital. In the hospital she meets with the doctor and also a nurse for abortion advice”. (Community leader, age 45-49, Banke, in-depth interview participant).

“Woman needing abortion service gets advice of TBA and FCHV before going to a hospital. She meets with the doctor in a hospital.” (Literate woman, age 30-34, Kanchanpur, PLHIV focus group participant).

Both FGD and in-depth interview participants mentioned various institutions that provide abortion service to women presenting before a health facility.

Ethnic minority women and housewives from Ilam participating in FGDs and community leader, lawyer and youth participating in in-depth interviews mentioned district hospital, FPAN, MSI, private clinics and medical shops where abortion service is offered to women needing it.

Government Hospital, private clinics, medical shops and MSI clinics were reported as abortion service centres by ethnic minority, poor urban and rural women FGD participants in Sarlahi.

Community leader, police, married youth, and married and unmarried adolescents participating in in-depth interviews in Sarlahi mentioned that women can get abortion service at government Hospital, MSI and FPAN clinics and Private hospital. Some participants also mentioned that women of Sarlahi go to Sitamani, India for abortion.

NGO/CBO women from Palpa participating in FGDs and private chemist/druggist, school teacher and religious teacher taking part in in-depth interviews mentioned MSI, FPAN, Lumbini Medical College and District hospital as abortion service centres.

Female sex workers and rural women taking part in FGD in Banke reported Bheri hospital, MSI clinic, Nursing home, Nepalgunj Medical College, Kohalpur Teaching hospital and FPAN as abortion service centres. They also mentioned women visiting Rupadiya, Baharaich (India) for abortion service. Trained TBA, community leader, religious teacher, lawyer and married adolescent participating in in-depth interviews in Banke mentioned that women can obtain abortion service at Bheri Hospital, FPAN, MSI and private clinics and at Health Research Centre.

FSWs and NGO/CBO women participating in FGDs in Far-western district of Kailali reported that MSI, FPAN, Zonal (Seti) hospital, private clinics, Paliya Saxena clinic, Seti Medical clinic and Padma hospital are the main abortion service centres. Similarly, NGO/CBO staff, traditional birth attendant, community leader, police and unmarried

adolescent taking part in in-depth interviews in Kailali mentioned Zonal (Seti) hospital FPAN, MSI and private clinics and Paliya Parbati Medical as abortion service centres.

Women living with HIV/AIDS, poor urban women and housewives taking part in FGDs in Kanchanpur district in Far-west reported Zonal hospital (Mahakali), MSI, FPAN, as the main abortion service centres. Also, in-depth interview participants such as trained birth attendant, chemist/druggist, school teacher, and politician in Kanchanpur district mentioned District Hospital, FPAN and MSI clinics, private medical centres as abortion service centres.

6.3 Beliefs and understanding of abortion of different groups

6.3.1 Female sex workers

6.3.1.1 Reasons for seeking abortion service away from home

Female sex workers (FSW) in FGDs say that women seek abortion service away from home because it is safe, confidential, easy and less painful. Women go to hospital for abortion. However, FSWs in Banke did not specify any specific hospital or clinic for abortion; they generally mentioned a hospital setting is safe for abortion.

Sex workers participating in Kailali district have similar opinions. They say abortion away from home in a health facility is performed by trained doctors and service is good. It is also confidential. Women can abort secretly. FSWs of Kailali mostly visit Seti Zonal hospital, FPAN, MSI and private clinics for abortion.

Sex workers in Kailali hold the view that rich women visit private clinics for abortion while poor ones go to government hospital. They think that private clinics abortion is done very quietly; nobody knows who came for abortion. The poor women, on the other hand, go to government hospital such as Seti zonal hospital which is cheap and it is crowded by women.

The FSWs generally hold the view that government hospital is a safe place for abortion and they do not prefer a private clinic for being too expensive for them. This is fair enough but NGOs like FPAN and Marie Stopes are equally good and efficient in providing abortion service and that FSWs do not seem to believe. Perhaps an NGO like FPAN needs to promote its service among women of low level socio-economic status.

6.3.1.2 Opinion on abortion prevalence and unwanted pregnancy

Five out of eight female sex workers participating in FGD in Banke said that in their areas most women have abortion. Other three women said few women have abortion. Reasons given for abortion are that women find it difficult to bring up many children, sometimes young boys and girls break up after some time and end up in aborting the pregnancy and some husbands have no job but make wife pregnant. Such pregnancies are aborted.

All eight FSWs taking part in FGD in Banke said that a woman should abort an unwanted pregnancy. After having enough children women should abort subsequent pregnancies. The reasons forwarded were that too many children are difficult to raise and educate. One woman, however, gave a touching expression on the plight of woman:

“Woman’s life is beset with bad luck. If she cannot give birth then the society says she is sterile and if she has too many births they say she is giving births to too many children.” (Literate woman, age 20-24, Banke, FSW focus group participant).

All six FSWs participating in FGD in Kailali said that abortion is common in their areas but some said that it is less now compared to the past. The reason put forward was that in the past family planning methods were not extensively available and therefore women had more abortions. Women seeking abortion service include wives of absentee husbands and families that desire only a few children. When husbands are absent some women still get pregnant but such pregnancies are aborted. Although many women use family planning methods but some women cannot use FP methods fearing side effects and they have unwanted pregnancies. Women in Kailali too gave economic reasons for having few children.

Except one FSW all other participants of FGD in Banke said that if they have an unwanted pregnancy themselves they would abort it. One FSW wanted to continue with pregnancy; she said she likes small children. On the other hand, all six FSW participants in Kailali would abort the unwanted pregnancy.

Except one FSW from Banke all other FSWs from Banke and Kailali would go out of home for abortion. One woman said she would buy medicines from Rupediya, India and abort unwanted pregnancy at home. Five FSWs from Banke mentioned that they would go to Bheri Hospital for abortion and one woman mentioned MSI clinic. Five FSWs from Kailali mentioned that they would go to Seti zonal Hospital for abortion and one woman mentioned FPAN clinic.

All FSWs of Banke said that as it is safe to have abortion in a hospital; some also said that it is cheap in the hospital. Four FSWs in Kailali said that the zonal hospital is near and the provider is experienced. Two FSWs mentioned that they would go to FPAN for abortion because it is a good centre, the providers treat clients well and the charge is cheap.

FSWs of Banke said that several women from their areas have abortions every year, the number ranged from 3 to 25 women a year. Women in their communities go for abortions after they have desired number of children, if a woman is pregnant before marriage or when they want to space births. They went to MSI and Bheri hospital for abortion.

FSWs from Kailali said that two to five women of their communities went for abortion last year. Women aborted last year because they had unwanted pregnancies due to extramarital sex or premarital sex. They went to Paliya private clinic and government hospital for abortion.

Some women appear to prefer cheaper abortion service and travel all the way to India. They should, however, be aware that seeking very cheap service is fraught with risks. Organizations working in Banke and Kailali should take this issue into account and counsel local women well that they should ask for good service and counselling to avoid or reduce abortion risks. The local organizations should strive for quality of care and aim at client-friendly service system. This calls for better counselling training programme for clinic counsellors and service providers.

6.3.2 Women living with HIV

6.3.2.1 Reasons for seeking abortion service away from home

Women living with HIV participating in FGD in Kanchanpur think that women go away from home for abortion because it is safe in a health facility like hospital, NGO or private clinic. FPAN and government clinics are cheaper than private or Mary Stopes clinics. Nevertheless, women in Kanchanpur go to both types of clinics for abortion.

Women living with HIV in Kanchanpur said that women go to FPAN clinic for abortion. FPAN also gives some basic medicines to women undergoing abortion. Some women living with HIV said that the private clinics where women go for abortion are called Padma and Parbati medical halls. The medical staffs working in private clinics they said are well trained and deal well with clients. But other women living with HIV said that private clinics use crude methods of abortion and therefore they are unsafe. Compared to such unhygienic private clinics, facilities in India across the border in Kahriya are reported to be better. Also in India they said they can have sex selective abortion.

“Women go to Khariya (India) because they get ultrasound service, can check whether the foetus is male or female and if female they abort it. They perform surgical abortion. It is also cheap and safe there. For all these reasons many women go to Kahriya, India for abortion.” (Literate woman, age 30-34, Kanchanpur, woman living with HIV participating in FGD).

This finding points at serious cultural bias to sex preference and need to be addressed in counselling and training. Overall, the implications of these findings show that the local women need gender sensitive and quality counselling.

6.3.2.2 Opinion on abortion prevalence and unwanted pregnancy

Three out of six women living with HIV participating in FGD in Kanchanpur say that women have abortions. The reasons they gave for going for abortions were that too many children are economic burdens. All women said that unwanted pregnancy should be aborted. If unwanted pregnancy is continued couples will not be able to bring them up.

All PLHIV women participating in FGD in Kanchanpur said that they would go out of home for abortion if they had an unwanted pregnancy. Four of six PLHIV women said that they would go to Kahriya in India for abortion and other two women would go to government zonal hospital. They like those centres because they are safe and cheap. They said two to seven women of their communities had abortion last year and one of them aborted a girl child because she already had girls but no sons. Other three women did not know whether women in their communities had abortion last year.

It appears that women living with HIV/AIDS have gaps in understanding, family size, abortion and contraception. Apparently they easily approve of women going for abortion after two children but never bring up the issues of contraception. Also sex selective abortion is quietly and openly accepted. Unwanted pregnancy due to contraceptive failure is acceptable but emphasis on effective use should not be left out in this situation. Contraceptive use by choice needs to be strongly advocated. Although repeat abortion was not explored here but current understanding of abortion practice strongly indicates that it is on the rise. Therefore organizations such as FPAN should aim at effective promotion of contraception, gender sensitive education, family size and safe and affordable abortion services.

6.3.3 Ethnic minority women

6.3.3.1 Reasons for seeking abortion service away from home

Disadvantaged women (all Dalit) participating in FGD from Ilam express the view that women go away from home for abortion because in a health facility setting abortion procedure is safe; it is usually performed by trained doctor. The health of woman remains good even after abortion, the chance of developing diseases in the uterus is low. Some minority women also mentioned that abortion procedure is fast, easy and medicines needed for client are given.

“Abortion outside of home in a hospital is safe because a good doctor will do the abortion. Woman’s uterus will have no risk of developing diseases and her health will be good.” (Literate woman, age 35-39, Ilam, ethnic minority focus group participant).

“Trained doctor does abortion; bleeding will be only little. Nothing will be left inside, everything will be cleaned. Anaesthesia is used for abortion which minimizes pain. The woman gets several medicines”. (Literate woman, age 45-49, Ilam, ethnic minority focus group participant).

Minority Tamang women participating in FGD in Sarlahi say that these days hardly any woman aborts at home. Instead they go to a hospital where abortion is safe and confidential.

“Women go outside the home for safe abortion and privacy. Abortion procedure does not take long either.”(Literate woman, age 40-44, Sarlahi, ethnic minority focus group participant).

Minority, poor and low literate or virtually illiterate women participating in FGD in Ilam say that most women of their areas go to government hospital for abortion of unwanted child. Of the seven women participating in FGD, three said women of their villages got to government hospital, MSI and FPAN clinics for abortion. One woman also mentioned women going to Silguri, India for abortion.

Minority Tamang women of Sarlahi say that most women in their areas go to hospital and private clinic for abortion. Four out of six women participating in FGD said that women from their areas go to MSI clinic for abortion in Lalbandi.

6.3.3.2 Opinion on abortion prevalence and unwanted pregnancy

Ethnic minority women participating in FGD in Ilam say that abortion is common there but not many women go for abortion. They said women after having two or three children abort subsequent births. Also they said sometimes FP method fails and women get pregnant and such pregnancies are also terminated.

Except one woman all seven women participating in FGD in Ilam said that unwanted pregnancy should be terminated.

“I think an unwanted pregnancy should be aborted. If an unwanted birth takes place later in life that child may not get good care.” (Literate woman, age 15-19, Ilam, ethnic minority focus group participant).

One woman participating in FGD from Ilam said that abortion should not be done because it is harmful to woman’s health.

“Abortion is not good. One should be careful beforehand; temporary methods of family planning should be used. Whether it is an unmarried girl or married she should be careful. In case, despite being careful if pregnancy takes place that should not be aborted. It will be harmful to woman’s health.” (Literate woman, age 35-39, Ilam, ethnic minority focus group participant).

Minority Tamang women of Sarlahi say that abortion is common in their areas but few women have abortions. They gave several reasons in support of abortion such as failure of FP method, illicit relationship etc.

“Some women using temporary method like pills forget to take and get pregnant and therefore such pregnancy should be terminated. Women want few children and if they have more than they want they abort. Too many children are difficult to raise and educate. Some women abort in a clandestine manner”. (Literate woman, age 30-34, Sarlahi, ethnic minority focus group participant).

All six women participating in FGD in Sarlahi said that unwanted pregnancy should be terminated. They said two children are common nowadays and many children are difficult to afford.

“These days a couple has no more than 1 or 2 children. Besides, more children means more expenses for education, food, clothing etc.” (Illiterate woman, age 40-44, Sarlahi, ethnic minority focus group participant).

Disadvantaged women (all Dalit) participating in FGD from Ilam said that if they themselves had unwanted pregnancy they would abort it. For this they would go to government hospital, MSI and FPAN clinics. These centres have trained doctors and provide safe service. The disadvantaged women of Ilam do not know whether women in their communities had abortion last year.

All six women participating in FGD in Sarlahi said that if they themselves had unwanted pregnancy they would terminate it in a health facility. They would go to MSI clinic for it because it is safe and the doctor treats them well; it is expensive but they say it is worthy. These women do not know how many women of their communities go for abortion every year.

6.3.4 Poor urban women

6.3.4.1 Reasons for seeking abortion service away from home

Poor urban women participating in FGD in Sarlahi (2 Muslim & 4 Terai Dalit, Ram) say that abortion in a health facility is safe, life of woman is not at risk, confidentiality is maintained, and doctors take good care of woman undergoing abortion. At home abortion is full of risks. However, some women think that rich women go to private health facility for abortion while poor women go to government hospital.

“If abortion is done at home mother’s life is at high risk. There is no risk for life in a hospital. They take care of women, abortion is safe and confidential.” (Literate woman, age 20-24, Sarlahi, urban focus group participant).

“Abortion at home is risky but in a hospital life is not at risk. Rich women go to a private facility but poor women go to government hospital. Life is saved by the doctor in a hospital.” (Illiterate woman, age 45-49, Sarlahi, urban focus group participant).

“Doctor in a hospital takes good care of woman. At home she might die because of lack of care and facilities.” (Literate woman, age 35-39, Sarlahi, urban focus group participant).

All seven women (hill Dalit) participating in FGD in Kanchanpur said that to get rid of unwanted pregnancy they consult doctor and get abortion. They say abortion in a health facility is safe.

Women from Sarlahi did not specify any health facility except they said that women go to a hospital for abortion. There is nothing at home that helps safe abortion therefore women go to hospital for abortion.

Women from Kanchanpur, however, mentioned that most women go to zonal hospital and Parbati medical for abortion. Two of seven women participating in FGD also mentioned women going to India for abortion.

6.3.4.2 Opinion on abortion prevalence and unwanted pregnancy

Four out of six poor urban women participating in FGD in Sarlahi (2 Muslim & 4 Dalit, Ram) said that abortion is prevalent in their areas but two of six could not tell how common abortion was. Women who do not want many children and some are having illegitimate pregnancy and such women go for abortion. Pregnancy in old age is also usually aborted.

“Women do not want many children and when they have unwanted pregnancy they go for abortion. Some women have illicit relationship and such pregnancy is aborted.” (Literate woman, age 20-24, Sarlahi, urban focus group participant).

All seven women (hill Dalit) participating in FGD in Kanchanpur said that 30 to 40 percent women in their communities have abortion. Women go for abortion when they have too many children, do not want girls anymore, have illegitimated pregnancy and poor. All women also said that unwanted pregnancy should be aborted. Poor urban women participating in FGD in Sarlahi (2 Muslim & 4 Terai Dalit, Ram) said that if they themselves had unwanted pregnancy they would still not go for abortion. The main reason they gave for not aborting the accidental pregnancy were it would be sinful to abort and the children would be needed for old age support.

I will not abort my unintended pregnancy because after I give birth to the child it will look after me when I am old”. (Illiterate woman, age 45-49, Sarlahi, urban focus group participant).

I will not abort my unintended pregnancy because after I give birth it will grow big and take care of me. If I abort the child I will commit sin, in the house of god I will be punished”. (Illiterate woman, age 45-49, Sarlahi, urban focus group participant).

