TITLE

[Illegal Abortion and Abortion Practices in Nepal: A Literature Review]

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by

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1.0 Introduction

Globally an estimation of 210 million women per year are pregnant worldwide, around one in five of them proceeding to abortion. It is stated that “out of 46 million abortions, 19 million are considered to be unsafe”. WHO defines unsafe abortion as “a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both”.(1) The main complications attribute to morbidity and are a prior cause of female deaths where available to abortion care is inadequate.. The majority of abortion incidents could be higher, but there is a risk of under-reporting. Maternal mortality in South East Asian countries is one of the major important contributing factors. Abortion is recognized in Nepal as the most important cause of maternal death. (2)

“In Nepal, abortion was legalized in 2002 for up to 12 weeks of gestation (18 weeks of gestation in cases of rape or incest and at any time during pregnancy in the case of mental / physical illness or if the life of the pregnant woman is at risk as accepted by a health care professional and also at any time during pregnancy if the fetal is deformed and incompatible with life) and comprehensive services available as in 2014”.(3)

“Women can seek secure abortion until Amendment Bill has been adopted Legal access to safe abortion by Parliament and women granted”.(4) Throughout the case in girls (< 15-16years of age) or having psychological instability, approval must be given by the legal guardian otherwise, the woman does have the full right to take decision whether to proceed or terminate the pregnancy. Additionally, sex-selective termination of pregnancy in Nepal is extremely prohibited.

1.1 Challenges and Issues

Despite significant strides in implementation of proper services provide for safe abortion, women in Nepal still have significant barrier in terms of inaccessibility to safe abortion services and still use unknown substances from uncertified sources to induce abortion. Some of these barriers includes lack of awareness of legalized abortion services, gender norms that restrict women's autonomy moreover as prohibitive costs. (3) In Nepal, many women still face obstacles to stable and legal access methods. Hurdles include lack of basic knowledge, lack of facilities, resources and transport, gender roles that adversely affect women's freedom to take any decisions, that even sometimes high cost of the treatment and fear of stigmatization associated with abortion. The socio-economic, cultural, financial, and geographical variables are the factors that push women towards choosing abortions for illegal and uncertified sources.

1.2 Abortion Incidence

A large proportion of abortion-seekers are teenagers. They are more likely to undergo illegal abortion and face several consequences if abortion is against the law. Approx. 59 % abortions are estimated to occur in women below 25 years of age.(5) Teenage mortality is higher due to unaffordability for proper treatment and is considered the most vulnerable in terms of care due to poor quality. Recurrent abortion is a major health concern, with consequences for abortion and access to birth control services. (6) Data from a hospital-based study attributed about 50% of maternal deaths throughout a period one-year study to rule out complications related to abortion, and over 54% of hospital admissions for abortion complications were attributable to unsafe abortions.(7) Induced abortion may be a common global procedure and around 45 million induced abortions occurring in one year are performed under unsafe circumstances. Over 80,000 maternal deaths annually are associated with unsafe abortions

and found to be at greater risk. Intentional abortion is prohibited in Nepal due to social and religious convictions, with the exception of some special cases.(1)

1.3 Contributing Factors to Unsafe Abortion

Maternal morbidity, mortality and economic and social costs are the major contributing cause that leads to unsafe abortion including women and family members, and also the health care system.(8) Independent variables such as eco-region, rurality, race, income level, women's education or jobs for husbands, awareness of legal conditions for abortion, and position for safe abortion. The reasons for abortion have been substantially related to unsafe abortion.(9) In some culture, unintended pregnancies continue to be an issue.

1.4 Abortion care services according to geographical distribution:

- The high rate of abortion within the Central Region could also be explained by various factors. Compared to women and couples in other areas, those in or near the capital may have a greater preference for smaller families, a greater risk of accidental pregnancy (because of later marriage and premarital sex), and better access to services.(10) Those women who are seeking abortion seem to have less educated thus present with more pregnancies and deliveries in the past. This could result in not aware of the terms and conditions of abortion services. In Nepal, the prevalence of contraceptives is low; whereas family planning needs are high unmet.(11)
- Similarly, in terms of gaps in equity, factors like geography in addition to cost, awareness, and stigma play a significant role. In rural Nepal, for several days, women may be expected to walk to access safe abortion services and these services may have some restrictions to it or delay their access to safe abortion services.(7) Additionally, women do not seem to be all conscious about the proper location and services available for safe abortion and there still is the social stigma associated with abortions. Despite an increase

in the use of safe abortion care health facilities, there is insufficiency of several services of safe abortion care in such areas and sometimes due to bound by socio-cultural norms.(7) Therefore, in order to improve reproductive health services, contraceptive behaviors it is essential to explore to establish a stronger way to inform women about services about family planning.(11)

- In the Mountain region higher incidence of unsafe abortion may be exacerbated by difficult geographical terrain, which may obstruct and might be difficult to use safe abortion services. The provision of abortion facilities within the mountainous regions is confined to district hospitals or primary health centers. Women have to spend many hours because of the unavailability of proper resources for accessing health facilities so as to access secure abortion services.(9)
- Counseling and education on sex and reproduction and contraceptive methods is necessary to make better and to enhance proper service in order to avoid unwanted pregnancies.