However, in case they decided to abort they would go to the government district hospital because it is cheap; only rich women would go to private clinics.

In response to the inquiry whether any woman in participant’s community terminated her unwanted pregnancy in the last year three of six women of Sarlahi said they were not aware of it but the rest said up to two women went for abortion last year. Some of those women were pregnant because of indulgence in extramarital sex and some wanted to abort because they already had desired number of children. The participants did not know where those women went for abortion last year. Of seven women (hill Dalit) participating in FGD in Kanchanpur five said that they would go for abortion if they had unwanted pregnancy while the other two would not like to abort. Women who would go for abortion would go to Zonal Hospital because it is safe. None of the participants was aware that women in her community went for abortion last year.

6.3.5 Poor rural women

6.3.5.1 Reasons for seeking abortion service away from home

Poor and low literate or virtually illiterate women participating in FGD in Sarlahi (3 BK and 3 Chhetri) say that abortion at home is highly risky for the woman. Women therefore go to a health facility setting for abortion because it is safe, they take good care, bleeding is controlled and unlike the home environment the health facility setting is clean. They say doctor is trained to do the procedure. Every participant said that abortion procedure is safe in a health facility and many of them also provide woman with necessary drugs.

“One’s life is safe in a hospital. Every type of medicine is available at the hospital. After discarding the baby woman’s health remains good. It is easy to ask questions to the doctor in the hospital.” (Literate woman, age 30-34, Sarlahi, rural focus group participant).

“Women go to the hospital for abortion because it is safe there. They take good care of women. Bleeding is controlled and the hospital is clean unlike the home environment.” (Literate woman, age 20-24, Sarlahi, rural focus group participant).

“Women go to the hospital for safe delivery. In the hospital women can also get advice on delivery and health.” (Literate woman, age 45-49, Sarlahi, rural focus group participant).

Minority, poor and low literate or virtually illiterate women participating in FGD in Sarlahi said that to abort an unwanted pregnancy women first contact local FCHV and try to talk to doctor for advice. Of the five women in FGD only one woman mentioned that women in her community go to MSI for abortion while other women instead of mentioning specific facility said that they take advice of local health workers and decide accordingly. Some women expressed their concern for expenses and said that some woman buy abortion medicines take at home and abort; this way it is cheaper to abort an unwanted pregnancy.

“Women meet the local FCHV, get her advice on abortion. Some women go to hospital with the FCHV.” (Literate woman, age 30-34, Sarlahi, rural focus group participant).

“Some women buy medicines and do abortion at home. Some women go to hospital but for some women it is expensive. Therefore they buy medicines and do abortion themselves.” (Literate woman, age 20-24, Sarlahi, rural focus group participant).

Rural women (mixed – Terai, Muslim, and hill, half literate & half illiterate) participating in FGD in Banke say that women go to a health facility for abortion instead of doing it at home because it is safe, health facility has all necessary facilities, and in case woman has complications following the procedures they are taken care of by the health facility. However, rural women from Banke present two types of opinions on abortion. They say if pregnancy is of short duration then women in their areas abort at home by taking medicines but if it is of longer duration then they go to a hospital. They also said that abortion at home is cheap. Five out of eight women participating in FGD in Bake rural area said that pregnancy is of short duration is aborted at home.

“Most women do abortion at home by taking medicines; it is cheap. Usually pregnancies of short duration are aborted at home.” (Literate woman, age 30-34, Banke, rural focus group participant).

6.3.5.2 Opinion on abortion prevalence and unwanted pregnancy

Poor and low literate women participating in FGD in Sarlahi (3 BK and 3 Chhetri) say that abortion is prevalent in their communities. Two of six women said that few women have abortion. One woman, however, said that some 60 percent women in her community go for abortion. They said in case of rape, pregnancy before marriage, pregnancy during husband’s

absence, failure of FP methods, forced sex by husband and women not wanting many children have abortions.

“In the past many women had abortions but now some 40 percent have abortion. Women abort because of family problem, forced sex by husband, some women even after some children keep on having as they fear to adopt permanent method, and some women using temp method get pregnant.” (Literate woman, age 45-49, Sarlahi, rural focus group participant).

All six women said that unwanted pregnancy should be aborted. Unwanted pregnancy like closely spaced pregnancy, too many female children, pregnancy due to forced sex by husband should be aborted.

“Too many children are difficult to bring up. Some husbands do not understand the problems of wives; they do not let wives adopt FP method and force to have sex. Still some women secretly adopt FP. Some women want few children to keep the children happy.” (Literate woman, age 30-34, Sarlahi, rural focus group participant).

Rural women participating in FGD in Banke said that few women have abortion. However, all said that unwanted pregnancy should be aborted.

Except one woman participating in FGD in Sarlahi (3 BK and 3 Chhetri) all said that if they themselves had unwanted pregnancy they would abort the pregnancy. One woman said that her husband would decide about it. All but two women would go to government hospital for abortion because it is safe and the service is good. Other two women would go to MSI for abortion because it is safe, facilities are good and they also provide good counselling.

Three of six poor women of Sarlahi did not know how many women in their communities went for abortion last year. Other three women said that from their communities one to three women went for abortion last year. The main reasons for abortion were that those women had already enough children and some did it to space births. However, only one woman said that women from her community went to MSI and FPAN clinics for abortion last year because the doctor there was trained and skilled.

All rural women participating in FGD in Banke said that if they themselves had unwanted pregnancy they would abort it outside home; 4 of them would go to government hospital, 3 to MSI and one to FPAN clinics for abortion. The reasons mentioned by all of them were similar in that those places would be safe, service would be good and free of risks.

Four of eight FGD participants of Banke recalled about six women of their communities aborting their child last year while the rest did not know anything about their fellow community women doing this. They said those women had abortion secretly in FPAN and MSI clinics and the main reason for abortion was that they had already had desired number of children and the additional pregnancies were not wanted.

6.3.6 *House wives in communities*

6.3.6.1 *Reasons for seeking abortion service away from home*

Housewives in Ilam participating in FGD say that women go to a health facility for abortion instead of doing it at home because it is safe, easy, fast, nearby and reliable. Some women also say that woman remains healthy even after abortion if she gets it done in a health facility.

In a health facility abortion is performed by a skilled doctor and if there is any problem the doctor attends to it.

“Women go outside for getting good counselling on abortion. Problems after procedure are addressed by doctors in a hospital”. (Literate woman, age 25-29, Ilam, housewife focus group participant).

Housewives in Kanchanpur district participating in FGD say that women go to a health facility for abortion because it is safe. Also abortion in a health facility is not fraught with diseases. Women also said that because the doctor first examines the prospective abortion client the chance of risking life is minimal.

“Women go outside for getting good counselling on abortion. Problems after procedure are addressed by doctors in the hospital”. (Literate woman, age 2-29, Kanchanpur, housewife focus group participant).

In Ilam some women go to district hospital for abortion or other health facilities but some first meet with FCHV for advice. Women in Ilam go to district hospital for abortion. Four out of six women participating in FGD also said that women go to MSI clinic for abortion although it is expensive.

“Women go to Ilam district hospital and MSI clinic for abortion.” (Literate woman, age 40-44, Ilam, housewife focus group participant).

Housewives participating in FGD in Kanchanpur although mentioned that abortion is safe in a health facility, five out of six women said that most women in their places go to India for abortion. Women from Kanchanpur go to Khariya, India because they believe that abortion is relatively expensive in Nepal. Also they say women go to India to have sex selective abortion. In Nepal some women go to zonal hospital and Parbati medical centre for abortion. Parbati medical is preferred because the provider is a female. Two out of six women mentioned women visiting FPAN and MSI clinics for abortion.

6.3.6.2 Opinion on abortion prevalence and unwanted pregnancy

Housewives in Ilam participating in FGD say that abortion is quite prevalent in their communities. Two of six women participants say that about half of all women have abortion. Women have abortions when FP method fails, get pregnant late in life, love affairs between boy and girl breaks down and many women do not like to have many children these days.

“The reason is that because of love affair girls and boys get indulged in sex and as they say there is no care when there is excitement and that ends in conception. The society does not accept pregnancy before marriage and such girls go for abortion.” (Literate woman, age 25-29, Ilam, housewife focus group participant).

All six women said that unwanted pregnancy should be aborted. If a couple has another pregnancy after having enough children, in case of incest, pregnancy before marriage, etc are aborted.

“It is appropriate to abort the unwanted child. These days many people do not like to have many children. Children need good education and upbringing. The family cannot afford many children. Children need to be made capable. Therefore, many children are not needed; woman has to go for abortion”. (Literate woman, age 35-39, Ilam, housewife focus group participant).

Housewives in Kanchanpur district participating in FGD say that abortion is common there. However, their opinions vary; 2 of them say 60 percent women have abortions, another 2

women say some women have abortions and still another 2 women said that they are not very much aware of many women aborting. The main reasons for women aborting are son preference, economic reasons and forced sex by husbands.

All six women said that unwanted pregnancy should be aborted. To continue with unwanted pregnancy entails economic costs and therefore women go for abortion.

All housewives in Ilam participating in FGD said that if they themselves had unwanted pregnancy they would abort it outside home; five of them would go to FPAN clinic and three would go to MSI clinic for abortion. The reasons they would go to FPAN and MSI clinics were that they would do good counselling, doctors are trained and some said FPAN clinic is cheaper than MSI and also has a female doctor.

Only two housewives in Ilam participating in FGD recalled that women of their communities went out for abortion last year. The numbers they mentioned, however, varied a great deal; one said about 120 women had abortion while the other said only about two women had abortion last year. One woman aborted because she has had already many children while the other woman aborted to space her next child. The places they went for abortion were district hospital and MSI clinic.

All six housewives in Kanchanpur district participating in FGD said that if they themselves had unwanted pregnancy they would abort it outside home; three of them would go to government zonal hospital, two to FPAN clinic and one to Parbati medical – a private clinic for abortion. According to them government hospital and FPAN are cheap and safe while the private clinic is safe as well as a female doctor provides the service. None of the housewives in Kanchanpur recall women from their communities going out for abortion last year.

6.3.7 NGO/CBO staff

6.3.7.1 Reasons for seeking abortion service away from home

NGO/CBO women staff (2 Bahun, 4 Newar, literate and educated) participating in FGD in Palpa said that women go to listed sites for abortion because it is safe and women can remain healthy even after abortion.

NGO/CBO women staff (4 Bahun, 2 Tharu & 1 Chhetri, 4 literate and 3 educated) participating in FGD in Kailali said that women go to health facilities for abortion because it is safe and if there is bleeding treatment is given. According to NGO/CBO women staffs participating in FGD in Palpa women in their areas go to MSI, Lumbini Medical College and FPAN for abortion. A few women go to district hospital.

NGO/CBO women staff in Kailali said that women go to MSI, Attariya, Seti Medical, and Paliya clinic in Nepal for abortion. However, many women go to India because pregnancies older than 3 months are not generally aborted in Nepal. NGO staff of Ilam district participating in in-depth interview says that women go away from home because of social reasons such as privacy, keeping it a secret from the neighbours, family members want it to be done away from home, for reliable and safe service.

The NGO staffs of Ilam think that most women of her community go to MSI clinic and Ilam district hospital for abortion. NGO staff of Kailali district participating in in-depth interview

says that women like to get abortion service in a health facility to avoid embarrassment. Also the service is cheap, nearby and privacy is maintained. NGO staff of Kailali district says most women of Kailali, Dhangadi go to MSI, FPAN and Seti zonal Hospital for abortion.

6.3.7.2 Opinion on abortion prevalence and unwanted pregnancy

All NGO/CBO women staff (2 Bahun, 4 Newar, literate and educated) participating in FGD in Palpa said that many women in their areas have abortions. The reasons for abortions are rape, pregnancy due to sexual relation between boy and girl when travelling together, broken love affair, FP method failure, couple decide to abort and couple not wanting many children go for abortion.

“In case of rape, pregnancy due to sexual relation between boy and girl when travelling together; broken love affair; couple deciding to abort and couple not wanting many children have abortion.” (Educated woman, age 45-49, Palpa, NGO/CBO focus group participant).

All NGO/CBO women staff (2 Bahun, 4 Newar, literate and educated) participating in FGD in Palpa said that unwanted pregnancy should be aborted.

NGO/CBO women staff in Kailali said that most women in their areas have abortions. Women have abortions because of economic and education reasons and pregnancy before marriage and illegitimate pregnancies are aborted. Except one woman all other women in Palpa said that unwanted pregnancies should be aborted. According to one woman abortion can make health weak and can cause cancer of the uterus. Other women said that unwanted pregnancy should be aborted because many children are not affordable.

All NGO/CBO women staffs (2 Bahun, 4 Newar, literate and educated) participating in FGD in Palpa said that if they themselves had unwanted pregnancy they would abort it outside home but one woman said that she would abort it if it were a girl only. They would go to one of the four health facilities such as District Hospital, Lumbini Medical College or FPAN or MSI clinic. The reasons for going there would be that they are safe, infection free; counselling would be good, they are nearby and the facilities also provide medicines to clients.

Most NGO/CBO women staff of Palpa said that many women in their communities had abortion last year; some 40% to 60 %. They said it is common to abort unwanted pregnancy when women have desired number of children. HIV infected mothers; women who are raped, pregnancy due to broken love affair are aborted in their communities in Palpa. Abortions take place in 4 places mentioned above; also they said few women still do clandestine abortions.

NGO/CBO women staff in Kailali said that if they themselves had unwanted pregnancy they would abort it outside home; three of them would go to government hospital, three to FPAN clinic and one would go to MSI clinic. They said these facilities are safe and provide good care.

Only three of seven women participating in FGD in Kailali recalled women from their communities going for abortion last year. Two participants said that three women of there are had abortion last year at Paliya private and MSI clinics; those women had already achieved desired number of children and one of them had too many girl children. One woman had abortion at MSI clinic because that was reported to be providing quality service and the doctor was trained.

NGO staff of Ilam district participating in in-depth interview says that some women have abortion. They go for abortion because they do not want too many children and sometimes temporary methods of FP fail. She thinks unwanted pregnancy should be aborted; when children are difficult to bring up woman should abort unwanted child.

NGO staff of Kailali district participating in in-depth interview also says that few women have abortion. Women go for abortion when they have illegitimate pregnancy.

If Ilam NGO staff were pregnant with an unwanted child she would go to MSI clinic and abort it because she already has the desired number of children. She prefers MSI because it is cheaper than the district hospital and the service is fast there. Last year three women had abortion in her area. They went to MSI clinic; they had abortion because they already had the desired number of children.

A woman working for an NGO in Kailali would have abortion if she were to become pregnant with an unwanted child. She would go to FPAN clinic for it because that service is safe and privacy is maintained. Reasons for aborting and choosing FPAN are that she cannot afford more children and the providers there are trained and treat clients well. Nobody in her community had abortion in the last 12 months.

6.3.8 Community health volunteers

6.3.8.1 Reasons for seeking abortion service away from home

At community level three types of health volunteers are involved in health activities such as traditional birth attendant, trained birth attendant and female community health volunteer. In this study their opinions were also sought.

Traditional birth attendant

The TBA of Sarlahi (Thapa woman) thinks that women like to go out of home for abortion because abortion service maintains privacy; it is nearby, safe and reliable. She also thinks that the doctor is trained and it is not expensive. She says most women of her community in Sarlahi go to MSI and government hospital for abortion

The TBA of Kailali (Rana, Tharu woman) thinks that most women of Kailali, Beladevi VDC like abortion service outside of home because the service is good, cheap and privacy is maintained.

She says that most women of Kailali, Beladevi VDC go to Seti zonal Hospital, Paliya clinic and MSI for abortion. She thinks Paliya private clinic is good because the doctor is good.

Trained birth attendant

The trained birth attendant of Banke (Shrestha woman) thinks that women like to go out of home for abortion because abortion service is safe, cheap and it maintains privacy.

She says most women of her area in Banke go to Bheri Hospital, MSI, FPAN, Health Research Centre and private clinic for abortion. They also go to Rupediya, India.

The trained birth attendant of Kanchanpur (Khadayat woman) thinks that women go out of home for abortion because it is safe, cheap, nearby and privacy is there. She also says that a trained doctor performs abortion.

She says most women of Daiji VDC of Kanchanpur go to Parbati medical, FPAN and MSI clinics for abortion.

Female community health volunteers (FCHV)

The FCHV of Ilam (Bahun woman) thinks that women go out of home for abortion because the service is reliable and safe. She says most women of Ilam go to MSI clinic for abortion.

The FCHV of Palpa (Shakya woman) says that women go out of home for abortion because the service is safe, cheap and nearby. According to her most women of her community in Tansen go to MSI and FPAN for abortion.

6.3.8.2 Opinion on abortion prevalence and unwanted pregnancy

Traditional birth attendant

The TBA of Sarlahi (Thapa woman) thinks that some women have abortion. Women wanting no more children and women becoming pregnant due to failure of FP method, rape and incest go for abortion. She thinks that woman with unwanted pregnancy should abort.

The TBA of Kailali (Rana, Tharu woman) says that some women of Kailali, Beladevi VDC have abortion. She says women with deformed child; women wanting few children; women with female pregnancy and women not wanting to raise many children have abortion. She also thinks that woman with unwanted pregnancy should abort.

The TBA of Sarlahi would not abort if she were pregnant with an unwanted child; she would give birth to it because it is sinful to abort plus abortion entails health or life risks.

“It is sinful (to abort). Abortion is risky to the body; the uterus might rupture and there is risk of cancer too.” (Literate woman, age 45-49, Sarlahi, traditional birth attendant in-depth interview participant).

In Sarlahi, the TBA said that one woman had abortion last year in her area. The women went to MSI clinic for abortion where a trained doctor provided the service.

The TBA of Kailali would abort if she were pregnant with an unwanted child; she would go to Seti zonal hospital because there she can get good care while undergoing the abortion procedure. She said that it would be convenient and privacy would also be maintained. The doctor at the hospital is known for good behaviour with clients, it is cheap and nearby.

The Kailali TBA said that last year two women of her community had abortion; the reason they had abortion was that they already had the desired number of children. They went to MSI clinic and Seti zonal hospital for abortion because there they said the doctor and nurse were trained in abortion procedures.

Trained birth attendant

The trained birth attendant of Banke (Shrestha woman) says many women have abortion in her area. Women go for abortion because they want few children and do not want to have children early in age. She also thinks that woman with unwanted pregnancy should abort because too many children are difficult to educate and bring up.

The trained birth attendant of Kanchanpur (Khadayat woman) says many women have abortion in her community. Pregnancies due to forced sex, rape, and poor women and women with many girls have abortion. She also thinks that woman with unwanted pregnancy should abort.

The trained birth attendant of Banke would abort if she were pregnant with an unwanted child; she would go to Bheri hospital or MSI or FPAN clinic because there she can have safe abortion. She said that it would be cheap, safe and the procedure would be done by skilled doctor.

The Banke trained birth attendant said that last year 100 women of her community had abortion; those women had different reasons for abortion. Some had abortion because they already had the desired number of children, some wanted to have sons and aborted girl children, and some said they could not afford many children in terms of education and other costs of bringing up many children. The abortions were performed at Bheri hospital, MSI and FPAN clinics by doctors and nurses.

The trained birth attendant of Kanchanpur would abort if she were pregnant with an unwanted child; she would go to FPAN clinic because there she can have no complication and in case any problem is detected that would be dealt with well by the clinic. She said that it would be cheap, safe and the procedure would be done by trained health providers.

The TBA said that last year seven women of her community had abortion. Some had abortion because they already had the desired number of children, some wanted to have sons and aborted girl children, and some said they were economically poor. Four women went to MSI clinic, two to zonal hospital and one to FPAN clinic for abortion where they got service from trained doctor and nurse.

Female community health volunteer (FCHV)

The FCHV of Ilam (Bahun woman) says some women in her community have abortion. Women, who have enough children, fail in using temporary FP methods; find it difficult to give education and raise children have abortion. She also thinks that woman with unwanted pregnancy due to rape or other reasons should abort.

The FCHV of Palpa (Shakya woman) says few women in her areas have abortion. Women if raped have too many children and experience failure of FP method have abortion. She also thinks that woman with unwanted pregnancy should abort.

The FCHV of Ilam would abort if she were pregnant with an unwanted child; she would go to MSI clinic or a private place. At MSI Ilam there is a female doctor who is efficient and the procedure would be safe. The doctor treats clients well.

The FCHV said that last year three women of her community had abortion. Some had abortion because they already had the desired number of children and some wanted to space births. Those women went to MSI clinic.

The FCHV of Palpa would also abort it in a listed abortion site if she were pregnant with an unwanted child; she would go to FPAN or MSI clinic. These clinics are convenient, nearby, cheap and provide good service.

The FCHV said that last year four women of her community had abortion at FPAN clinic where a team of doctor and nurse provided the service. Some had abortion because they already had the desired number of children, some aborted because they had unwanted pregnancy out of broken love affairs and some had experienced contraceptive failure.

6.3.9 Private chemists/druggists

6.3.9.1 Reasons for seeking abortion service away from home

A private chemist/druggist (Shakya woman) participating in an in-depth interview in Palpa says women like to have abortion outside of home in a health facility because the service is safe, cheap, confidential, good and nearby. She says most women of Tansen go to District hospital, MSI, FPAN and Lumbini Medical College for abortion. She further says that these days more go to FPAN.

A private chemist/druggist (Chhetri woman) participating in an in-depth interview in Mahendranagar, Kanchanpur says women go out of home to a health facility because service provider is polite, the service is safe, cheap, and there is privacy. She says service is given without any delay; the service is also satisfying. In her area most women go to hospital for abortion.

6.3.9.2 Opinion on abortion prevalence and unwanted pregnancy

A private chemist/druggist (Shakya woman) participating in an in-depth interview in Palpa says abortion is prevalent in Palpa but not many women have abortion. Women have abortion when another pregnancy is there after having enough children and when pregnancy puts woman's life at risk, pregnancy takes place before marriage and in case of incest. She also thinks that woman with unwanted pregnancy should abort.

A private chemist/druggist (Chhetri woman) participating in an in-depth interview in Mahendranagar, Kanchanpur says many women have abortion in her community. She says women not wanting many children, wanting to have son, victim of incest or forced sex and or use temporary method of FP wrongly have abortion. Just like other women she also thinks that unwanted pregnancy should not be continued.

The private chemist/druggist of Palpa would abort if she were pregnant with an unwanted child; she would go to one of four abortion sites such as FPAN, MSI, district hospital or medical college. These sites are safe, convenient, nearby and cheap and they maintain privacy.

The private chemist/druggist said that last year 35 women of her community had abortion at FPAN, MSI, district hospital and Lumbini medical college. The reason for abortion were

- a) Some women already had the desired number of children;
- b) Some were students but got pregnant and did not want to continue with it;
- c) Some had health problems;

- d) Some aborted girl children in the hope of having sons; and
- e) Some were compelled to abort because of rape.

The private chemist/druggist of Kanchanpur would also abort in a listed site such as zonal hospital if she were pregnant with an unwanted child; she would go there because it is safe and good.

The private chemist/druggist said that last year 70 women of her community had abortion at FPAN, MSI, government hospital and private clinic. The reasons for abortion were that some women stopped using temporary FP methods, some did not use methods properly, some women had illegitimate pregnancy and some women were raped. They all had abortion in government listed sites.

6.3.10 Community leaders

6.3.10.1 Reasons for seeking abortion service away from home

Community leaders, both male and female, can influence health behaviour of community people. In this study community leaders were asked to give their opinion on abortion in the community.

Male community leaders

To get rid of unwanted pregnancy, according to a male (Bahun) participating in an in-depth interview in Ilam women go out to a health facility because there they can have privacy, medicines and treatment are reliable, doctor and nurse are trained and the service is safe. He says most women in his area of Ilam go to Ilam district hospital for abortion.

Another male (Bahun) participating in an in-depth interview in a VDC in Kailali said that women like to go to a health facility for abortion because service is safe, trained doctor is there and if any problem arises after procedure the facility takes care. Most women of Kailali, Beladevi VDC, he said, go to MSI, Attariya clinic for abortion.

Female community leaders

Woman community leader (Chhetri) of Sarlahi district participating in an in-depth interview says women go out to a health facility for abortion because nowadays service is nearby and safe. She says local FCHV is cooperative to the women seeking abortion service. Most women of Hariwan of Sarlahi, according to her, go to FPAN for abortion

Another woman community leader (Chhetri) of Banke district participating in an in-depth interview says women go out to a health facility for abortion because service is safe, cheap and there is privacy. She further says most women of her area of Banke go to MSI, Medical College and FPAN for abortion.

6.3.10.2 Opinion on abortion prevalence and unwanted pregnancy

Male community leaders

A male (Bahun) participating in an in-depth interview in Ilam says some women in his community have abortion. He said women getting pregnant after wanting no more children, desiring son, pregnancy due to forced sex by husband or incest go for abortion. He also said that unwanted pregnancy should be aborted.

Another male (Bahun) participating in an in-depth interview in a VDC in Kailali said some women in his community have abortion. He thinks these days fewer women abort because FP use is extensive; if there is forced sex or failure of FP method then women go for abortion.

He, however, says that woman should not abort unwanted pregnancy because abortion can cause many complications; mother's health can be harmed and she will become weak.

The male community leader of Ilam would not abort if his wife were pregnant with an unwanted child; he said aborting one's own child is like murdering. He does not know how many women of his community had abortion last year.

Another male participating in an in-depth interview in a VDC in Kailali would not abort either if his wife or a family member were pregnant with an unwanted child; he said why the child should be punished who has been conceived by other people's mistakes. He said preventive measures should be taken on time. He does not know how many women of his community had abortion last year.

Female community leaders

Woman community leader (Chhetri) of Sarlahi district participating in an in-depth interview says some women in her community have abortion. Women getting pregnant after having desired number of children and pregnancy due to forced sex by husband have abortion.

Another woman community leader (Chhetri) of Banke district participating in an in-depth interview says a few women have abortion in her community. Women not wanting many children and experiencing failure of FP method have abortion. She is of the opinion that an unwanted pregnancy should be aborted.

The female community leader of Sarlahi would abort at FPAN clinic if she were pregnant with an unwanted child; she would go there because it is cheap, nearby and the providers are friendly.

The female community leader said that last year three women of her community had abortion at FPAN clinic. The reasons for abortion were that some women had already the desired number of children and some wanted to space births.

The female community leader of Banke would abort at any of four sites such as FPAN or MSI clinic or Bheri hospital or Medical College if she were pregnant with an unwanted child; she would go to those centres because they are safe.

The female community leader said that last year five women of her community had abortion at FPAN clinic and Rupediya, India. The reasons for abortion were that some women had already the desired number of children, some had FP method failure and some said they could not afford many children.

6.3.11 Politicians

6.3.11.1 Reasons for seeking abortion service away from home

Woman politician (Rai) participating in an in-depth interview in Ilam said women go away from home to a health facility for abortion where they get counselling and good care from doctor and nurse. She further said that most women of her area go to Ilam district hospital for abortion.

Another woman politician (Thakuri) participating in an in-depth interview in Mahendranagar, Kanchanpur said women go away from home to a health facility for abortion because service is safe, cheap, accessible and privacy is maintained. In addition, there is good behaviour of doctor and staff. She says most women of Mahendranagar, Kanchanpur go to FPAN clinic for abortion.

6.3.11.2 Opinion on abortion prevalence and unwanted pregnancy

Woman politician (Rai) participating in an in-depth interview in Ilam does not know how prevalent is abortion in her community. She is of the opinion that abortion can harm the health of the mother and she can die. She says if there is no desire for children one should adopt permanent FP method; she should not have abortion.

Another woman politician (Thakuri) participating in an in-depth interview in Mahendranagar, Kanchanpur said many women abort in her area. Women have abortion, according to her, because of poverty, unprotected sex and failure of contraceptive method. She says that unwanted pregnancy should be aborted.

The female politician of Ilam would not abort if she were pregnant with an unwanted child; she said the foetus has the right to birth/life. She does not know whether women in her community had abortion last year.

The female politician of Kanchanpur would abort at FPAN if she were pregnant with an unwanted child; she would go there because it is safe and providers are cooperative. She said that last year two women of her community had abortion at MSI clinic and government hospital. The reasons for abortion were that one woman had already the desired number of children and the other wanted to postpone her first birth.

6.3.12 Teachers

6.3.12.1 Reasons for seeking abortion service away from home

School teachers

A female school teacher (Chhetri) participating in an in-depth interview in Palpa said women go away from home to a health facility for abortion because service is safe, cheap, good and privacy is maintained. She said most women of her area of Tansen go to District hospital, FPAN and Lumbini Medical College for abortion.

Another female school teacher (Bahun) participating in an in-depth interview in Mahendranagar, Kanchanpur said women go away from home to a health facility for abortion because service is safe, cheap, accessible and privacy is maintained. Most women of her area, according to her, go to MSI clinic for abortion.

Religious teachers

A female Buddhist teacher (Shakya) participating in an in-depth interview in Palpa said women go away from home to a health facility for abortion because service is safe and privacy is maintained.

A female Hindu teacher (Bahun) participating in an in-depth interview in Banke said women go away from home to a health facility for abortion because service is safe, counselling is good and privacy is maintained. She said most women of Banke go to Bheri Hospital, FPAN, and private clinic for abortion.

6.3.12.2 Opinion on abortion prevalence and unwanted pregnancy

School teachers

A female school teacher (Chhetri) participating in an in-depth interview in Palpa said some women have abortion in her community. Women with another pregnancy after having desired number of children, broken love affairs, desiring son, pregnancy outside marriage and in case of rape have abortion. She says a woman with unwanted pregnancy should have abortion.

Another female school teacher (Bahun) participating in an in-depth interview in Mahendranagar, Kanchanpur said some women have abortion in her areas. Women go for abortion because of FP method failure; pregnancy due to unprotected sex and pregnancy after having desired number of children.

The female school teacher of Palpa would abort at FPAN or district hospital or Lumbini Medical College if she were pregnant with an unwanted child; she would go there because they are safe.

The female school teacher said that last year five women of her community had abortion at FPAN and private clinics. The reasons for abortion were that some women had already the desired number of children and some women wanted sons and aborted girl child.

The female school teacher of Kanchanpur would abort at FPAN clinic if she were pregnant with an unwanted child; she would go there because it is safe, cheap and close by.

The female school teacher said that last year 15 women of her community had abortion at FPAN and private clinics and in India. Five women each went to FPAN, private clinic and to India for abortion. The reasons for abortion were that some women had already the desired number of children; some were too poor to have more children.

Religious teachers

A female Buddhist teacher (Shakya) participating in an in-depth interview in Palpa said she does not know to what extent abortion is prevalent in her community. However, she says that unwanted pregnancy should be aborted because too many children would be difficult to educate and bring up.

A female Hindu teacher (Bahun) participating in an in-depth interview in Banke says few women have abortion in her area. Women have abortion when they have pregnancy after having the desired number of children, pregnancy in an early age and if the woman is pregnant with a girl. Also women have abortion if they are raped or have broken love affairs. She says any unwanted pregnancy should be aborted.

The female Buddhist teacher of Palpa would abort at Lumbini Medical College or district hospital if she were pregnant with an unwanted child; she would go there because they are safe. She does not know how many women of her community had abortion last year.

The female Hindu teacher of Banke would abort at FPAN or MSI clinic or Bheri hospital if she were pregnant with an unwanted child; she would go there because they are safe, cheap and the services are good.

The female Hindu teacher said that last year 20 women of her community had abortion at FPAN, MSI and Bheri hospital. The reasons for abortion were that some women had condom breakage and Depo failed and got pregnant, some women had already the desired number of children and some wanted sons.

6.3.13 Lawyers

6.3.13.1 Reasons for seeking abortion service away from home

A female lawyer (Bahun) participating in an in-depth interview in Ilam said women go away from home to a health facility for abortion because service is safe, reliable and good. If problems arise after the procedure they will be taken care of by the centre. Doctor and nurse are trained and have got license to perform the abortion procedures. She said female doctor maintains privacy. According to her most women of Ilam go to MSI for abortion.

A female lawyer (Bahun) participating in an in-depth interview in Banke said women go away from home to a health facility for abortion because service is safe, cheap and privacy is maintained. She said most women of Banke go to Bheri Hospital, MSI and FPAN for abortion; they also go to Rupediya, India.

6.3.13.2 Opinion on abortion prevalence and unwanted pregnancy

A female lawyer (Bahun) participating in an in-depth interview in Ilam said some women have abortion in her community. Woman with another pregnancy after having desired number of children, pregnancy due to failure of FP method or pregnancy before marriage have abortion. She however says a woman with unwanted pregnancy should not have abortion unless it is a compulsion such as rape, incest or deformity.

A female lawyer (Bahun) participating in an in-depth interview in Banke also said that some women in her community have abortion. She said women who have unprotected sex, whose

husbands' lie that they have used condom and pregnancy due to failure of FP method have abortion. She holds the view that a woman with unwanted pregnancy should have abortion.