1.5 Ethical Issues

It has emphasized on the implications of Nepalese women experiencing illegal abortions some were who had abortions unlawfully and some were those who had contact with those people. “Further, high sex ratio difference of new-borne child indicated sex-selective abortions take place consistently in Nepal and societal change in value of female child needs to be made to prevent such abortion”.(4) Many of Nepal's women suffer from fundamental human rights abuses. Nepal 's discriminatory approach to abortion has compromised the lives and safety of women, upholding gender discrimination.(12) Prenatal sex determination is illegal in Nepal but the current scenario of that phenomenon has been the biggest challenge.(13)

1.6 Rationale of this Study:

Nepal is a land with difficult terrain, male-dominant society, high illiteracy, and bound to many social and cultural norms. It is important to do this study in order to understand the current abortion practices and policies being implemented. The rationale behind this study is to have a deeper understanding about the use of a free, abortion rights procedures and the use of illegal methods and unsafe procedures. The government has definitely come up with various rules and policies to support safe abortion but yet we can see that a huge number of women go through the unsafe, illegal methods. But why? We have seen through findings of various sources that a lot of villages in Nepal do not have proper road access making it difficult for the government to set up a medical team there. Also, we can see that numerous females take the unsafe procedures due to lack of income (opting for cheaper variant), lack of education and awareness about these procedures, and also lack of say in the family against the husband or elders. This study and review will help us understand the current situation and recommend actions to improve the abortion policies and access to women.

2.0 Objectives:

- To understand why women, opt for illegal (uncertified) adoption while there are legal safe abortion services available.
- To understand the socio-economic, cultural, financial, and geographical variables that pushes women towards choosing abortions from illegal and uncertified sources.
- To understand the government measures and policies related to abortion

The results for unsafe abortion are maternal morbidity, death, social and financial costs, households, and expense for health care system as well. Therefore, it helps to analyze various factors associated to unsafe abortion procedures in Nepal. It was found that the use of safe abortion care had increased significantly following the legalization of abortion services in

Nepal, and many health centers have been set up to provide basic services together with training to the medical practitioner. Despite all the efforts, Nepal continues to have a substantial number of unsafe abortion services, especially in rural and remote areas, which are mainly linked to socio-cultural norms, values, stigma, etc. Therefore, in order to address the unsafe abortion problems, the nation should make certainty that all women are able to access safe abortion facilities and instead of contraceptive options, there should be no advertisement and sex-selective abortion must be strictly forbidden.

3.0 Methodology:

For assessing the literature review done from various publications on illegal and abortion practices in Nepal, I have searched and analyzed all the basic information and available resources through different articles that I have reviewed.

a. Study type: On the basis of secondary study for assessing the literature review done from various publications on illegal and abortion practices in Nepal and analyzed on the basis of the articles reviewed.

b. Study setting area: Nepal

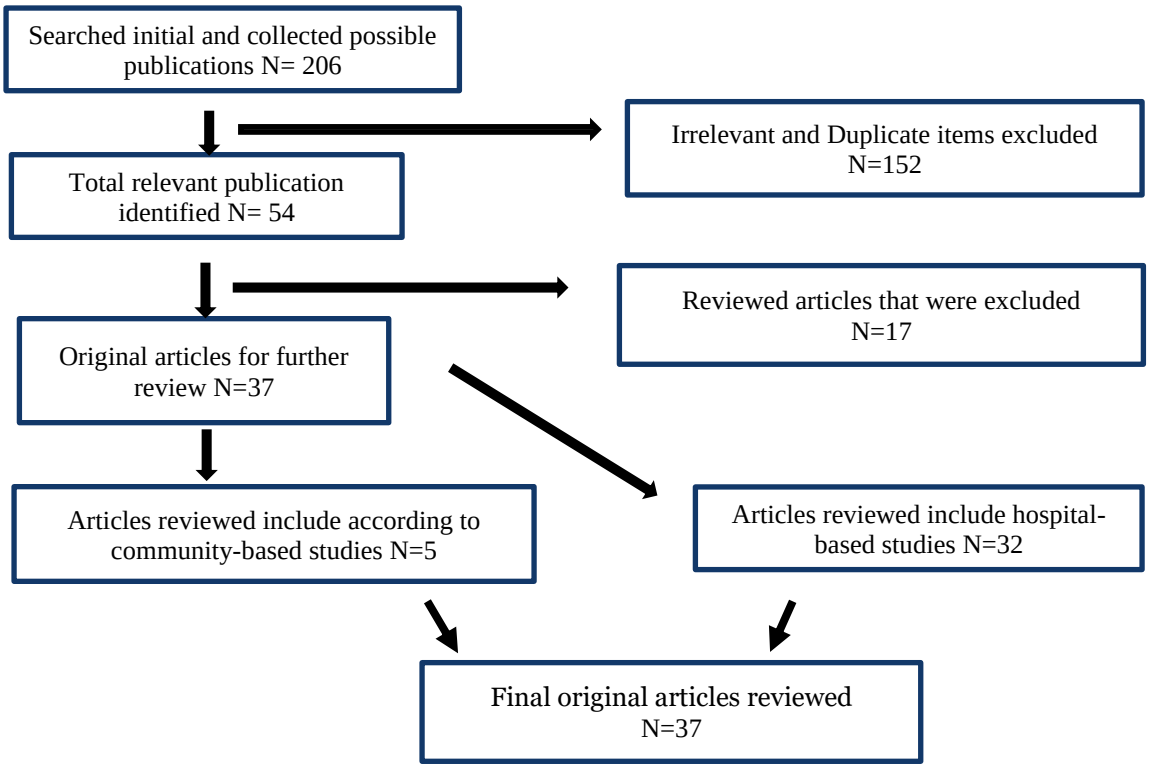
c. Sample size: For this study I reviewed 37 relevant articles.

d. Inclusion and Exclusion: The inclusion criteria for my study mainly focused was on pregnant women of childbearing age and teenage who already went through an illegal abortion and abortion practices that are conducted in Nepal. The reason of this review is mainly on why women choose illegal abortions in situations where abortion is freely available. I decided to start from the articles that have been published after 2002 since abortion was legalized in 2002. I have enclosed and used numerous terms comparable to the abortion/unsafe, Nepal, abortion/medical, abortion/ medical termination, access to the safe

abortion/induced abortion in my study out of which some were community-based studies and some on hospital-based studies.

e. Strategy for data collection: Despite the overall analysis, data from the papers included in the analysis were collected using the standardized data extraction method and from databased articles in terms of their publication details (date, title, authors), purpose, geographic scope, study design, study site, sample size and result. I even have limited my search to the literature that were able to access free like Google, PubMed, WHO, Google scholar. Through which I could get relevant data from 37 reviewed studies to determine the Illegal abortion and Abortion practices in Nepal.

Flow Chart



4.0 Findings

4.1 Study Characteristics

The study is based on data gathered from various sources. A total of 206 records were identified for publication.152 of which were excluded as irrelevant and duplicate dates. As

shown in the above chart, a description of the primary characteristics of 37 included reviewed papers where a total of 5 were community-based studies and 32 were hospital-based studies. The subjects were selected from all regions of Nepal and were taken between 2003 and 2019. This data indicates the number of pregnancies intended and unintended, and also the number of abortions performed. The information analyzed offers specifics of the region's legal and illegal abortions and abortion practices. Data collection was based on face-to - face investigator-informant interviews in many studies and self-administered questionnaires were used only by minority publications.

The data collection period has also varied considerably, with some studies collecting information from the "Health Facility Survey (HFS) and Health Professional Survey (HPS) on different data collections. Tertiary level hospitals and clinics, Nepal Demographic and Health Survey". All these data include data from all 5 development regions of Nepal, keeping the data unbiased and population representative. Even after attempts to make adequate abortion care facilities widely accessible nationally, there are still obstacles to accessing care and unsafe abortion continues. Studies have found that the inaccessibility of resources to economic and medical issues is common, as are practical hurdles.(14) Likewise, in the reviewed articles, abortion-related access to care is well studied also from the women context, to know the major reason for the continuation use of unsafe abortion.

4.2 Prevalence of unsafe abortions

Unsafe abortions in Nepal are prevalent due to numerous reasons According to research done through various studies, we can see that of the total pregnancies recorded in 2014 across all regions of Nepal, on an average 50% of them were unintended pregnancies. Of the total pregnancies 31% were aborted, 55% gave birth and the rest 14% were miscarriages. Out of

these miscarriages, 6% if from the unintended pregnancies. Most of these could also be the result of illegal abortions later claimed as miscarriage.(10)(15)

Another study states that the Regional Data Nepal 2014, it is clearly shown that of all the abortions done in the country, 58% of them were illegal. This is a staggering number for the government. The more alarming fact shown in this table is data about the central region of the country which faces 67% illegal abortion rate. This region is supposed to be the most developed of all other regions and better access to facilities. Unsafe abortions exist in Nepal very prominently.(10)

*4.2 Reasons for abortion**:***

The reasons that makes a woman choose illegal abortion due to restrictive legislation, inadequate provision of services, high cost; stigmatization, health-care providers deny the request for it, non-essential requirements, such as the providing of false third party permission details, unnecessary medical tests. Other reasons are unwanted and undesired pregnancy. If the baby was unplanned and the couple (both or either 1) does not want the baby yet and thus decide to abort the child. Another reason that relates more to Asian countries and specially Nepal and India are the importance of Marriage. Any woman who bears a child without marriage is looked down upon in our societies. A major reason resorting again to our societies is the need for a male child and thus every time the family finds out that the woman is pregnant with a girl child, abortion is done. Many-a-times couples also abort the child due to their financial distress and the lack of facilities to grow a child properly. Women also have aborted pregnancies to focus on their career. Sometimes women are forced to abort the child due to their own physical and mental health conditions. There are many more reasons to opt for abortion but the above-mentioned ones are the major factors in countries like Nepal.(1)(16) Social norms to conceive a child only after marriage, preference

for male children, pressure from spouse or family member, financial stress women who are more career-oriented and do not have time to bear children, some health problems, due to stigma of accidental pregnancy. Women from lower income families were unable to access safe abortion services because they were expected to pay some amount as a service fee, excluding medications. Women were also forced to pay other indirect costs of abortion treatment, such as drugs, transportation, food, and accommodation expenses that can relate to risky abortion facilities. However, the financial inaccessibility to secure abortion services could be greater and moreover, among women of lower income status, practices, since it was only cost-free after 2017. However, the approved locations and legal conditions for abortion services are not recognized by the women as well unable to afford quality abortion services that may lead to unsafe abortion.(3,9,17) The major inequalities with different socio-economic status, especially among women employed in agriculture, uneducated husbands and women belonging to poor households, were all inter linked for not getting proper services. The review showed "the rate of abortion varied across regions; in the Central Region it was highest and in the Far West region it was lowest".(10) Socio-economically poor and groups of racial minorities in Nepal have lower contraceptive prevalence rates and greater unsatisfied services for family planning.(9)