The female lawyer of Ilam would not abort if she were pregnant with an unwanted child; she would not abort because the foetus has the right to life and it is a sin to do abortion.

The female lawyer of Ilam said that last year three women of her community had abortion at MSI clinic and Ilam hospital. The reasons for abortion were that some women got pregnant because the temporary methods they used failed and some women had already the desired number of children and did not want anymore.

The female lawyer of Banke would abort it at FPAN or MSI clinic or Bheri hospital if she were pregnant with an unwanted child; she would abort there because they are safe places.

The female lawyer of Banke said that last year four women of her community had abortion at MSI and private clinics. The reasons for abortion were that some women got pregnant by accident, some women wanted to wait for sons, and some women were deceived by husbands.

6.3.14 Police

6.3.14.1 Reasons for seeking abortion service away from home

A female police (Shrestha) participating in an in-depth interview in Malngwa, Sarlahi said women go away from home to a health facility for abortion because is safe, cheap and good. Also, the service centre has a government listed doctor. According to her most women of Malangwa, Sarlahi go to MSI for abortion.

A female police (Chhetri) participating in an in-depth interview in Hasanpur municipality, Kailali said women go away from home to a health facility for abortion because the facility has trained doctor and nurse. Most women in the area go to a trained doctor for abortion.

6.3.14.1 Opinion on abortion prevalence and unwanted pregnancy

A female police (Shrestha) participating in an in-depth interview in Malngwa, Sarlahi said many women have abortion in this area. Woman with another pregnancy after having desired number of children and pregnancy due to forced sex or incest have abortion.

She however says a woman with unwanted pregnancy should not have abortion because it is harmful to the health of woman.

"Abortion is harmful to woman's health; uterus can develop problems; better to adopt a permanent FP method." (Police woman, age 35-39, Sarlahi, in-depth interview participant).

A female police participating in an in-depth interview in Hasanpur municipality, Kailali said very few women abort in this area. This is so because these days FP methods are extensively available; no need to have abortion. She however says a woman with unwanted pregnancy should have abortion. A woman with too many children cannot bring up children well.

The female police of Sarlahi would not abort if she were pregnant with an unwanted child; she would not abort because the foetus has the right to life and abortion is risky. She also said that uterus is thrown at abortion and the health of woman is affected.

The female police of Sarlahi said that last year seven women of her community had abortion at MSI clinic. The reasons for abortion were that some women got pregnant by incest, some women were raped and some women were made pregnant by prospective husbands but later did not marry.

The female police of Kailali would abort at MSI clinic if she were pregnant with an unwanted child; she would abort there because it is well equipped, very good service, safe and they also give medicines to clients for any problem.

The female police of Kailali said that last year four women of her community had abortion at MSI and some went to Paliya in India. The reasons for abortion were that some women got pregnant before formal marriage; some women feared that the next child would also be a girl and some women got pregnant by another man when husband was away.

6.3.15 Youth

6.3.15.1 Reasons for seeking abortion service away from home

Unmarried youth

An unmarried youth (Bahun) participating in an in-depth interview in Ilam said women go away from home to a health facility for abortion because service is fast, reliable and privacy is maintained. Also she said if problems arise after the procedure they are taken care of by the centre; women are satisfied. According to her MSI clinic in Ilam is popular for abortion.

An unmarried youth (Thapa Magar) participating in an in-depth interview in Tansen, Palpa said women go away from home to a health facility for abortion because service is safe, cheap, good counselling is given and privacy is maintained.

The unmarried youth of Tansen says most women of Tansen go to District hospital, FPAN, MSI and Lumbini Medical College for abortion.

Married youth

Married youth (Newar) participating in an in-depth interview in Hariwan VDC, Sarlahi said women go away from home to a health facility for abortion because service is safe, reliable, cheap and good. Also the doctor in the centre is government listed. According to her most women of Hariwan go to MSI and FPAN clinics for abortion.

Married youth (Bahun) participating in an in-depth interview in Mahendranagar, Kanchanpur said women go away from home to a health facility for abortion because service is safe, cheap, accessible and privacy is maintained. Also the doctor and staff treat the clients very well. According to her most women of Mahendranagar, Kanchanpur go to FPAN clinic for abortion.

6.3.15.2 Opinion on abortion prevalence and unwanted pregnancy

Unmarried youth

An unmarried youth (Bahun) participating in an in-depth interview in Ilam said that in her area some women have abortion. She said women have abortion when they are pregnant again after deciding to have no more children, women think that too many children are difficult to raise, pregnancy due to failure of Depo method, pregnancy while still a student and women planning not to have children early in life have abortion. She also said that women should have abortion if she has an unwanted pregnancy.

Another unmarried youth (Thapa Magar) participating in an in-depth interview in Tansen, Palpa said about 2 percent women in her community have abortion. She says women have abortion when they find out that the foetus is girl instead of son, women get pregnant even after having the desired number of children and in case of rape. She says any unwanted pregnancy should be aborted.

An unmarried youth of Ilam would abort at MSI clinic if she were pregnant with an unwanted child; she would abort there because it is safe, prompt and privacy is maintained. Also MSI clinic has a female doctor with whom problems can be easily shared by female client.

The female police of Ilam said that last year two women of her community had abortion at MSI clinic. The reasons for abortion were that some women got pregnant because the temporary methods they used failed and some women had already the desired number of children and did not want anymore.

An unmarried youth of Palpa would abort at any of four sites such as MSI or FPAN clinic or Lumbini Medical College or Bheri hospital if she were pregnant with an unwanted child. She would abort there because those places are safe, nearby, cheap and they also provide counselling after abortion.

The youth of Palpa said that last year some two percent women of her community had abortion at FPAN clinic. The reasons for abortion were that some women had already the desired number of children and did not want anymore, some women were raped and some women had several daughters and did not want to have another fearing that it would be daughter again.

Married youth

Married youth (Newar) participating in an in-depth interview in Hariwan VDC, Sarlahi said that few women have abortions in her area. She says women have abortion when there is conception even after deciding not to have any more children, if pregnancy puts woman's life at risk; pregnancy is before marriage and in case of incest. She also said that women should have abortion if she has an unwanted pregnancy.

Married youth (Bahun) participating in an in-depth interview in Mahendranagar, Kanchanpur said some women have abortion in her community. She says women have abortion when pregnancy is unwanted; girl is pregnant while in school or college, too poor to support children, and pregnancy due to forced sex. She also said that an unwanted pregnancy should be aborted.

The married youth of Sarlahi would abort at FPAN clinic if she were pregnant with an unwanted child. She would abort there because it is reliable, safe, near and privacy is maintained.

The married youth of Sarlahi said that last year one woman of her community had abortion at FPAN clinic. The reason for abortion was that she was bleeding heavily and therefore she had to abort. The service was performed by a trained male doctor.

The married youth of Kanchanpur would abort at FPAN clinic if she were pregnant with an unwanted child. She would abort there because it is cheap, safe, near and privacy is maintained.

The married youth of Kanchanpur said that last year one woman of her community had abortion at MSI clinic. The reason for abortion was that the couple was too young to have children.

6.3.16 Adolescents

6.3.16.1 Reasons for seeking abortion service away from home

Unmarried adolescents

An unmarried adolescent (Chhetri) participating in an in-depth interview in Hariwan VDC, Sarlahi said women go away from home to a health facility for abortion because service is safe and cheap. According to her before women of the area used to go to private clinic in Birgunj but now they go to FPAN for abortion

An unmarried adolescent (Bahun) participating in an in-depth interview in Dhangadi, Kailali said women go away from home to a health facility for abortion because service is safe, cheap, accessible and privacy is maintained. According to her most women of the area go to MSI and FPAN clinics for abortion.

Married adolescents

Married adolescent (Kayastha, Terai Chhetri) participating in an in-depth interview in Hariwan VDC, Sarlahi said women go away from home to a health facility for abortion because service is safe, cheap and near. Also the doctor in the centre is government listed. According to her most women of Hariwan go to FPAN clinics for abortion.

Married adolescent (Muslim) participating in an in-depth interview in Nepalgunj municipality, Banke said women go away from home to a health facility for abortion because service is safe and near. According to her most women of her area go to India for abortion. Few women abort at home because it is cheap and the family members also want it.

6.3.16.2 Opinion on abortion prevalence and unwanted pregnancy

Unmarried adolescents

An unmarried adolescent (Chhetri) participating in an in-depth interview in Hariwan VDC, Sarlahi said some women have abortion in her community. According to her when women

want no more children and find it difficult to raise too many children they have abortion. She also said that an unwanted pregnancy should be aborted.

Another unmarried adolescent (Bahun) participating in an in-depth interview in Dhangadi, Kailali said that many women have abortion in her area. She said if married girls who are in school get pregnant, if too many daughters are born or if there are family problems or in case of rape women have abortion. She mentioned that any unwanted pregnancy should be aborted.

The unmarried adolescent of Sarlahi would abort at a private clinic if she were pregnant with an unwanted child. She would abort there because private clinic maintains privacy. She is not aware of any woman having abortion last year from her community.

The unmarried adolescent of Kailali would abort at FPAN clinic if she were pregnant with an unwanted child. She would abort there because the service is good, it is nearby and privacy is maintained. She said that last year one woman of her community had abortion at MSI clinic. The reason for abortion was that the foetus was found to be deformed and the woman was unhealthy too.

Married adolescents

Married adolescent (Kayastha, Terai Chhetri) participating in an in-depth interview in Hariwan VDC, Sarlahi does not have any idea about the prevalence of abortion in her community. She says unwanted pregnancy should not be aborted.

“It is a sin to abort; woman’s life is at risk, she can die”. (Adolescent, age 15-19, Sarlahi, in-depth interview participant).

Another married adolescent (Muslim) participating in an in-depth interview in Nepalgunj municipality, Banke said that many women have abortion her area. She further said that women have abortion when they want few children, births are closely spaced, couples cannot afford to bring them up, and too many children are bothersome for mother.

The married adolescent of Sarlahi would not abort if she were pregnant with an unwanted child. Reasons she gave for not aborting were that her family members would not like it, it is sin and it also costs a lot to abort. She is not aware of any woman of her community having abortion last year.

The married adolescent of Banke would abort at Bahraich clinic in India if she were pregnant with an unwanted child. She would abort there because that clinic maintains privacy, service is reliable and safe. She said that last year 30 woman of her community had abortion at Bahraich and Rupediya clinics in India. The reasons for abortion were that the women were poor to have many children and also they already had the desired number of children.

6.4 Knowledge on legal abortion, availability and utilization of safe abortion services

6.4.1 Female sex workers

Five of eight sex workers participating in FGD in Banke are aware of legal abortion and four of six sex workers of Kailali are also aware of legal abortion. Overall, nine of 14 sex workers are aware of legal abortion. The FSWs of Banke learned about legal abortion from lawyers,

radio and TV and the sources of information about legal abortion of their counterparts in Kailali were Radio, TV, newspapers, FCHV, Group discussion.

Only one FSW of Banke had little knowledge of the circumstances under which a woman can terminate her unwanted pregnancy. Four FSWs in Kailali mentioned several circumstances under which a pregnancy could be aborted; two women mentioned up to 12 weeks of pregnancy could be aborted, another woman said up to 14 weeks of pregnancy and still another woman said an illegitimate pregnancy could be terminated.

Women of Banke said that MSI Kohalpur is the place for abortion which takes about one hour and half on foot. The women of Kailali reported Seti zonal government hospital and FPAN clinic where women can go for abortion. The former place takes one hour and half and the latter takes two hours on foot.

All FSWs participating in FGDs in Banke and Kailali have heard of FPAN clinic. Most FSWs of Banke have heard about FPAN from Radio, TV and newspapers but a few also learned about FPAN from lawyers, friends and neighbours. FCHS of Kailali heard about FPAN through FCHV, friend and TV.

FPAN Banke provides family planning, ANC and immunization services while FPAN Kailali in addition to those services also implements HIV programme. Women from both districts say that FPAN also provides abortion service. They say FPAN has trained doctors, provides counselling on abortion and maintains privacy. The FSWs of either district do not know exactly what fee is charged for abortion; some say Rs.2,000/- and some say Rs.500/-.

None of the FGD participants of the two districts know about FPAN abortion policy. Women of Banke said that besides FPAN, MSI clinic about one hour and half on foot, Bheri hospital about one hour on foot and private nursing home about half hour on foot also provide abortion service in Banke. FSWs of Kailali said that Seti zonal hospital about 5 km on foot and MSI about two hours on foot also provide abortion service in Kailali.

Among the abortion sites available in the area where FGD took place most women go to MSI Kohalpur clinic in Banke because they say it is safe, though expensive it is reliable, in case of complications it pays for treatment and privacy is maintained. The FGD participants or women from their family would visit that facility for safe abortion care in case of need. Last year, a total of about 50 women visited MSI clinic for abortion because their pregnancy was too early, they wanted no more children and some women had to abort due to rape and pregnancy as a result of indulgence in sexual entertainment.

In Kailali most women go to Seti zonal government hospital for abortion where the charge is reasonable and Kamaiya get reduced rate while MSI clinic is far and expensive. Abortion service began recently at FPAN clinic and private clinic is costly. If the FGD participants or any woman from their family had an unwanted pregnancy they would visit that facility for safe abortion. Only two of six FGD participants in Banke mentioned that one woman each visited Seti zonal government hospital for abortion last year because one woman had too many children and she did not want anymore and another woman had two children and did not want the third child fearing that she would be a girl.

None of the FSWs participating in either FGD group has witnessed any case with unwanted pregnancy continuing with it without undergoing safe abortion. They do not know anyone experiencing complications while undergoing abortion.

6.4.2 *Women living with HIV*

Three of six PLHIV participating in FGD in Kanchanpur are aware of legalization of abortion in Nepal. They learned about it from PHO meeting and Radio Nepal and FM channel. Two women told that pregnancy up to 12 weeks is allowed to terminate and one PLHIV said pregnancy up to 15 days can be terminated. They said that abortion places in their areas are FPAN clinic about 45 minute walk Seti zonal hospital about one hour and half on foot and district hospital about one hour on foot.

Except one PLHIV all others have heard of FPAN clinic; the sources of information were national radio, FPAN, FCHV, meetings, neighbour, FM and some women said husband. They know that FPAN provides services like FP, abortion and immunization. The fees FPAN charges was reported to be Rs.1,000/- per client. None of FGD PLHIV participants know about FPAN abortion policy.

Four FGD participants mentioned FPAN clinic as the mostly visited site for abortion, one participant said government hospital and one participant could not mention any site. The government site was reported to be reliable, safe and good and FPAN site was reported to be safe, cheap and near. If the FGD participants or any woman from their family had an unwanted pregnancy they would visit the popular facility for safe abortion. Last year two women visited FPAN clinic for abortion and one woman visited the government site for abortion.

The reasons given for not going to India for abortion were that it entailed paying for train fare, other expenses and the fees and overall it turned out to be expensive while service at private Parbati clinic is costly overall.

None of the FGD participants has witnessed any case with unwanted pregnancy continuing with it without undergoing safe abortion. They do not know anyone experiencing complications while undergoing abortion. One participant shared a case history however; she knew a woman taking abortion tablets at home and suffering heavy bleeding.

6.4.3 *Ethnic minority women*

Four of seven disadvantaged, poor, low literate women participating in FGD in Ilam and five of six women participating in FGD in Sarlahi are aware of legalization of abortion in Nepal. The sources of information they learned about abortion were radio, TV, clinic doctor, neighbour and nurse.

Some low literate women of Ilam said that abortion is allowed only up to 4 months and some said up to 2.5 months. Their counterparts in Sarlahi said that unwanted pregnancy due to forced sex, after having many children, conception up to 2 months or 3 months, unhealthy pregnancy can be aborted.

Abortion facilities available in Ilam are Government hospital, MSI and FPAN clinics. These facilities are within 20 minute walking distance. In Sarlahi abortion facilities are available at a private clinic in Lalbandi which is about one hour walk and also there is MSI clinic which is up to two and half hour walk.

Five of seven women in Ilam and only two of six women in Sarlahi have heard of FPAN clinic. The main sources of information about FPAN clinic were FPAN staff and relatives of participants. They have heard that FPAN provides FP services and also abortion service. Most women do not know how much is charged for abortion in a clinic. The fees they mentioned varied from Rs.1,000 to Rs.1,295 in Ilam and from Rs.1,200 to Rs.1,135. None of the participants is aware of FPAN abortion policy. Other abortion facilities in Ilam include government hospital about half km away and MSI clinic about 15 minutes' walk. Women of Sarlahi said that abortion service is also available at MSI clinic in Lalbandi about 16 km away and in Birgunj hospital which is a long way from there.