4.3 Factors for illegal and unsafe abortions:

The major and key factors responsible for unsafe and illegal abortion are the lack of education. about safe abortion service, proper health care service in rural areas, health care equipment's, infrastructures like roads, bridges and transportation facilities resulting in delay in timely and safe abortion. Abortion performed by a health care provider who does not provide appropriate post-abortion attention, education, and awareness. Unmarried or minors (below 18 years old) if gets pregnant are compelled to go through illegal procedures, negative influence from social media where especially youths are involved in trying to abort child

unsafely and unawareness of this right. Many females in the rural areas are unaware that they have a right to abortion and thus reach out to other unsafe methods to get it done. A lot of the women also lack proper education to analyze the health risks and procedures involved in abortion and thus resort to whatever is easily available have whatever they have seen others in the community do. Many a times, women demand for proper services, but the infrastructure lack, and the difficult terrain makes the medical facility not easily accessible.(10)(15)

Another major factor for people to opt for unsafe methods is the income factor. With low levels of income, people find it difficult to afford hospital and medical services and thus move away to other local methods which are cost friendly. Also, the culture and social factors also play a major role. Being a male dominant society, most of the times women are given no right to make any decisions and have to follow whatever the husband or the male-elder decides. Men, in many cases, are not aware or ignore the risks involved in abortions and go ahead with what they believe to be right.(16)

The last factor we cannot ignore is the situation where an unmarried couple gets pregnant. Given the conservative nature of the societies here, no girl would want her name on legal abortions paper. In such cases also the couple or the girl chose other illegal methods of abortion.

4.4 Major decision and policies on abortion in Nepal

The decisions and policies regarding abortion and related services in Nepal have evolved over the years with increasing appreciation for proper abortion and post abortion care. The major decision and policies with their timelines are as follows:

2002: Since 2002 the Government has started various efforts to regulate abortion laws. Ipas first conducted training for abortion-care trainers in 2003 and approved the “Safe Abortion

Procedural Order" in the same year to establish safe abortion-care and the committee allowed safe abortion services to be started in an approved center.(4)

2004: They selected government hospitals across Kathmandu for the first time, comprehensive program on safe abortion care was implemented. Training course for service providers on MVA also begun. The task force implemented for the comprehensive abortion care services.(18)

2007: In 2007, the government introduced abortion services for the second trimester. Similarly, training for mid-level providers begun, and strategy scale for medical abortion was approved in 2007 and 2008, respectively. It emphasizes integration of second-trimester abortion services into existing healthcare system, investment in technical support for rural area providers, increase in access of post-abortion contraceptives and improvement of gender inequality to prevent sex-selective abortion as ways to expand safe abortion services in Nepal.(7)

2009: "The landmark 2009 Supreme Court decision in Lakshmi Ditka v. Nepal" both strengthened women's rights to abortion and reflected on increasing access to abortion as a human right. Following the feasibility review including pregnancies up to 9 weeks of gestational age, for secure safe abortion services (17)

2014: Qualified birth attendants in rural health posts with birth was initiated in 2014. Still, it has not been globally accepted. (9)

2017: "Legal abortion services were available in 49 districts out of 77 districts until 2017". Abortion services are delivered by physicians and qualified birth attendants trained in abortion services in licensed health care facilities. Approximately "881 doctors, and 371 staff nurses were trained in safe abortion care, and 255 auxiliary nurse midwives received midlevel abortion training". Similarly, "532 safe health care facilities for abortion were registered and

established covering all 75 districts", including private sectors and likewise women around the country pursued safe abortion.(9)

Table: Summary of papers included in this study

Studies	Aims	Designs	Study Sites	Sample Size	Result
Prakash et al 2019(9)	To examine the factors associated with unsafe abortion practices in Nepal.	Multivariate logistic regression was used to estimate odd's ratio.	Nepal's Demographic and Health Surveys 2011 and 2016 (NDHS).	A total of 911 women aged (15–49) who had aborted five years before surveys.	Unsafe rates of abortion were seven per 1000 women aged 15–49. Unsafe abortion was higher among women in poor households, husbands with no background in education, or women who reported occupation in agriculture.
Rogers et al 2019(19)	To access the medical abortion pills that are readily available for illegal purchase at pharmacies throughout the country.	Qualitative, exploratory studies to provide a single, in-depth analysis of post-abortion experiences of women.	Assets of Focused Rapid Participatory Appraisal (AFRPAC) research methodology between April and May 2016 backed by a systematic structure for health knowledge pyramid, known as the Assets.	A total of 20 participants, including ten women who had accessed MA through a Marie Stopes Center (Clinic Clients) run by Sunaulo Parivar Nepal.	There is an increasing provision of medical abortions through pharmacies and other sources along with expanding women's access to information will have adequate safe abortion services and reduce the negative health impact of unsafe abortions on women.
Neupane and Yogi et al 2018(2)	To identify the prevalence and factors associated with abortion and unsafe abortion in Nepal.	Binary logistic regression has been used to measure the probability ratios (ORs) and 95 % confidence intervals (CIs) of abortions and unsafe abortions due to demographic, socio-economic, and lifestyle-related features.	Nepal Demographic and Health Survey 2011.	A total of 2395 women were selected in the study.	A five-year prevalence of abortion among reproductive-age women who ever had a terminated pregnancy was 21.1 percent, and 16 percent of total abortions were unsafe.
Wu et al 2017(7)	Describes the state of abortion care in Nepal.	Community-based cross-sectional study and collected for multiple variables, both	Across the few district and NGO to access gaps, Abortion sources(illegal/legal), Abortion law	Approximately 200 women within 6 months, recruited from hospitals where safe abortion	It indicates that despite an increase in the use of safe abortion care health facilities, there is a lack of access to such safe

		dependent and independent methods.	knowledge, Abortion service proximity(to know the distance to safe abortion services and geography barriers), Demographic, Pregnancy and abortion history, Method of abortion, Sex selection.	services are performed as well as from women NGO groups.	abortion care services in remote areas, and sometimes due to socio-cultural norms women are facing barriers.
Puri et al 2016(10)	Identify the large proportion of women who tend to have an illegal, unsafe abortion and the incidence of safe and unsafe abortion that is not nationally measured	Facility caseloads and indirect estimation techniques were used.	Data collection was conducted in 2014 at the Health facility survey (HFS) and Health professional survey (HPS).	Altogether, 134 health professionals, representing all five development regions, were interviewed	Out of 323,100 abortions, of which 137,000 were legal, and 63,200 women were treated for abortion complications. In the Central Region, the abortion rate (59 per 1,000) was significantly higher than the national average.
Puri et al 2015(20)	Determine the efficacy of involving mid-level health staff in the provision of legal abortion services and evaluate the effectiveness of ANM 's training as MA providers and FCHV as referral agents to improve access to MA	Operation research including Intervention study.	Rupandehi district for a study site and Kailali district for a control site selected.	Total of 16 health facilities and 126 FCHVs from the study site whereas for the control site 8 health facilities and 96 FCHVs.	Medical abortion care provided by the ANM, nurses reported by them were found to be accessible, effective, confident and of good quality.
Thapa et al 2015(21)	Assesses the effectiveness of programmatic interventions within the early years of the country's abortion	Cross-sectional survey	National Health Survey 2006.	Total of 9926 women selected ages from (15-49) years old married women	About 32% were aware of safe abortion and 56% knew where to go for safe abortion services (SAS).
Rocca et al 2014(22)	To review women's contraceptive services after abortion and identifying gaps in services and by evaluating sociodemographic factors related to receipt method information and supplies, as well as method selection and use.	Prospective follow-up study (baseline and end-line survey).	Two non-governmental clinics and two government hospital clinics — were chosen to represent facilities across the country.	Total of 838 women, those who were obtaining a legal, elective abortion at four health facilities in Nepal.	Around one-third of women did not receive any information on contraceptives, whereas 56% of the women were found to have left facilities without any method. Total number of the women who use contraceptives like Depo Provera is around 68% and those women who take pills is around 75%.
Berin et al 2014(11)	To compare women's knowledge and attitudes to methods of birth control in Kathmandu, Nepal,	Cross-sectional cohort study with matched controls	Women aged 15-49 who were seeking medical care were included and interviewed in the	Included a total of 153 women: 64 women seeking an abortion, and 89 controls.	Educated women were found less likely to seek an abortion care services than women with lower education.

	and mapping outcomes between women who were seeking an abortion and the control group.		Department of Gynecology and Obstetrics at Kathmandu Medical College.		
Rocca et al 2013(3)	To explore abortion practices of Nepali women who required post-abortion care	Health facility-based cross-sectional analysis	Four hospitals in urban and rural Nepal for tertiary care (Paropakar Maternity Hospital, TU Teaching Hospital, Lumbini Zonal Hospital, and Bharatpur District Hospital).	A total of 563 (15%) of 3826 post-abortion patients who were eligible by age and gestational age were identified as induced abortion cases. Of the 563 eligible women, 527 (94%) participated.	In total, 234 (44%) women were aware of the legality of abortion in Nepal. 359 (68%) women used medically induced abortion, 343 (89%) of whom took illegal, ineffective, or unknown drugs. Furthermore, 291 (81%) medical abortions and 50 (30%) surgical abortions were obtained from uncertified sources.
Thapa and Neupane 2013(6)	To analyze the Nepal women's rate of and risk factors for repeat abortion and to investigate the similarities and differences between the women who sought for repeat abortion	Bivariate and multivariate logistic regressions to estimate odds ratios.	The study was performed in 2 clinics in Kathmandu.	Data from a study of 1172 women who had surgical abortions from December 2009 to March 2010 were analyzed	About one-third of the women had a history of repeat abortion.
Tamang et al 2012(23)	To explore and identify factors associated with women's decision of medical abortion (MA) or manual vacuum (MVA) in Nepal.	Between 19 January and 21 May 2010, structured exit interviews were conducted with women with 63 days or less of pregnancy who have had abortions	Jhapa, Chitwan, and Surkhet from January 19 to May 21, 2010. Seven approved clinics offering both MA and MVA have been reported. These included 1 government clinic (Surkhet Regional Hospital) and 6 clinics run by NGOs (3 Marie Stopes International Clinics, 2 Association of Nepal Family Planning Clinics	Of these, 601 were not qualified for an interview because the gestation exceeded 63 days; and of the 3164 eligible women, 2556 were eligible for MVA and 608 were eligible for MA. This study focuses on 499 women who chose MA and 530 women who received MVA at the 7 sites of study.	Many women were unaware of the methods of MA and MVA and the chances of choosing MA were more than three times higher among those women who understood both methods and found that MA was high compared to MVA.
Moller et al 2012(24)	Family planning clinic staff roles to include induced abortions as well as investigated staff experiences, opinions, and attitudes about their work at safe abortion service centers in the Kathmandu Valley and identified areas.	Facility-based qualitative study	One hospital and four clinics in the Kathmandu valley	Fifteen qualitative semi-structured interviews were conducted with doctors and nurses working with induced abortion	It is necessary to avoid abortions instead of contraceptives, to prevent illegal medical abortions and resolve the sex-selective abortion dilemma.
Bingham et al 2011(25)	To enhance Interpersonal	Dialogue-based interpersonal	9-month pilot intervention in	Total of 478 women participated	Despite being legalized, women still face barriers