Six of seven disadvantaged, poor, low literate women participating in FGD in Ilam and all six women participating in FGD in Sarlahi said that most women go to MSI clinic for abortion because it is safe, worth paying, doctor is trained and privacy is maintained. With respect to cost of abortion at MSI one participant holds the view that cost is not important if it is for quality; she mentioned the saying "*sasto besa petlagi mar*" or cheap items invite more problems. If FGD participants of Ilam and Sarlahi or any woman from their family had an unwanted pregnancy they would visit MSI clinic for safe abortion. Last year one participant from Ilam said four women visited MSI clinic, some unmarried and some married after having enough children for abortion. Another participant of Ilam said three women visited MSI clinic; they had two children and did not want anymore. None of the participants from Sarlahi remember any women visiting MSI clinic for abortion last year.

Women do not usually go to Ilam government hospital because the doctor and nurse cannot be met on time and they do not maintain privacy. Women from Sarlahi said that MSI clinic is safe and convenient as some women go there in the excuse of watching cinema.

Most FGD participants in Ilam have not witnessed any case with unwanted pregnancy continuing with it. However, one participant said that some women due to failure of method get pregnant and continue and she also knows some women suffering from heavy bleeding and she thinks that the doctor was not trained. One FGD participant in Sarlahi has experienced abortion complication herself; she had abortion at Namuna Nursing Home; she had child inside even after abortion; she went to Birgunj for complete abortion.

6.4.4 Poor urban women

Only one of six women from urban slum of Sarlahi and none of the seven women participating in FGD in Kanchanpur urban slum is aware that abortion is legal in Nepal. One woman of Sarlahi heard about legalization of abortion from Government hospital, neighbour, radio and TV and she said pregnancy up to 2 months or unhealthy pregnancy is allowed to abort.

Some urban women of Sarlahi said that some women abort at home taking medicines and other abortion facilities are district hospital and women from Kanchanpur said that women can go to Parbati medical about 30 minute walk and zonal hospital about 60 minute walk.

Four of seven women in Kanchanpur and none of six women in Sarlahi have heard of FPAN clinic. The main sources of information about FPAN clinic was FPAN clinic because those women were at the clinic for service. They have heard that FPAN provides FP services, ANC and also abortion service. Most women do not know how much is charged for abortion. One

woman of Sarlahi said that doctors charge from Rs.2,000 to Rs.5,000 for abortion and one woman from Kanchanpur said that the fees is Rs.1,500.

None of the participants is aware of FPAN abortion policy in either group. Other abortion facilities in Sarlahi include government hospital about half an hour on foot and private clinic about 30 minutes' walk. Women of Kanchanpur did not mention any other abortion facilities.

All six women from urban slum of Sarlahi said that women in their areas go to district hospital for abortion because the charge is subsidized but of the seven participants of Kanchanpur two each said that women go to government zonal hospital because it is safe and the doctor treats clients well and FPAN clinic for abortion. Two other women did not mention any centre while one woman mentioned that women go to Parbati private medic clinic for abortion. If FGD participants of Sarlahi and Kanchanpur or any woman from their family had an unwanted pregnancy they would visit the clinic where everybody goes for safe abortion. Last year one participant from Sarlahi said one woman visited MSI clinic for abortion because she had the desired number of children and did not want anymore. Participants from both district said that women do not go to other facilities primarily because the service is costly.

Except one FGD participant all others from both Sarlahi and Kanchanpur have not witnessed any case with unwanted pregnancy continuing with it. One participant said that some women continue unwanted pregnancy just because yet another baby is okay.

6.4.5 Poor rural women

Three of six women from rural area of Sarlahi and four of eight women participating in FGDs in Banke are aware that abortion is legal in Nepal. For Sarlahi rural women radio, TV, neighbour, MCHW, VHW and FPAN staff were the sources of information on abortion while for rural women of Banke FCHV, radio, adolescent class, TV and FPAN staff were the sources of information. Rural women of Banke said abortion is allowed if pregnancy is unwanted, of early age, due to rape and up to 12 weeks old. Rural women of Sarlahi did not know anything when a woman could abort a child.

Women of rural area of Sarlahi did not mention any place where abortion service was available while their counterparts from Banke reported MSI clinic for abortion which is about one hour on foot.

Three of six women from rural area of Sarlahi and all eight women participating in FGDs in Banke know about FPAN clinic. Women from Sarlahi learned about FPAN from FCHV, Children's Organization, radio, TV, neighbour, MCHW, VHW and doctor and the sources of FPAN information of their counterparts from Banke were radio, TV and FCHV. In Sarlahi and Banke according to women participants FPAN provides FP, abortion, ANC and safe delivery services. Counselling is also given on abortion besides providing basic abortion procedures. Women of Sarlahi say MSI charges Rs.1,300 and government hospital and FPAN charge Rs.1,000 for abortion. Only one woman of Sarlahi knew something about FPAN abortion policy that is she said FPAN discourage repeat abortion but rather promotes FP; no other women from either district knew anything about the policy.

Besides FPAN clinic a private and government hospital at Lalbandi about half an hour walk away provides abortion service. In Banke besides FPAN, MSI clinic about one hour walk and Bheri hospital also about one hour walk provides abortion service.

In Sarlahi five FGD participants said that most women in their areas go to government hospital for abortion and one participant said they go to MSI clinic for abortion. They said at government hospital the charge is subsidized and at MSI clinic if there is any complication they take care of it.

All seven FGD participants in Banke rural area said most women go to FPAN clinic for abortion because it is safe and cheap.

Women of Sarlahi said that women do not go to other facilities because many women do not know the availability of different facilities and private facilities are too expensive for rural women.

“We poor cannot go to private abortion facilities, they are expensive but government facility is cheap and they also give some reduction”. (Literate woman, age 20-24, Sarlahi, rural FGD participant).

Women from Banke said that women do not go to other abortion facilities because they are costly, far and many women do know that other facilities are also available.

Except one FGD participant from Sarlahi, all others have not witnessed any case with unwanted pregnancy who couldn't undergo safe abortion. One participant from Sarlahi said that some women face a conflicting situation in that woman likes to abort but other family members want her to continue with unwanted pregnancy; they like to have as many children as possible.

“A woman wants to abort but her family members do not agree with her; they believe in 'santanle danda kanda dhakun' that is “may your progeny fill the hills and mountains. Besides woman has no resources in hand and she has to bear child painfully”. (Literate woman, age 30-34, Sarlahi, rural FGD participant).

One participant from Banke knew a woman who was trying to abort but had painful time; she took tablets to abort and had profuse bleeding which took some time to heal.

“One woman got tablets from Rupediya, India and took them to abort at home but she had heavy bleeding, it was painful. Later it was costly for her to recover at a local pharmacy.” (Literate woman, age 35-39, Banke, rural FGD participant).

6.4.6 Housewives in community

All six housewives from Ilam and five of six housewives participating in FGDs in Kanchanpur have heard about legalization of abortion in Nepal. For housewives from Ilam radio, TV, training, newspapers, friends and banner were the sources of information on abortion while for housewives of Kanchanpur FCHV, FPAN health workers, meeting, radio and books were the sources of information.

According to housewives of Ilam the abortion law allows unwanted pregnancy up to 2.5 months, pregnancy due to incest, deformed conception and illegitimate conception to abort. One housewife also correctly said that pregnancy up to 12 weeks can be terminated. Housewives participating in FGD in Kanchanpur said that pregnancy due to incest, rape, up to 3 months are allowed to abort.

Housewives of Ilam said there are two abortion facilities, namely, FPAN clinic about five minute on foot and MSI clinic also about five minute on foot. In Kanchanpur too housewives mentioned two abortion facilities which are zonal hospital and MSI clinic.

Except one housewife in Kanchanpur all other housewives participating in FGDs from Ilam and Kanchanpur have heard of FPAN clinic. FPAN staff and hoarding board were the sources of information about FPAN in Ilam and in Kanchanpur the sources of information were radio, meetings and FPAN staff. Both groups of women participants said that FPAN provides FP, abortion, ANC, safe delivery and general health services. The abortion service as reported by Kanchanpur housewives is safe and good.

Some housewives from Ilam said it costs Rs1,350 for abortion service in Kathmandu University and it costs over Rs3,000 in private clinic. Housewives of Kanchanpur mentioned Rs.1,000 for abortion service. None of the housewives participating in FGDs in the two districts are aware of abortion policy.

In Ilam four of six housewives participating in FGD said that most women in their areas go to MSI clinic because it is fast, health providers focus on clients but in government hospital doctor has to see many different clients while two participants said Ilam government hospital because doctor is there and if anything happens complain can be lodged to the government and private clinic is not reliable for abortion.

Of the six housewives participating in FGD in Kanchanpur five women said that most women in their areas go to MSI clinic for abortion because the doctor is trained and the clinic is well equipped. Women do not go to private clinic as it is costly, FPAN abortion service is new, many women do not know about it.

Except one FGD participant from Kanchanpur, all others have not witnessed any case with unwanted pregnancy that couldn't undergo safe abortion. However one woman from Kanchanpur said that women in Kanchanpur are shy, even if the pregnancy is unwanted they do not tell and continue; also many women are unaware of availability of abortion services.

“Women in our area are shy, even if the pregnancy is unwanted they do not tell anybody and continue; also many women are unaware of where abortion service is available.” (Literate woman, age 25-29, Kanchanpur, housewife FGD participant).

If FGD participants of Banke and Kanchanpur or any woman from their family had an unwanted pregnancy they would visit the clinic where everybody goes for safe abortion. Last year three participants from Banke remember women visiting abortion sites; one participant said five women and two other participants said two women each visited MSI clinic for abortion. None of the housewives participating in FGD in Kanchanpur recalled any women from their community visiting an abortion site last year.

6.4.7 NGO/CBO staff

All six NGO/CBO staff participating in FGDs in Palpa and Kailali FGD are aware that abortion is legal in Nepal. In Palpa they learned about it through radio, FM, TV and newspapers and in Kailali FCHV, FPAN health workers, meeting, radio and books were the sources of information.

All six NGO/CBO staff participating in FGDs in Palpa said that abortion is allowed up to 12 weeks, because of incest, health risk to mother and rape and similar information was given by participants of Palpa

NGO/CBO staff said abortion service is available at FPAN clinic and at district hospital in Palpa and both are nearby. Seti zonal hospital and MSI clinics provide abortion service in Kailali but the participants said that they need to walk about an hour to get there.

All housewives in Palpa and Kanchanpur participating in FGDs have heard of FPAN clinic. Radio, FM, TV, health worker and FCHV were the sources of information about FPAN in Palpa and in Kailali the sources of information about FPAN were promotional materials, weekly clinic, FCHV and FPAN health providers. In both districts FPAN activities include FP service, HIV programme, child immunization, abortion service, general health, ANC and counselling. Cost of abortion service at MSI clinic is Rs.1,350 in Palpa and in Kailali it is Rs.1,000 at FPAN clinic. None of the participants in either district knows about FPAN abortion policy. NGO staff participating in FGD in Palpa said that besides FPAN, abortion service is also available at MSI clinic located at about half an hour walking distance, at district hospital also about half an hour walk and at Lumbini Medical College about two hours' walk.

All six NGO/CBO staff participating in FGD in Palpa said that most women in their areas go to FPAN clinic because it is safe, cheap and has good facilities. If FGD participants of Palpa or any woman from their family had an unwanted pregnancy they would visit the FPAN clinic because it is safe, reliable, cheap, near and good. According to one FGD participant from Palpa about 50 women from her area visited FPAN clinic last year for abortion because some women had pregnancy while still young, some women wanted no more children, some women were raped and some women were pregnant due to indulgence in sex outside or before marriage.

Two FGD participants from Kailali remember one woman from her community visiting MSI clinic for abortion because she already had too many children and did not want to continue. Another FGD participant recalled one woman from her community visiting MSI clinic for abortion because she suspected that the baby was a girl and she aborted it.

Four of seven NGO/CBO FGD participants in Kailali said that most women in their communities go to Seti government hospital because it is old, has trained doctor, abortion rate is reduced and the service is good.

If FGD participants of Banke or any woman from their family had an unwanted pregnancy they would visit Seti government hospital for abortion.

According to NGO/CBO staffs participating in FGD in Palpa women do not go to other places for abortion because they are far, women are unaware of several facilities and they are not reliable. Their counterparts in Kailali said that other places are costly, unsafe and women can even die.

None of the FGD participants from Banke and Kailali witnessed cases with unwanted pregnancy that couldn't undergo safe abortion. Women from Palpa have not seen women with complications following abortion.

6.5 Knowledge on legalization and other aspects of abortion among IDI participants

Except one married adolescent who is a Muslim woman all other study participants taking part in in-depth interview said that they are aware of legalization of abortion in Nepal. There were many sources of information on this issue but radio as the source of this knowledge was cited by 27 of 32 IDI participants, followed by TV (20 participants), print media (17 participants), friend (11 participants), FCHV/health worker (10 participants), and so on. Other sources included neighbour, participation in training/workshop, FPAN hoarding board, book, doctor and MSI clinic.

While enquiring about the situation under which a woman can legally terminate a pregnancy an overwhelming number of IDI participants – 26 of 32, mentioned pregnancy due to rape is legally allowed to terminate and another large number was risk to the health of mother (14 participants) followed by incest (13 participants), pregnancy up to 12 weeks (11 participants) deformed foetus (8 participants), achievement of desired number of children (8 participants) and so on.

When enquired specifically about pregnancy of what age could be terminated nearly everybody (28 participants) said pregnancy up to 12 weeks of age can be aborted. Four participants who could not give correct pregnancy duration for abortion included a young married Muslim woman, an old 60 years old woman, a male community leader and a police woman.

In all 21 safe abortion facilities were mentioned by IDI participants. Of the 32 IDI participants 8 of them said that their nearest abortion service centre is FPAN clinic, 6 participants said MSI clinic, and two participants each mentioned Bheri hospital, district hospital and Seti zonal hospital and one participant said Om Shanti hospital.

Every IDI participant has heard of FPAN clinic. Twenty-two (multiple answers) of 32 IDI participants heard about FPAN clinic from radio, 17 IDI participants heard about it from TV, 15 participants each heard about it from health workers and newspapers and magazines, 10 participants heard about it from FPAN advertisement messages and so on. FPAN's main activities include distribution of temporary FP method, provision of abortion service, ANC, counselling on FP, maternal and child health services and a few other public health activities. FPAN also conducts MCH and village focused general health services. Twenty-two of 26 IDI participants¹ said that the abortion service at FPAN is good.

“At FPAN cost of abortion service is low and in case a woman suffers from abortion complication or has heavy bleeding, the office bears the cost of providing treatment to the woman suffering from abortion complications.” (Literate woman, age 45-49, Sarlahi, in-depth interview participant).

At FPAN abortion service is safe, service charge is reduced, trained doctor performs the procedure, privacy is maintained and women are supplied with medicines.

“Safe abortion service is performed for pregnancy from 2 to 3 months old; it is done at reduced cost, counselling is given and privacy is maintained.” (FCHV, age 25-29, Palpa, in-depth interview participant).

“Good, trained and skilled doctor performs abortion, it is less expensive and good counselling is given.” (Trained Birth Attendant, age 45-49, Banke, in-depth interview participant).

¹ At FPAN clinic in Ilam, abortion service has not yet started where 6 in-depth-interviews were conducted.

“Abortion service is safe and reliable. The cost of service is low. Medicines are also given to woman after the procedure.” (Traditional Birth Attendant, age 60-64, Kailali, in-depth interview participant).

However, four in-depth-interview participants said that they did not know about the quality of abortion service at FPAN. One police woman knew that FPAN provides abortion service in her area but she did not know about the quality of it. Another woman who is a religious teacher did not know that abortion service is available at FPAN clinic in her area. Two married adolescent girls did not know that abortion service is available in their respective FPAN clinics.

Cost of abortion service

The government of Nepal hospitals charge Rs.1,000 for comprehensive abortion care service to a client and FPAN also charges the government rate. Marie Stopes International/Sunaulo Pariwar, an NGO charges Rs. 1,350/- for the procedure throughout the country. In the private sector the charge varies a lot.

The in-depth interview participants were asked whether they knew about the charge for abortion procedure. Except six participants all other participants gave a range of charges for abortion procedure at different facilities. Of the 26 participants 19 said abortion service facilities like FPAN, district hospital and zonal hospital charge Rs.1,000/- per case. Six IDI participants said MSI charges Rs.1,350/-. Some participants also said that MSI charges from Rs.1,100/- to Rs.1,300/-. Some participants said that FPAN charges range from free service to Rs.1,500/-. Private facilities were reported charging Rs.1,500/- to Rs.5,000/- and in India it costs Rs.4,000/- for the procedure. One participant also reported Seti zonal hospital charging only Rs.500/- for abortion procedure.