	communication strategies which play a significant role in addressing social and cultural obstacles to access safe abortion services.	communication intervention	Kathmandu Valley and others on Rupandehi district. NAMUNA was chosen for Rupandehi, and the Family Planning Association of Nepal (FPAN).	in Dialogue Group session and there was a total of 20 sessions conducted in the FPAN and NAMUNA met for 7 to 9 months every 2 weeks.	and showed that interpersonal communication interventions.
Khanal et al 2011(26)	It helps to describe the attitudes, behaviors, and factors influencing the use of family planning among abortion clients who attend safe abortion services in Nepal.	Health facility-based a cross-sectional study.	Paropakar Maternity Hospital in Kathmandu-Tertiary level public health facility in Kathmandu in September 2008.	The study enrolled 58 women waiting for safe abortion services in the dressing room, convenience sampling was applied.	The main reason for the abortion was an unwanted pregnancy and the percentage rate of women with knowledge of modern contraception was 98 and found to be high whereas knowledge of emergency contraception was low.
Warriner et al 2011(27)	To assess whether medical abortion by way of mid-level providers became as safe and effective as that enhanced through medical doctors in Nepal inside the early first trimester.	Multicenter randomized controlled equivalence trial.	5 rural district hospitals in Nepal.	Of the 1295 women screened abortions were assessed as complete in 504 women assigned to mid-level providers and 494 women assigned to doctors	1% were only failed abortion throughout doctors and midwives' level.
Madison 2010 et al(28)	To assess patient satisfaction with Nepal's second-trimester abortion services	Purposive institutions-based studies.	One public and one private hospital in Kathmandu.	Depending on the patient literacy level to determine the patient's experience of the services,50 Women who were seeking abortion care.	Abortion clients were satisfied and well informed, but privacy and confidentiality were missing.
Tuladhar et al 2010(29)	To study the level of awareness attending Gynecology OPD among the women.	Descriptive cross-sectional study.	Selected a Nepal Medical Hospital Teaching Hospital in Kathmandu	Total 200 women were selected who attended Gynecology OPD for the abortion services.	Young women with higher education were more aware of the services.
Shrivastava et al 2010(30)	To find the demographic profile, reasons for seeking an abortion and to see the effectiveness of Misoprostol among the clients	A prospective study.	Two-second trimester abortion training sessions at Maternity Hospital, Kathmandu.	Total of 57 clients was performed for the second-trimester abortions.	The most common reason for women for abortion was due to multiparity almost 61%.
Regmi et al 2010(31)	To figure out what contribution leads to unsafe abortion.	A retrospective study-Health facility-based study.	Department of Obstetrics and Gynecology at BPKIHS, Dharan evaluating all the admissions linked to unsafe abortion	Total of 70 women who underwent an unsafe abortion.	52% had high-grade complications out of which 11% had died due to unsafe abortion.
Thapa 2009(32)	Reveal Nepal's understanding of	Community-based qualitative study.	Across the country including selected six	The study conducted among	Many consultants for safe abortion and

	abortion among oppressed and underserved communities		districts and NGO/INGOs.	the women among Focused Group discussion 13 and IDIs 22.	legalization of abortion were not adequate to fix unmet needs
Vaidya et al 2008(33)	Evaluate morbidity following unsafe abortion after legalization	Descriptive prospective study.	A maternity hospital (Paropakar hospital) in Kathmandu.	Total records of 14,400 women were reviewed who attended hospital for abortion.	There was only 2% unsafe abortion. The percentage rate of women in their second trimester were 61 and infection due to peritonitis leads to 12 % which was considered to be the major morbidity
Puri et al 2007(14)	Explore factors associated with a decision on abortion among young couples in Nepal.	Community-based cross-sectional survey	The study included 5 districts of Nepal: Lalitpur, Morang, Illam, Chitwan, Kaski	Over 997 women and 499 men were taken for the survey.	Half had an unwanted pregnancy and some attempted abortion, and only a few succeeded.
Tamang et al 2005(34)	Focused on the present awareness of the supply of medical abortion drugs in Nepal. Explore health professionals' thoughts about using medical abortion.	Community-based cross-sectional survey	Countrywide: Kathmandu Valley, Terai region's urban and rural areas	Gynecologist and obstetricians (Private)49, General Physicians 55, Paramedics 168, Ayurvedic and Homoeopathic 62 and Pharmaceutics 177	Allopathic and indigenous medicines available, knowledge of mifepristone supply, misoprostol was poor, and many were interested in MA itself
Rana et al 2004(35)	To study the maternal, morbidity and mortality in induced septic abortion	A retrospective analysis was performed	Analyzed from the record taken from TU teaching hospital. between the year	Total number of 92 cases of induced abortion in Teaching Hospital	Out of abortion induced only 6% faced life-threatening conditions and some women died.
Rayamajhi et al 2003(36)	To address the reasons behind abortion and the effects of unsafe abortion	Health facility-based cross-sectional analysis	Tertiary Level Hospitals in Dharan	Total of 877 abortion-related cases.	There were 11% of complications in terms of sepsis and therefore two-third of abortions were performed by quacks.