Knowledge of FPAN policy on abortion

Only IDI participants from Kailali and Kanchanpur mentioned some aspects of FPAN abortion policies. Most of them mentioned that abortion is allowed only up to 12 weeks of gestation. Other conditions under which abortion is allowed included health risks to either mother or child if the birth is to take place, incest, rape, adolescent pregnancy and deformity in foetus. Also some participants said that sex selective abortion is not allowed at FPAN clinic.

“Pregnancy up to three months duration is allowed to abort at FPAN clinic which is a government listed site. Abortion is also allowed if the health of the mother and the child is at risk.” (NGO staff, age 25-29, Kailali, in-depth interview participant).

“At FPAN if woman wants to abort her pregnancy up to 12 weeks of pregnancy she can have abortion. Pregnancy above 12 weeks can be aborted only if problems or complications are detected in the foetus or in the mother.” (Unmarried adolescent, age 15-19, Kailali, in-depth interview participant).

“At FPAN clinic pregnancy above 12 weeks cannot be aborted. Also sex selective abortion is not allowed at FPAN clinic.” (Pharmacist/druggist, age 45-49, Kanchanpur, in-depth interview participant).

“Pregnancy up to 12 weeks, pregnancy due to rape, illegitimate relationship and adolescent pregnancy can be aborted at FPAN clinic. Disabled pregnant woman and woman with very poor health can have free abortion service at FPAN clinic.” (Married youth, age 20-24, Kanchanpur, in-depth interview participant).

Apart from FPAN clinics, women from six districts also go to local Marie Stopes Clinic, District Hospital, Bheri zonal hospital, Seti zonal hospital and private clinics such as Lumbini

Medical College, Bahraich, India (near Banke) for abortion service. Most of these clinics are not too far even on foot; they are within 15 to 25 minutes walking distance. Only going to India entails travelling by bus or train and can also be expensive.

Of the 32 IDI participants, 12 IDI participants each mentioned women mostly going to MSI and FPAN clinics, three each going to Ilam district hospital and Seti Zonal hospital, and one participant each mentioned going to Bheri zonal hospital and Baharaich, India for safe abortion service.

The reasons for visiting the clinics are multiple; they go there because they are cheap, safe and near. FPAN and government hospitals are reported to be cheap as well as safe while MSI clinics are slightly more expensive than FPAN and government facilities but in-depth participants say they are worth paying because they take care of clients if any complications are seen after abortion. A number of IDI participants also mentioned privacy, good behaviour of health staff and service of trained doctor as reasons for frequently visiting the facilities for abortion service.

“The reasons clients mostly go to these sites are that they are safe, cheap, nearby, provide good counselling and privacy of clients is maintained.” (Pharmacist/druggist, age 45-49, Palpa, in-depth interview participant).

“Women mostly go there because it is cheap, good counselling before and after the procedure, and it is nearby.” (Unmarried youth, age 20-24, Palpa, in-depth interview participant).

“Clients mostly go there because it is cheap, fast; procedure is not painful and safe.” (Community leader, age 40-44, Kailali, in-depth interview participant).

“Women go there mostly because the service is safe, cheap and performed by trained doctor, complications are addressed immediately and the site is nearby.” (Pharmacist/druggist, age 45-49, Kanchanpur, in-depth interview participant).

“Most women go there because the facility is well known, service is safe, and they give good counselling to women.” (School teacher, age 35-39, Kanchanpur, in-depth interview participant).

Some women do not go to private clinic, government hospital and MSI clinic or FPAN because they say they are relatively expensive, far or service is not safe or performed by a male doctor and some clinics are new to many people.

“FPAN clinic started abortion service only recently; many women do not know about it. District hospital is far and it is expensive to travel”. (Traditional birth attendant, age 45-49, Sarlahi, in-depth interview participant).

“Women do not go to Ilam district hospital because the health providers do not treat clients well; privacy is not maintained and the doctor is a male.” (NGO staff, age 30-34, Ilam, in-depth interview participant).

“These days women instead of going to MSI clinic go to FPAN clinic because it is near, service fee is cheap, service is good and privacy is maintained.” (FCHV, age 25-29, Palpa, in-depth interview participant).

“Women do not go to Bheri hospital because there is no privacy; besides abortion clients there are many other types of clients too, sometimes abortion client meets with acquaintances which is embarrassing.” (Lawyer, age 30-34, Banke, in-depth interview participant).

“MSI clinic in Kailali is more expensive than government hospital; it is also far. Private clinic here is very expensive; it is profit oriented, service is not good.” (Community leader, age 40-44, Kailali, in-depth interview participant).

“Women do not go to zonal hospital or India because the latter is expensive and in government hospital service is not good; it is not safe and privacy is not maintained.” (Politician, age 45-49, Kanchanpur, in-depth interview participant).

Barriers to safe abortion

Nineteen of 32 in-depth-interview participants are aware of women who have had unwanted pregnancy but did not go for abortion. The reasons given for not aborting unwanted pregnancy were poverty, disagreement with family members, belief that abortion is a sin, health risk of abortion procedure, possibility of uterus problem, social ostracism, and embarrassment, lack of awareness and fear of lack of privacy.

“Women have to continue with unwanted pregnancy because they have no money to pay for abortion and sometimes family members do not allow her to abort.” (NGO staff, age 30-34, Ilam, in-depth interview participant).

“I know women get pregnant before marriage because men allure them to marry but after pregnancy they leave them and the women have to continue with the unwanted pregnancy because they cannot afford abortion fees.” (Police, age 35-39, Sarlahi, in-depth interview participant).

“Some women continue with unwanted pregnancy because they are too poor to afford abortion; besides many of them lack information on abortion.” (Private chemist, age 45-49, Palpa, in-depth interview participant).

“I know many women continue with unwanted pregnancy because they lack knowledge of abortion, information dissemination on safe abortion is not enough and women fear social ostracism following abortion.” (Trained birth attendant, age 45-49, Banke, in-depth interview participant).

“I know some women continue with unwanted pregnancy because they fear that if they have abortion other people in the community will know about it, they feel embarrassed to have abortion and they cannot afford abortion either.” (Unmarried adolescent, age 15-19, Kailali, in-depth interview participant).

Experience of abortion complications

Of the 32 IDI participants eleven of them said that they have known women experiencing complications after abortion. The complications they have heard about women suffering after undergoing abortion include lifelong disability, septic, death of woman, heavy bleeding and perforation of uterus.

“I know a woman after she had abortion from an inexperienced person she developed wounds in the uterus and later she became disabled for life.” (Community leader, male, age 45-49, Ilam, in-depth interview participant).

“Abortions at well equipped facilities are safe but in some clinics where abortion has been performed illegally women have experienced complications. I have heard women bleeding profusely as a result.” (School teacher, age 40-44, Palpa, in-depth interview participant).

“One of my friends had three abortions in Kathmandu in the past. She bled heavily and died there.” (Unmarried youth, age 20-24, Palpa, in-depth interview participant).

“I know a woman who had abortion but she had perforations in the uterus and later she died.” (Trained birth attendant, age 45-49, Banke, in-depth interview participant).

“I know a woman she had unsafe abortion and she was bleeding heavily for one month. As she wanted to hide it from the society she did it quietly.” (Trained birth attendant, age 35-39, Kanchanpur, in-depth interview participant).

Reasons leading to unsafe abortion

Eleven participants who have seen or heard of women experiencing abortion complications have also reported reasons for unsafe abortion. The main reasons that the IDI participants cited leading to complications due to abortion include lack of knowledge about safe abortion, poverty because poor women cannot afford safe abortion fees, fear of social ostracism which makes a woman to abort at home and attempt to abort unwanted pregnancy resulting from illicit relationship at unknown private place lacking proper skills and facility.

When enquired about whether the participant or other women from her/his family would visit the abortion site that most women visit everyone said that they would do so. Prominent reasons (multiple) they would visit the facility in order of importance included safe service (17 participants), cheap (15 participants), near (13 participants), provision of good service (12 participants), maintenance of privacy (11 participants), trained doctor (8 participants), good treatment of clients by health providers (6 participants), listed site (4 participants) and so on.

“I or my family members would go to MSI clinic in Ilam because it gives good counselling and the service is safe.” (Politician, male, age 20-24, Ilam, in-depth interview participant).

“I or my family members would go to MSI clinic in Sarlahi because service is provided by trained and experienced doctor and it is safe.” (Police, age 35-39, Sarlahi, in-depth interview participant).

“We would go to FPAN clinic because it is near, service is good and safe.” (Private chemist/druggist, age 45-49, Palpa, in-depth interview participant).

“My family members would go to FPAN clinic because the service is good, cheap and safe.” (Religious teacher, age 30-34, Banke, in-depth interview participant).

“My wife and my other family members would go to Seti zonal; hospital for abortion because it is cheap, if any complications arise they will be taken care of by the hospital and it is near too.” (Community leader, male, age 40-44, Kailali, in-depth interview participant).

“I or my family members would go to FPAN clinic in Kanchanpur because it is near, cheap, service is provided by trained doctor and the site is government listed.” (Married youth, age 20-24, Kanchanpur, in-depth interview participant).

Twenty-three of 32 IDI participants mentioned that women from their community visited a health facility for abortion last year. The number of local women visiting a health facility for abortion last year ranges from 2 to 350.

In response to why those women had abortion the IDI participants reported a number of reasons (multiple) such as conceptions even after achieving the desired family size (16), FP method failure (11), rape (7), desire for spacing (3) and other reasons reported by few women were bleeding, hoping to have son aborted girl, illegitimate pregnancy, premarital pregnancy and too early (young age) pregnancy.

6.6 Abortion communication

6.6.1 Female sex workers

All eight sex workers participating in FGD in Banke have heard that abortion has to be safe. This message they got from TV, radio, lawyers, friends, doctors, newspapers and books in the last six months. The message they got was that if a couple mutually agrees abortion can be

performed to get rid of pregnancy. All FGD participants said that they talked to their friends about what they heard from the media on safe abortion.

FGD participants of Banke mentioned multimedia approach to inform women and the general public about safe abortion; they mentioned inter personal communication (IPC) like friends, health workers, TBAs, group communication and mass media such as radio, TV, newspapers and pamphlets on safe abortion. All participants said that the most preferred media is radio and the second preferred media is TV for abortion communication. On the radio preferred time is 8 o' clock in the morning while on TV the time preferred is 8 o' clock in the evening.

Also most sex workers participating in FGD in Kailali have heard of safe abortion from radio, FM, TV, FCHV, friend, teacher and some read about it in books and seen posters in the last six months. The message they got from radio was that for safe abortion one can go to FPAN clinic and the same message was given in the group discussion that took place in Suklaphat of Kailali. Two participants talked about safe abortion with neighbours and friends and advised them to go to FPAN clinic if they decided to have abortion. Three participants have talked about abortion clinic with older brother, sisters, neighbours and friends in the village about FPAN clinic that abortion service is good at FPAN clinic. Six participants in Kailali mentioned IPC, mass media (radio, TV, newspapers, magazines, posters, pamphlets) and illustrations to inform the target audience about safe abortion. All participants showed their first preference for radio but four of them showed second preference to posters for safe abortion communication. Two participants' second preference was TV. For radio show 10 o'clock and 11 o'clock in the morning and three and eight in the afternoon and evening were preferred.

6.6.2 Women living with HIV

Four of six PLHIV participating in FGD in Kanchanpur have either seen, heard or read about safe abortion through radio and print media. All four have got the message from national radio and local FM stations, two have also seen hoarding board on safe abortion and one participant has also read the message in books. One of the participants recalled the message that pregnancy up to 12 weeks can be aborted at FPAN clinic for Rs.1,000/-. Three women talked about the message they learned in the last six months about safe abortion with other women and sisters-in-law; they told other women that abortion is cheap and safe at FPAN.

While discussing about type of information source/media channel that would be appropriate for informing about safe abortion four FGD participants mentioned national radio and local FM stations and of them three women also said TV, newspapers, meetings and IPC as appropriate channels for abortion information dissemination. The PLHIV participants in FGD in Kanchanpur reported that their most preferred media is radio and second most preferred media is TV.

The most preferred time mentioned by one each of five participants for radio broadcasting were 8 am, 10 am, 8 pm, 8.30 pm and 9 pm and for TV 1 pm (one participant), 6 pm (one participant), 8 pm (two participant) and 9 pm (one participant).

6.6.3 Ethnic minority women

Four of six disadvantaged, poor, low literate women participating in FGD in Ilam have either seen, heard or read about safe abortion through radio and print media. Of the four, two

participants got safe abortion message from pamphlets, one each from calendar fat MSI and FPAN clinics, hospital, poster, friends and radio. Only one participant recalled a message that it was about visiting MSI clinic for safe abortion as the service is good there. Four participants talked about what they learned about abortion with other people; they talked with female family members, village women and also informed them that if abortion service is needed one should go to MSI clinic as it is safe there. FGD participants in Ilam say that FCHV should organize group meetings of women, distribute health books and put up posters on roads or paths, health providers should come to village to train women in groups and more information dissemination on safe abortion is needed through FM or print media. All participants said that the most preferred media is radio and second most preferred media is TV. Preferred radio broadcasting times were 5 pm (one woman), 7 pm (one woman), 8 pm (two women), 8.30 pm (one woman), and 9 pm (1 woman) and the preferred second best TV times were 8 am (one woman), 8 pm (four women) and 8.30 pm (three women).

None of the six women participating in FGD in Sarlahi has seen, heard or read about safe abortion through any of the media or communication channels. However, all participants know that abortion must not be allowed anywhere; it should be allowed only in a safe environment. They have not talked about what they know about safe abortion with anybody. All participants emphasized the use of mass media such as radio, FM, TV and other channels like street dram, group discussions, and provider client interaction on safe abortion. Three participants mentioned TV as the preferred media, two of them said radio and one said trained doctor for spreading message on safe abortion. Four women mentioned radio as second preferred media and two women said TV as second preferred media. Preferred TV times were 12 noon, 1 pm and 8 pm and for radio they were 8 am and 2.30 pm for broadcasting of safe abortion information.

6.6.4 Poor urban women

Only three of six women from urban slum of Sarlahi and only two of the seven women participating in FGD in Kanchanpur urban slum have either seen, heard or read about safe abortion through radio and print media. Two women of Sarlahi have seen posters in government hospital on safe abortion, two women have heard a radio message and one woman has also seen a TV message on safe abortion. Two women in Kanchanpur have seen a poster at FPAN clinic and one of them has seen TV message and also heard radio message on safe abortion.

The women of Sarlahi have learned that for abortion one should go to district hospital and has to be very careful. One women of Kanchanpur has heard that FPAN provides safe abortion service.

Only two women of Sarlahi have talked about what they have heard about safe abortion with other people; one woman talked to older sis-in-law and younger sister and another woman talked to mother-in-law and husband that abortion should be done at government hospital by a trained doctor. None of the women in Kanchanpur has shared with anybody what they have learned about safe abortion.

For information dissemination on safe abortion women of Sarlahi think that for literate people poster should be used and for illiterate radio and TV media should be used. Some women also stressed that local languages and local media should be used. Women of

Kanchanpur also mentioned the use of mass media such as radio, TV and FM but they also said that IPC (faith healers or friends) medium and training and street dram should be used.

Four women of Sarlahi said that the most preferred media for them is radio while the other two preferred TV. The preferred broadcasting times on the radio are 8.20 am, 11 am, 2 pm, and 9 pm and on TV are 8 pm and 8.30 pm. For four women the second preferred media is TV and for two women it is radio and the broadcasting times are respectively 9 pm (two women) and 10 pm (two women) and on the radio for both women they are one pm.

6.6.5 Poor rural women

Four of six women participating in FGD in rural area of Sarlahi and seven of eight women participating in FGD in Banke have either seen, heard or read about safe abortion through different sources in the last six months. In Sarlahi, three women have heard about safe abortion on the radio, of them one of each has also heard about it from FCHV, TV, training programme, and newspapers. Six women of Banke have heard about safe abortion on the radio, of them five women have also heard about it from FCHV and a few of them also read about safe abortion in the newspapers or in books.

The message the women got on safe abortion from different sources were that abortion should be safe and conducted in a clinic not at home, a trained doctor should do it, women should seek advice of FCHV, some FCHVs asked them to go to MSI clinic for abortion and women should not have repeated abortions.

“FCHV asked me to consult her on abortion matters, she instructed me to go to MSI clinic for safe abortion.” (Literate woman, age 30-34, Sarlahi, FGD participant).

“I have learned that abortion must not be done at home; it is risky, mother can die. For safe abortion woman should go to abortion clinic so that the mother can remain healthy even after abortion.” (Literate woman, age 30-34, Sarlahi, FGD participant).

“I have learned that abortion by a doctor is risk free.” (Literate woman, age 35-39, Sarlahi, FGD participant).

“Safe abortion helps woman to remain healthy and too many abortions can damage mother's health; a woman must not have more than 1 or 2 abortions in life.” (Literate woman, age 45-49, Sarlahi, FGD participant).

Only two women of Sarlahi have talked about what they have learned about safe abortion with other people. One woman has talked to her sister and friends and told them that in case they want to have abortion they should go to a health facility. She told them that they can go to MSI or district hospital for safe abortion. Another woman has given advice to other women in her village and assured them that she can help them in case of need.

All women from Banke have talked to their friends and neighbours about safe abortion and told them that women should go to only listed sites for safe abortion.

Four women in Banke said that appropriate media for safe abortion information dissemination would be TV, of then three women also said radio, newspapers and hoarding board. One woman said that rather than radio and TV hoarding boards with messages in big letters hung in villages would be appropriate. A few women also mentioned poster, magazines, IPC and workshops for safe abortion information dissemination. All FGD participants in Banke jointly said that for safe abortion information dissemination appropriate

way would be to gather women and have them discuss over the issues; they also suggested involving FCHV and using radio.

Four women of Sarlahi said that the most preferred media for them is radio while the other two preferred TV. The preferred broadcasting time mentioned by all four women on the radio is 12 noon and two women said on TV the preferred times are 12 noon and 7 pm. For four women the second preferred media is TV and for two women it is radio and the broadcasting times are for all four women is 8 pm and on the radio for two women the time preferred is 8.30 pm.

For all eight women of Banke the most preferred medium is radio and the second preferred medium is TV. The broadcasting time preferred on the radio for all women is 8 pm and respective time for TV broadcasting is 8 pm.

6.6.6 Housewives in community

Three of six housewives from Ilam and all six housewives participating in FGDs in Kanchanpur have either seen, heard or read about safe abortion through different sources in the last six months. In Ilam, three women have heard about safe abortion on the radio, FM, seen banner and learned from health providers about safe abortion. All six women of Kanchanpur have learned about safe abortion through various channels such as radio, FPAN calendar and by participating in meetings and discussions.

Among the three women of Ilam who got safe abortion message one said that she learned safe abortion service is available at FPAN clinic, another woman said that woman should go to only a listed site for safe abortion and still another woman said that she learned that abortion is safe if it is performed by a trained doctor.

Of all six women of Kanchanpur who got safe abortion message, one said that a woman can have abortion up to 18 weeks of pregnancy at FPAN clinic, three women said that up to 12 weeks of pregnancy can be aborted and if complications arise that is taken care too and one woman said that safe abortion service is available at FPAN clinic in Kanchanpur. One woman although she got safe abortion message did not mentioned what information she got.

Among the three women of Ilam who learned about safe abortion through different sources one woman discussed with FPAN doctor, another woman discussed with FPAN nurse, family members and told them that if needed she could bring them to FPAN clinic for safe abortion, she told them that rate of abortion is cheap at FPAN clinic and still another woman talked to people coming to her shop about safe abortion and told them that FPAN rate is cheap and service is good.

“After I learned about safe abortion I talked to people coming to my shop about safe abortion and told them that FPAN abortion rate is cheap and the safe abortion service they provide is good.” (Literate woman, age 30-34, Ilam, FGD participant).

Although all six women in Kanchanpur learned about safe abortion from different sources only three of them were proactive in dissemination safe abortion to others. The three women told neighbours about safe abortion and asked women in their community to go to FPAN for safe abortion.

Women of Ilam think that appropriate ways of dissemination safe abortion information would be through local FM radio, women group meetings, TV, newspapers, FCHV and training. All of them said FM radio and of them four said women group meetings, three said TV, two said newspapers and one woman each said training programme and FCHV.

Women in Kanchanpur think that appropriate ways of dissemination safe abortion information would be radio, TV, newspapers, FCHV, women group meetings, workshop and training. All six women said appropriate ways would be radio and of them five women also said newspapers, three also said group meetings/workshops, two also said FCHV and one woman also said training programme.

The most preferred medium for all housewives in Ilam and one of six housewives in Kanchanpur is radio and the second preferred medium is TV for all women of Ilam. TV is the first preferred medium for five of six housewives in Kanchanpur, for three women the second preferred medium is radio, for two women second preferred medium is workshop and for one woman it is print.

The preferred broadcasting time on the radio mentioned by all six women in Ilam is 7 am, 11 am (two women) and 9 pm. The preferred broadcasting time on the radio for one woman in Kanchanpur is 8 pm. In Kanchanpur, the preferred broadcasting times on TV for five women include 7 am, 8 am, 8 pm (two women) and 9 pm.

Among the women mentioning second best channel, the preferred broadcasting time on TV for one Ilam woman is 8 am, two women is 8.30 pm and for three women it is 9 pm. The preferred broadcasting time in Kanchanpur on radio for two women is 7 am and for one woman it is 9 am.

6.6.7 NGO/CBO staff

All six NGO/CBO staff participating in FGDs in Palpa and all of their counterparts in Kailali have either seen, heard or read about safe abortion through different sources in the last six months. In Palpa the sources of information mentioned were FPAN clinic, TV, newspapers, brochure, pamphlet, radio and neighbour. In Kailali, various media/sources were mentioned by women such as radio by five women, TV by four women, health workers including FCHV by three women, women's group meeting by three women, neighbour by two women and newspaper by one woman; they were multiple responses.

The safe abortion message NGO/CBO women in Palpa saw was that women can abort up to 12 weeks of pregnancy, it costs Rs.1,000 at FPAN clinic and the message is given in captions on TV channel.

In the last six months, NGO/CBO women participating in FGD in Kailali got different safe abortion messages from different sources. One woman recalls getting message on the radio that for safe abortion from trained doctor visit MSI clinic. Another woman got message on the radio that woman should only go for safe abortion. Similar message was heard by another woman on local FM. Still another woman on Khaptad FM station heard the message that abortion should be safe and it should be performed by a trained doctor. Another message heard on the radio was that for safe abortion it costs Rs.1, 000 at FPAN clinic and similarly there was a message that for safe abortion women should go to Seti zonal hospital.

All NGO/CBO women participating in FGD in Palpa said that they have talked to their friends, family members, groups about safe abortion and about places where they can go for safe abortion in case of need. So was the case with FGD participants in Kailali where NGO/CBO staffs have shared whatever they have heard about safe abortion with neighbours and groups of community people.

In Palpa the FGD participants suggest that all possible mass media and other channels need to be used to disseminate safe abortion information. They suggest to use radio, poster, pamphlet, TV, IPC including FCHV, health workers, street drama, discussion group (seeing better than hearing) for this purpose. In Kailali all FGD participants suggested that mass media channels such as poster, pamphlet, radio and TV should be used to disseminate safe abortion information and they also suggested use of IPC, group discussion, FCHV, Mothers' Group and health providers.

According to all NGO/CBO staffs participating in FGDs in Palpa the most preferred medium is TV and in Kailali it is the radio. Second most preferred channel is radio in Palpa and print media for six of seven participants in Kailali while for one participant it is TV.

The preferred broadcasting time on TV mentioned by all six women in Palpa is 8.30 pm and the corresponding time for the secondly preferred radio channel is 7.30 am.

In Kailali the preferred broadcasting time on radio mentioned by five women in Kailali is 8 pm, one woman each mentioned 10 am and 12 am and one woman who mentioned TV as the second important channel said preferred broadcasting time is 8 pm.

6.7 Abortion communication among IDI participants

All 32 IDI participants have either seen, heard or read about safe abortion through different sources in the last six months. Overall radio was the source of abortion related information for 27 IDI participants and of them 22 participants also mentioned TV and newspaper/magazine as the source of information.

The sources of information mentioned by NGO staff in Ilam were radio, TV, newspaper while her counterpart in Kailali mentioned TV, newspaper/magazine, book and poster.

Traditional birth attendant of Sarlahi mentioned radio, friend, neighbour, training/workshop, TV, hoarding board and newspaper/magazine and her counterpart in Kailali reported radio and neighbour as sources of abortion information.

Trained birth attendant of Banke mentioned radio, health worker, friend, TV, hoarding board, wall painting, newspaper/magazine, pamphlet and book while her counterpart in Kanchanpur reported radio, friend, neighbour, TV, hoarding board, wall painting, newspaper/magazine, pamphlet and book as sources of abortion information.

FCHV of Ilam mentioned radio, TV, newspaper/magazine while her counterpart in Palpa reported radio, health worker, friend, relative, training/workshop, newspaper/magazine, pamphlet and book as sources of abortion information.

Private chemist/druggist of Palpa mentioned radio, health worker, friend, TV, newspaper/magazine, pamphlet and brochure while her counterpart in Kanchanpur reported

radio, health worker, friend, training/workshop, TV, hoarding board, newspaper/magazine, book and poster as sources of abortion information.

Community leader (male) of Ilam mentioned radio, hoarding board and newspaper/magazine and his counterpart in Kailali reported friend, neighbour, TV, pamphlet, book, poster and brochure as sources of abortion information.

Community leader (female) of Sarlahi mentioned radio, health worker, friend, neighbour, hoarding board and poster while her counterpart in Banke reported radio, neighbour, FCHV, TV, newspaper/magazine and poster as sources of abortion information.

The sources of information mentioned by politician in Ilam were radio, hoarding board, newspaper/magazine while her counterpart in Kanchanpur mentioned health worker, TV, book, brochure and poster.

The sources of information mentioned by school teacher in Palpa were radio, health worker, friend, neighbour, TV, hoarding board, wall painting and newspaper/magazine while her counterpart in Kanchanpur mentioned health worker, TV, hoarding board and newspaper/magazine.

Religious teacher of Palpa mentioned radio, relative, friend, TV and newspaper/magazine while her counterpart in Banke reported radio, health worker, friend, relative, newspaper/magazine, pamphlet, poster and brochure as sources of abortion information.

Lawyer of Ilam mentioned radio, Women Development Forum, TV, hoarding board, newspaper/magazine and book while her counterpart in Banke reported radio, health worker, friend, newspaper/magazine, pamphlet and brochure as sources of abortion information.

Police of Sarlahi mentioned radio, health worker, TV, hoarding board, and newspaper/magazine while her counterpart in Kailali reported radio, friend, hoarding board and newspaper/magazine as sources of abortion information.

Unmarried youth of Ilam mentioned radio, relative, friend, hoarding board and book while her counterpart in Palpa reported radio, health worker, friend, training/workshop, TV, hoarding board, wall painting, newspaper/magazine, pamphlet and brochure as sources of abortion information.

Married youth of Sarlahi mentioned radio, health worker, hoarding board and book while her counterpart in Kanchanpur reported health worker, friend, relative, TV, hoarding board, book, poster and brochure as sources of abortion information.

Unmarried adolescent of Sarlahi mentioned relative, friend, TV, hoarding board and poster while her counterpart in Kailali reported radio, neighbour, friend, TV, wall painting, newspaper/magazine and poster as sources of abortion information.

Married adolescent of Sarlahi mentioned radio, hoarding board and poster while her counterpart in Banke reported relative (mother) as sources of abortion information.

The last information that IDI participants obtained from different sources in order of importance were that women should seek safe abortion only from trained doctor (23

participants), for safe abortion service women should go to government listed site (13 participants), if abortion is performed haphazardly the woman can die (7 participants), pregnancy up to 12 weeks can be aborted (5 participants) and so on.

“One should go for abortion to the place where the doctor has got license from the government. If abortion is carried out without care the woman can die.” (FCHV woman, age 25-29, Ilam, in-depth interview participant).

“I have learned that for abortion one should go to the place where the doctor is trained for abortion and has got the license. Abortion must not be done at home.” (Traditional birth attendant, age 45-49, Sarlahi, in-depth interview participant).

“I have come to know from the last information that abortion procedure should be safe; it must be performed by a trained doctor. If it is not so the woman can die.” (Married adolescent, age 15-19, Sarlahi, in-depth interview participant).

“I have learned that for safe abortion woman must go to the government listed site. Only trained health worker can perform abortion safely.” (School teacher, age 40-44, Palpa, in-depth interview participant).

“The last message I heard was that only government listed site can perform safe abortion. If abortion is carried out without any care the life of woman will be at risk.” (Religious teacher, age 30-34, Banke, in-depth interview participant).

“I have learned that woman with pregnancy up to 12 weeks old is allowed to abort. Abortion can be done only by government licensed doctor and health worker. I have also heard that some medicines are given after the procedure.” (NGO staff, age 25-29, Kailali, in-depth interview participant).

“I have learned that woman should go to the health facility which has got license from the government of Nepal for abortion. Only in such a place abortion can be safe.” (Married youth, age 20-24, Kanchanpur, in-depth interview participant).

All 32 IDI participants said that they have talked to their friends (18 participants), neighbours (15 participants), family members (13 participants) and groups (6 participants) about safe abortion and about places where they can go for safe abortion in case of need. They have talked about safe abortion, licensed trained doctor, abortion risks, uterus cancer, and temporary family planning methods and about facilities where safe abortion can be done.

“I have talked to my friend saying that abortion must be safe; in case she needs abortion service she should go for safe abortion only.” (NGO staff, age 30-34, Ilam, in-depth interview participant).

“I have enquired with sisters at FPAN clinic about the risks of abortion. I have also asked them what facilities are available to do safe abortion.” (Married youth, age 20-24, Sarlahi, in-depth interview participant).

“I have talked with my friends, neighbours about safe abortion I have learned from different t sources.” (Community leader, age 45-49, Banke, in-depth interview participant).

“I have talked to my neighbours and family members that the government of Nepal has legalized abortion now and therefore nobody has to go outside the country for abortion. Abortion facility is available at Dhangadi hospital too.” (Community leader, age 40-44, Kailali, in-depth interview participant).

“I have talked to women coming to my pharmacy, neighbours, relatives and friends about safe abortion.” (Private chemist/druggist, age 45-49, Kanchanpur, in-depth interview participant).

Overall, the 32 IDI participants suggested using radio, poster, pamphlet, TV, hoarding board, newspaper/magazine, wall painting and IPC including FCHV, health worker, Mothers' Group, street drama, discussion group, TBA, neighbour, friend, teacher, peer educator for the

dissemination of safe abortion information. Of these methods, radio, TV, newspaper/magazine, poster and hoarding board by over half of all IDI participants.

For dissemination of abortion related information 21 IDI participants mentioned radio as the most preferred medium and 11 participants mentioned TV as the most preferred medium. By district, for four participants in Ilam radio is the most preferred medium and for two participants TV is the most preferred medium. In Sarlahi for three participants each radio and TV are the most preferred medium. In Palpa and Banke three participants each said radio is the most preferred medium and two participants each said TV is the most preferred medium. Four participants each in Kailali and Kanchanpur mentioned radio as the most preferred medium and one participant each mentioned TV as the most preferred medium.

Among the participants who mentioned radio as the most preferred medium the preferred broadcasting time varies from 7 am to 8.30 pm. Four participants preferred 8 pm, two participants each preferred 7 am, 7.30 am, 8 am, 5 pm and 8.30 pm and one participant each preferred 9 am, 10.30 am, 11 am, 12 noon, 3 pm, 6 pm and 7.30 pm.

Among the participants who mentioned TV as the most preferred medium the preferred broadcasting time varies from 7 am to 10 pm. Five participants preferred 8 pm, two participants preferred 7 am, and participant each preferred 3 pm, 7.30 pm, 9 pm and 10 pm.

For 12 IDI participants the second best source of information is radio and for 19 participants it is TV². Among the participants who mentioned radio as the second best medium the preferred broadcasting time varies from 7 am to 8.00 pm. Five participants preferred 7 am, two participants 8 am, one participant each 7.30 am and 1 pm and 3 participants 8 pm.

Among the participants who mentioned TV as the second best medium the preferred broadcasting time varies from 9 am to 10 pm. Five participants preferred 8 pm, two participants each preferred 7 pm, 7.30 pm, 8.30 pm and 9 pm, and one participant each preferred 9 am, 1 pm, 2 pm, 6 pm, 9.30 pm, and 10 pm.

VII. MYTHS AND MISCONCEPTIONS ABOUT ABORTION

Drawing upon the findings of the study the following myths and misconceptions are listed.