5.0 Discussion

The willingness of women to access safe abortions performed by qualified health worker in health centers has improved greatly following Nepal's legalization of abortion. Even so, women still face obstacles to getting these proper facilities, and continuation of illegal abortion practice still exist in some unauthorized services.(3) Throughout this study, our purpose was to evaluate the expected incidence of abortion practices in terms of the number of unauthorized and potential high risk abortions performed, . The study revealed that only "137,000 of the 323,000 abortions recorded in 2014 were properly performed. It also states that 50 per cent are unintended for an estimated 1,000,000 pregnancies annually in the

country.” “Up to 62 per cent of those who do not want couples choose to abort”.(10) Similarly, the study states that in 2014, "out of an estimated 323,000 abortions, about 58% of the abortions were carried out using a clandestine procedure provided by untrained / uncertified health care providers or induced by the pregnant woman herself”.(9) “Approximately 60% of them were illegal. Out the of every 1,000 women of reproductive age, eight were treated for complications of legal and illegal abortions. The estimated abortion rate was 42 per 1,000 women aged 15–49, a rate comparable to the rates reported and observed”.(10)

- This study represent that the abortions may be underreported particularly among the most younger, poorer and uneducated women experience unsafe abortion, among rural groups and those residing in urban areas due to a number of reasons, such as sex selectivity, lack of adequate support to look after a child due to early marriage.(4)
- The findings showed that two-thirds of women in Nepal were aware of the legalization of abortion; However, major variations have been observed and significant differences in abortion practices have been identified by ecological and developmental areas, literacy, residency, age and number of children. In addition, the study illustrates how to assess the duration of contraception use and measure temporary use failure rates. Resolving the uncommon concerns regarding safe and legal abortion and decrease the incidence of abortion procedure, it is not enough to simply legalize abortion.(21,37) Nearly half the young women have ever had an unintended pregnancy. Some tried to have an abortion, but neither succeeded. Various factors, including socio-cultural values and norms and stigmas making the process complicated, affecting decision making phase and specifically depending on the situation. Most Nepalese women including those who were not married were found to be at greater risk where as their partners as well as health care professionals represent an essential role in decision-making process.(14,25,29) Women those who were aware about legalizing

abortion in attending gynecology outpatient department showed that early 66.5% were aware of abortion legalization in Nepal. Detailed knowledge of the legal conditions in which abortion can be carried out, was found to be weak particularly in the second trimester. A significant proportion (71.0 percent) of women found to be unknown of our hospital's provision of extensive abortion care coverage, which has been in place for the past seven years.(29) The study also revealed that, due to higher gestational age, abortion care seekers faced barriers on safe abortion services, and these women followed unsafe abortion procedures and considered women living in marginalized area to be at increased risk. In this study, these women could be responsible for greater possibilities of unsafe abortion among those with social and cultural restrictions to the use of abortion services by women other than authorized health facilities or through qualified practitioners. (10)

- The study found that women are less aware about legalization and were more likely to receive services from uncertified sources resulting in more complications following the induced abortion.(9) In the second trimester, almost two-thirds registered, and peritonitis was the primary cause of morbidity. However, the proportion of serious illnesses, complications that imply high approach to take safe abortion facilities and half of the women aware of sexual abortion, showed a decreasing trend. Similarly, complication of septic abortion occurs in most of the cases which signifies that it is a most detrimental factor of maternal mortality in induced abortion. To the extent that patients had numerous complications that ultimately resulted in death, morbidity rate was higher than mortality rate.(35) The newborn child's increased gender disparity that explains why the practice of this abortion continues to persist in Nepal, despite the strong evidence of prohibition of gender selective abortion.(33,36) Better access to abortion facilities and sex screening methods, as well as high importance in the sexual abortion culture of Nepal for male children. I have further analyzed that in order to determine the current understanding of affordability and accessibility of treatment of

abortion medicines in Nepal and to decide what healthcare providers and paramedics believe regarding the use of medical abortion to extend the reach of the nation to adequate abortion care. Multiple types of homeopathic and exogenous menstruation forms control medication are widely recognized in the Nepalese market, while awareness of the availability of mifepristone and misoprostol has been poor. The rapidly increasing cost of medical abortions through pharmacies and other providers, along with the expansion of access to knowledge for women, would increase number of women to visit abortion services and minimize the adverse health effects on women, concentrating on issues related to why some women choose for secure place and some opt for unsafe places for abortion, how they heard about the services, what knowledge was provided if they were offered with contraceptives.(19) The potential of mifepristone and misoprostol in Nepal was regarded favorably by all respondents.(34) I found in this study that before attending the health center, most of them were not sure of both methods of abortion. For those who knew about both approaches the probability of selecting MA were much higher as among those who did not. Whereas 29% chose MA of all those who preferred MVA before getting information at the center. Educated women seems likely to opt for an MA from the higher class or those who lives in urban region.(23) The study indicates that even in government facilities, the current government policy of altering a high fee has deprived many poor women of this right and is being followed, but there are many challenges in the context.(13) Similarly, the study found that the expansion of safe abortion facilities was constrained by the difficulties of training and staffing, as well as ensuring access to adequate care for disadvantaged women. As noted, charges for unsafe abortion is not constant; in some public hospitals, they can be excessively high and include secret medication, material and equipment costs.(17)

- The analysis revealed that some women did not obtain any appropriate information or evidence from health facilities about contraceptive methods and without any process few left

facilities. (22) Before the termination of pregnancy, many women did not use any contraceptives and almost one third of women had multiple abortions, indicating that as an alternative to family planning, many women prefer abortion and providing more insights into Nepal's unmet need for family planning services.(32)(30)(26) Similarly, the study highlights the need to raise awareness of contraception in order to discourage women from using abortion as a means of family planning. The study addressed why women go to secure or unsafe places for abortion, how they learned about the services, what advice was given and whether contraceptives were offered(19). The analysis that emerged from the themes were the interconnectedness of gender violence, illiteracy, poverty, marriages separation should be minimized in order to provide women's liberation, sexual and reproductive health and rights.(19) The legalization of abortion has become known to more than two thirds of women in Nepal. The study states that the discontinuation of contraceptive is at higher rate in the nation, and the proportion of unwanted pregnancy is also more where half of them stop using oral medications(like pills), implants and birth control injections and condoms within a year, and the relatively high rate of abortion, considering the huge majority of women who want small families.(29)(28) In one study it tried to clear a substantial gap in evidence, even after these limitations, as it contains information on reproductive and sexual behavior and preferences that can help promote initiatives as a whole and in vulnerable regions of the country, where medium-level health care providers are adequately qualified and regulated by law.(27) Inadequate knowledge and poor understanding of the legislation on abortion and the provision of care appears to be a significant challenge to access to safe abortion services. One-third of Nepalese women aged 15-49 were unaware about the legalized and a smaller but still significant proportion were unsure about a place where they could get a secure place for the abortion treatment. In order to provide adequate knowledge to women for proper and effective abortion services, programs are therefore must be implemented. In addition, Nepal

is now well known for the health, feasibility and appropriateness of medical abortion assisted by trained nurses, a serious step can be taken to improve delivery of safe and effective abortion.(24)

6.0 Strength and Limitations

The reports and data used to make this review have been taken from various sources and show a complete picture of the abortion scenario of Nepal. It does help us infer various reasons as to why the women are opting for unsafe and illegal abortion methods even when the medical services are available. But this data and reports come with its limitations. The regional data used here from the reviewed article in the year 2014, which might be a little outdated today and may also not show the correct status of abortions today in Nepal. We also do not know how the samples were selected and how were the data metrics set. These could also create a biased and an inaccurate study. Time has also been a major constraint to this study. Given more time to make this study, a survey around the communities could have been gathered for the current situation. It would also be better for the study if more data on abortion from non-governmental sources could be obtained and cross matched to check the correctness of the data studied.

7.0 Conclusion

Overall, the use of safe abortion care has been found to have risen rapidly despite the legalization of abortion care. Many health care facilities have trained staff and many centers have been established for proper abortion care services. Despite significant strides in implementation of safe services for abortion, still have significant barrier in terms of inaccessibility to safe abortion services and continue to use unknown substances from uncertified sources to induce abortion. The focus of this study was to understand the social,

economic, transportation and familial regarding the choice of legal and illegal abortion choices made by women in Nepal. This research provides with empirical evidence on the massive existence of illegal abortion, average of 50% in 2014, in Nepal. It also shows the data regarding complications treated due to abortions, which is a massive 8% average in 2014. This study can help the policymakers and health officials to understand the factors behind illegal abortions and find appropriate solutions. The fact that two decades after legalization, women still have to rely on unsafe and illegal methods for abortion is a setback for progress on gender equality and women's rights on reproductive health. Limited access to abortion facilities, particularly those in rural and remote areas, are mainly due to stigma of unplanned pregnancy, social norms to bear children only after marriage, desire for male child, lack of education, knowledge and awareness, unmarried or minors (below 18 years old) if gets pregnant are compelled to go through illegal procedures are major cause leading to unsafe abortion . Therefore, in order to address the unsafe abortion practices in Nepal, government needs to assure that all females should have satisfactory services to meet the expectations about abortion care. Contraceptive methods must be encouraged rather than abortion and sex selective abortion should be made illegal and punishable by law.

This research will help bridge the gap in understanding the reasons that motivate women's choices towards unsafe and illegal abortion sources. The government or concerned authorities, through this research, can easily see that the lack of education and awareness of right to safe abortion is a major reason for women to opt for illegal abortions. Raising awareness programs on pregnancy and abortions and easily help curb this factor. There are numerous NGOs and INGOs working for women health and rights in Nepal. If the government works jointly with them, other than awareness, a few other reasons like family pressure, pre-marriage child, lack of access to facility could handle better. Most importantly the authority should issue a helpline where the women can talk about their pregnancy and

abortion without fearing a bad name in the community. This way the women will be able to discuss her problems and reasons for abortion and the helpline could suggest the nearest facility and best course of action keeping health in consideration making illegal abortions drop down drastically.

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