1. Having an abortion is as safe as undergoing a minor surgery.

This is false because possible physical consequences include but are not limited to:

- a. Infection
- b. Infertility (damage to the uterus resulting in infertility; inability to carry subsequent pregnancies to term after multiple abortions)
- c. Miscarriage in subsequent pregnancies
- d. Breast cancer
- e. Mutilation (Perforation of the bowel)
- f. Death (due to excessive bleeding/haemorrhage)

2. Abortion solves the problem of an unplanned or unwanted pregnancy.

² One participant did not mention second source because she said she has no TV.

Most study participants said that unwanted pregnancy should be aborted and the problem of larger family size would be solved. Considering the possible and often probable consequences listed above, the natural and logical conclusion would then be that instead of solving the problem, abortion merely heaps pain upon pain, making a difficult situation infinitely worse.

3. Abortion solves the problem of rape.

Again every participant is of the opinion that a pregnancy due to rape should be aborted but in view of the possible and often probable consequences listed above, the natural and logical conclusion would then be that instead of solving the problem, abortion merely heaps pain upon pain, making a difficult situation infinitely worse.

4. Abortion solves the problem of incest.

Also most participants think that the problem of incest is solved by abortion. In reality abortion actually perpetuates incest by protecting the perpetrator and keeping the secret. (The power is in the secret.) And, considering the possible and often probable consequences listed above, the natural and logical conclusion would then be that instead of solving the problem, abortion merely heaps pain upon pain, making a difficult situation infinitely worse.

5. Abortion only affects the mother of the baby.

Most participants think that abortion has to do mainly with the mother of the baby but in fact others are equally responsible or affected.

Others who are affected, often deeply are:

- a. The father of the baby
- b. The parents of the mother and father
- c. The siblings of the aborted child (whether they ever learn of the abortion or not)
- d. The friends of the mother and father
- e. The abortion clinic personnel, including the office and medical staff

6. Abortion is a sin.

Although in general study participants approve of abortion but still there were some participants who were educated and with social standing believed that abortion was a sin. They argued that an unintended pregnancy should not end in abortion as it is sinful to do so.

7. *Kupindo* (a type of pumpkin) causes abortion.

8. *Kacho sindhur* (red vermilion) causes abortion.

9. Taking *gagat* (a kind of bean) causes abortion.

10 Taking *gur* (sugarcane molasses) causes abortion.

11. Taking *aanpko amilo* (sour mango), sour stuff along with powdered ginger cause abortion.
12. Abortion helps couples to get rid of additional girls in the family.
13. Abortion is an alternative to contraception for couples who have achieved desired family size.
14. Abortion helps to achieve small family size and thus help escape poverty.

VIII. DISCUSSION

Since the legalization of abortion and expansion of abortion service to different parts of the country the women in general appear to take it as a common practice although some respondents did mention the consequences a woman has to face following abortion procedure. Still many women do not freely share that they have had abortion although it is quite clear that with increasing use of contraception and inevitable failure of some methods women end up in unwanted pregnancy and seek abortion service.

Women from all walks of life, different parts of the country and caste and ethnicity know about induced abortion. Most know that surgical abortion service is available in most parts of the country. However, most participants of the study hold the view that abortion is a personal matter and they prefer to go to a place where confidentiality is highly maintained. That a woman has had abortion is kept highly confidential.

Decision to abort is not necessarily made by the woman alone. It is made by husband and or mother-in-law or jointly although it was also found that decision to get rid of unwanted pregnancy due to illicit relationship is primarily made by the woman alone and it is kept highly confidential.

The Nepalese terms used to mean abortion is “garvapatan” or “bhrunhatya” which inevitably have negative connotations. The term “garva” is pregnancy and “patan” means destroy and “bhrun” means stomach and “hatya” means murder. Local terms used are “garva tuhaune” for abortion. In Kailali Bahun Chhetri community they use the term “bachcha nikalne” or taking out the baby from the womb. In Kanchanpur, “tuhaunu” (expelling) or “adhigro phalne” (getting rid of half grown foetus or “safai garne” (cleaning) are used. In order to promote induced abortion positively there is a need to choose less harsh terms for abortion. Perhaps a short research can be done on the preference of the terms used in different localities.

Although in the past abortion was a clandestine affair and took place in a secret place including woman’s own home but nowadays most women prefer to go to a health institution for abortion. However, unwanted pregnancy due to rape, incest or illicit relationship is even today tried in secret location including woman’s own home. It is still difficult for such women to come out to a regular abortion service centre. Programme need to address this aspect of abortion.

Also cost of abortion apparently is an inhibiting factor for several women which compel them to seek cheap service. Women in border towns or villages seek cheap medical abortion and attempt to abort unwanted pregnancy at home which is subject to high risks. Therefore there

is an urgent need to look into the cost of abortion service and adopt ways to make abortion accessible to women from marginalized communities.

Tied to the cost are several myths and misconceptions about abortion. Due to the cost of abortion several women try out different herbs and crude methods of abortion which put them in the situation of “out of the frying pan into the fire”. Also social stigma attached to abortion makes women seek age old crude methods of abortion. There is a need to educate the target audience that old ways are seriously harmful.

Many study participants approve of aborting an unwanted pregnancy but still there are certain sections of the society which does not do so. They think it is a sin to have abortion. The community leaders hold this view. This can affect innocent women who end up in unwanted pregnancy due to forced sex by husbands or partner or failure of contraceptive methods. Proper education programme is needed to address this aspect of abortion.

Many respondents hold the view that abortion is largely first trimester abortion and most of them seek abortion during the first three months of pregnancy. This is good and it should be strengthened as late time abortions are fraught with higher risks. This, however, does not mean that abortion has to do with first trimester abortion only and the target audience needs to be clear on these issues.

Overall study participants believe that health providers should be consulted for abortion. This should be strengthened which calls for quality training to providers on pre-abortion counselling including through knowledge on contraindications, efficiency in abortion procedure, infection prevention, post-abortion counselling including contraceptive counselling, follow-up for possible complications, skills and procedures to properly address complications and skill in convincing clients to reduce repeat abortion.

IX. CONCLUSION AND RECOMMENDATIONS

The qualitative study of myths and misconceptions on abortion is based on Focus Group Discussions with seven categories of target populations of women including female sex workers, women living with HIV, women in ethnic minority, poor women in urban slum, poor rural women, housewives and NGO/CBOs staff. In order to explore further individual understanding and beliefs on abortion 10 different target populations such as NGO/CBO staff/service providers, community level health volunteers (trained birth attendants, traditional birth attendants, FCHV), private chemists and druggists, community leaders (male and female), teachers (school and religious teachers), politicians, lawyers, police, youth (married and unmarried youth) and adolescents (unmarried and married adolescents). The study was conducted in FPAN Global Comprehensive Abortion Care Project (GCACP) six districts (Kailali, Kanchanpur, Banke, Palpa, Sarlahi and Ilam).

It is clear that abortion has been an age old practice in the Nepalese society. Women used to abort unwanted pregnancy due mainly to incest and rape and for this a number of crude methods of abortion were in use. People in different communities and geographic regions use different terms to denote abortion. Participants in the study generally said getting rid of unwanted birth is called abortion. In Eastern hill region where Limbuwans are in their majority terms like “bachcha falne” or “get rid of child in the womb” or “khulaune” or “opening” are used to mean abortion. Educated women of any community call abortion as “garvapatan” or they also use the English word “curette”. In Bahun Chhetri community they

also use the term “bhrun hatya” or “killing of foetus” or “garva tuhaune” for abortion. In Kailali Bahun Chhetri community they use the term “bachcha nikalne” or taking out the baby from the womb. In Kanchanpur, “tuhaunu” (expelling) or “adhigro phalne” (getting rid of foetus or “safai garne” (cleaning) are also used to denote abortion.

Central Terai people call abortion as “bachcha giraibachhai”. In Western Terai Tharu community they use the term “bachcha girachh” for abortion. The Muslim community use the term “bachcha girawe” or “get rid of child in the womb” or “bachcha saphai” meaning cleaning of womb. Tharus of Kailali use the term “bachcha marana” or killing of baby in the womb or “bachcha khasaune” or dropping of baby.

A number of crude methods of abortion were mentioned by many study participants from all six districts. Women in Eastern hill and central Terai mentioned use of vegetable (*Kubindo*-pumpkin like fruit), messaging of stomach and cow dung and herbs pushed into the uterus to abort the foetus. Some women use roots of aubergine for abortion. Women also take raw vermilion (*kancho sindhur*) which, they say, not only helps abortion but also stops bleeding. Study participants of Banke district said that roots of *ainsele* (wild yellow berries) and roots of *Titera* (wild plant) are used to abort at home. Water extracted by squeezing leaves of banana or roots of lime tree can be taken to abort too. Sometimes traditional birth attendant presses the stomach of pregnant woman and aborts the foetus. Also Peppermint plant is used to abort. Taking a lot of sour stuff (*amilo*) and grinded bamboo leaves in lukewarm water can be used to abort. Foetus can be aborted by messaging the stomach of the pregnant woman with butter and usually a TBA does it.

Other crude herbal methods of abortion performed at home are: taking *badni jira or jhaduko phool*, sour mango (*aanpko amilo*), sour stuff along with powdered ginger when stomach is empty or before taking food, dal of *Gagat (beans)*, chillies, pills (*gulaf*), green herbs, honey and sugarcane molasses (*gur*). Some women put roots of herbs inside the uterus, some strike the stomach with the handle of sickle and sometimes pregnant woman is asked to carry heavy load to abort.

The study participants, however, said that these days crude methods of abortion are not common; they were practiced mostly in the past because abortion service was not legal nor it was available in government health facilities. It cannot, however, be ruled out that such crude methods of abortion are still not prevailing in different parts of the country.

Study participants are aware that abortion service is available at hospitals, private clinics, and NGO clinics such as FPAN and Marie Stopes clinics in all study districts. Any unwanted pregnancy can be terminated by accessing those facilities. Any woman needing advice and service on abortion seeks advice of FCHV, close relatives particularly women family members. At a health facility they seek advice of nurses and doctors.

Both FGD and in-depth interview participants mentioned government district hospital, private hospital, FPAN, MSI and private clinics as places for abortion. In all six GCACP districts MSI clinic offers abortion service. Except Ilam FPAN also offers abortion service in five districts; FPAN is just beginning the service in Ilam. Study participants in Sarlahi said women go to Sitamani, India for abortion and participants of Banke also mentioned women going to Rupadiya, Baharaich (India) for abortion. Abortion tablets are bought in Rupediya and taken them at home for abortion. Women of Kailali district also go to Khariya (India) and as far as Delhi for abortion.

Overall, women do not like to have abortion at home; they prefer to go to a health facility for safe abortion. All women participating in six different FGDs said women seek abortion service away from home because at a health facility it is safe and privacy is maintained. They say aborting at home is an old way; most women go to a government listed health facility for abortion because it is safe, counselling is given and privacy is maintained. Most participants are clear that unwanted pregnancy should be aborted and they say abortion is common in their communities. Most women go for abortion after achieving the desired number of children. Study participants generally believe that pregnancy as a result of incest, rape, extramarital affairs, pre-marital relationship and outside formal marriage should be aborted.

When enquired about whether unwanted pregnancy should be aborted study participants gave mixed responses. Many women say that unwanted pregnancy within marriage should be aborted. If a woman has an unwanted pregnancy after having the desired number of children, cannot afford many children and if the potential birth is detected to be a girl then women readily agree to abort. There are, however, certain groups of people who do not wish to have abortion even if they have achieved the desired number of children. Women from Dalit community would not abort an unwanted pregnancy because to them it is a sin to have abortion. Traditional birth attendant and police women, male community leaders, woman politicians and lawyers are also opposed to abort an unwanted pregnancy. Also some women would depend on husband's decision whether to abort the unwanted pregnancy.

Most participants of FGDs and IDIs are aware of legalization of abortion in Nepal. However, not many women know when a woman is allowed to have abortion. Most FGD participants are not aware of FPAN abortion policy although many IDI participants know conditions under which a woman can have abortion at FPAN clinic. Many women hold the misconception that higher order birth can be freely aborted as they can tell the service providers that they have had the desired number of children. Still many women do not know that a woman can choose to abort her pregnancy up to 12 weeks; they think that higher order pregnancy of any age can be aborted. Many of them, however, know that if the pregnancy is risky to the health of the mother or child it can be aborted.

Some women have the impression that abortion is a family planning method. As family planning methods have side effects and women do not like to live with them they apparently would go for abortion when they have an unwanted pregnancy. Some women in the study areas were reported to have two to three abortions.

Charge for abortion is fairly universally known – Rs.1,000/- at FPAN clinic and government facilities and Rs.1,350 at MSI clinic. Private facilities are quoted charging up to Rs.5,000/-. Women are divided with respect to which facility to go for abortion. Poor women like FPAN and government facilities because they say they are cheap compared to MSI and private facilities. Some women even say that government facilities are better because the doctor is trained and in case some complications arise following the procedures they can complain and get compensations for treatment. Some women hold the view that MSI is better although it charges slightly more than the government; they argue that following abortion procedure some basic medicines are given and in case of complication it takes care of treatment.

The sources of information on abortion are mainly radio, TV, newspaper/magazine and hoarding board of FPAN. Other communication sources such as poster, pamphlet, training/workshop, friend, neighbour, brochure and wall painting were also mentioned by few participants.

Every IDI participant and most FGD participants have heard of FPAN clinic. Main sources of abortion information were radio, TV, newspapers/magazines and hoarding board. They know FPAN activities include distribution and promotion of temporary FP methods, ANC, immunization and abortion service.

Although most women know abortion service is available, there are number of social, economic and cultural barriers to access abortion service. Disagreement with family members, belief that abortion is a sin, poverty, health risk of abortion procedure, possibility of uterus problem, social ostracism and embarrassment, lack of awareness and fear of lack of privacy are usually cited as barriers to abortion in the Nepalese society. Disagreement among family members becomes an issue whether to abort the unwanted pregnancy within marriage. Although the mother would like to abort, her husband and other family members would not agree with her and ultimately the mother bears the brunt of it.

The study participants mentioned multimedia approach to inform women and the general public about safe abortion; they mentioned inter personal communication (IPC) channels like friends, health workers, TBAs, group communication and mass media such as radio, TV, newspapers, hoarding board and pamphlets on safe abortion should be used. According to study participants, the best source of information is radio and second best source is TV. However, study participants suggest radio, TV and IPC channels for illiterate audience and print media for educated target group.

Recommendations

The study reveals that attitude to safe abortion is generally positive. There are, however, certain caveats with respect to woman's right to continue or discontinue with her unwanted pregnancy within marriage although pregnancy outside marriage or because of other reasons can be aborted without any disgruntle. Pregnancy outside formal marriage probably puts woman in hardest time in her life; such an event although the current law permits termination does put permanent scar on her life.

Although the current law makes it easier for woman to achieve the desired family size it is fraught with many difficulties. After achieving the desired number of children a woman can go to a health facility and abort the unwanted pregnancy but it is easier said than done. An average woman in Nepal is illiterate, largely ignorant of situations around her, economically poor, even if the family is rich enough she cannot access and make independent decision to access the family purse because the husband or mother-in-law controls it, she is haunted by social ostracism if it is known that she has had an abortion of an unwanted pregnancy even within marriage and in addition she does not know when or up to how many weeks of pregnancy can be legally aborted. Contraceptive use is increasing and this means the number of women accidentally getting pregnant is also increasing because every method is not hundred percent effective. Getting pregnant because of method failure is common but the society takes it differently which puts blame on woman rather than on man. If understanding between the husband and wife is good she would go to a health facility and have abortion but if it is not method failure can ruin woman's life. The participants in the study reflected these situations with respect to sexuality, fertility, family planning and abortion.

In order to reduce myths and misconceptions about abortion in Nepal the following recommendations are suggested:

- Disseminate information regarding when, where and at what cost abortion can be performed; who can perform abortion;
- Educate women that abortion is only a last resort and repeat abortion should be avoided and for this effective use of family planning should be practiced;
- Family decision makers such as husband and mother-in-law in particular need education and information on safe abortion practices;
- Empower woman to make independent decision including economic decision;
- Promote an ideal couple who has had the desired number of children and had an accidental pregnancy and aborted it and made it a normal way of life;
- Discourage sex selective abortion;
- Discourage the use of crude and age old methods of abortion;
- Use radio and TV for dissemination of safe abortion messages;
- Put up hoarding boards with clear messages on safe abortion;
- Put more effort into making doctors and nurses polite and helpful to clients;
- Make a policy of uniform fee charge at government and NGO facilities and
- Attempt should be made to make abortion service free to the poorest section of the society.

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