

Knowledge Regarding Legalization of Abortion among Women with Reproductive Age Group of Anantalingeshwor Municipality, Bhaktapur

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Abstract

Background: Abortion most commonly refers to the induced abortion of human pregnancy. Practice of abortion is old as society itself. Although abortion is restricted by law and prohibited by religion and customs, it is being done since the beginning of socialization. But even in this modern era, 21st century, abortion has been controversial and strong feeling evoking subject than any other social and public health issues among the people.. This study was conducted with the aim to assess the level of knowledge regarding legalization of abortion among women with reproductive age group.

Objective: The objective of this study was to assess knowledge regarding legalization of abortion among women with reproductive age group.

Materials and Methods: An analytical cross-sectional study was conducted among 105 participants of Anantalingeshwor Municipality, Bhaktapur District, Nepal. The study population was women age between twenty to forty nine years. Non-probability purposive sampling technique was used to select sample. Semi structured interview schedule was used to collect data and descriptive inferential statistics was used for data analysis.

Results: The study found out that majority (93.3%) of the participants had low knowledge regarding legalization of abortion. The knowledge of legalization of abortion among participants of Anantalingeshwor Municipality also revealed by this study. There was found to be significant association between the legalization of abortion and occupation only.

Conclusion: Thus, the study concluded that that the level of knowledge among majority of participants was low. Some participants still seems unaware on legalization of abortion. Majority of participants still perceive only maternity hospital provides abortion services rather than other health institution. It is recommended that awareness raising programmes need to be conducted to increase the level of knowledge among community people.

Keywords: Abortion; Legalization; Knowledge; Legal Abortion; Women of Reproductive Age

Introduction

Abortion is the termination of pregnancy before the fetus has attained viability, i.e. becomes capable of independent extra uterine life. An abortion occurring spontaneously is often termed as miscarriage but when it is done purposely then it is termed as induced abortion. The term abortion most commonly refers to the induced abortion of human pregnancy [1].

Practice of abortion is old as society itself. Although abortion is restricted by law and prohibited by religion and customs, it is being done since the beginning of socialization. But even in this modern era, 21st century, abortion has been controversial and strong feeling evoking subject than any other social and public health issues among the people. In many countries, whether or not to provide legal abortion services on request of is a continuous issues [2].

Nepal has a population of 26.9 million and women comprise nearly half (49.8%) of the total population. Among the female population, almost half (49%) of them are in the reproductive age group (15 to 49 years). Induced abortion and unwanted pregnancy occur in Nepal just as in every society and it can't be avoided as it has become a major problem with health issues for women as in other parts of world [3].

In 1963, Nepal's legal code known as the Muluki Ain, banned abortion in Nepal except when the woman's life was at risk [5]. By 1994, the abortion rate in Nepal was estimated at 117 per 100,000 women and all abortions were done secretly and many were unsafe [6].

In the period just before legal reform, Nepal's maternal mortality ratio was 539 deaths per 100,000 live births [7] with a large proportion of deaths attributed to unsafe abortion. One facility-based study found that 20% of maternal deaths were due to illegal abortion [8]. Abortion-related morbidity was also high; one hospital-based study of obstetric complications found that 53.7% of admissions were attributable to secret abortion [9].

In the late 1980s, with support from the United States Agency for International Development (USAID) and technical assistance from the international non-governmental organization (NGO) JHPIEGO, the Ministry of Health and Population (MOHP) began improving the quality and availability of post-abortion care (emergency treatment of complications of unsafe abortion linked to post-abortion contraception and other reproductive health services). Over time, growing awareness of the negative impact of unsafe abortion on women's health and lives, and of access to safe abortion as fundamental to women's rights and maternal health goals, fostered multi-sectoral support for reform of Nepal's restrictive abortion law. Advocacy efforts, led by the MOHP and well-documented elsewhere [9] culminated in 2002 with passage of the Muluki Ain 11th Amendment Bill [7] gender equality bill containing language liberalizing access to abortion.

In March 2002, responding to public health and human rights imperatives, the Nepali Parliament passed landmark legislation to reverse its archaic abortion law. For the first time in the country's modern history, the government granted women legal access to abortion. Under the new policy, which went effective in 2003, women are permitted abortion for up to 12 weeks of gestation on request and under certain medical/legal conditions thereafter [7].

Abortion Law address the following circumstances to terminate the pregnancy:

- Up to 12 weeks gestation for any indication, by request.
- Up to 18 weeks gestation in the case of rape or incest.
- At any time during pregnancy if mental/physical health or life of the pregnant woman is at risk (approval from a medical practitioner required).
- At any time during pregnancy if the fetus is deformed and incompatible with life (approval from a medical practitioner required).

Additional considerations to terminate the pregnancy under abortion law are:

- Only providers certified in safe abortion care are eligible to provide induced abortion services.
- The pregnant woman alone has the right to choose to continue or discontinue pregnancy.
- In the case of minors (< 16 yrs of age) or mental incompetence, a legal guardian must give consent.

Methodology

A cross sectional study was conducted among 105 participants who were married as well as unmarried by non-probability purposive sampling technique. Data was collected using self prepared semi structured questionnaire. The interview schedule consists of socio demographic profile, review of record, knowledge related question.

Formal approval letter was taken from concerned authority of research committee of Norvic Institute of Nursing Education and from the concerned authority of Anantalingeshwor Municipality. The informed verbal consent was taken from each respondent and ethical approval was taken from Nepal Health Research Council (NHRC).

Data was checked for completeness and accuracy and collected data was entered in SPSS Software version 20. Descriptive statistics such as number and percentage were used to describe demographic data and for analysis of the level of knowledge inferential statistics were used. Descriptive data was presented in tabular form while summary statistics was used to find out the association between the variables using chi square test.

Findings

Demographic Patterns

The demographic pattern of 105 participants showed that most of the participants (50.5%) were above 30 years of age whereas remaining (49.5%) were below 30 years of age. The mean age of the participant was 29.78 years. The majority participants were Brahmin (49.5%) while least were Dalit (1%). The majority were Hindu (98.1%) whereas fewest in number were Christian (1.9%). The majority participants were married (65.7%) whereas 34 were unmarried (32.4%) and 2 were widow (1.9%). The maximum participant (53.3%) belonged to nuclear family while 46.7% belonged to joint family. Similarly, 42.9% of the participants had 2 children whereas 1.9% had no children. Likewise, 44.8% had studied up to secondary level whereas 10.5% had studied up to primary level. In the same way, 38.0% of participant’s husband had studied up to higher secondary level whereas fewest in number were illiterate (2.8%). More than half were housewife (51.4%) whereas fewer were on agriculture field (2.9%). Among total participants, more than half (70.5%) had monthly income of less than 35,000 whereas 29.5% have monthly income of more than 35000.

Table 1 knowledge regarding legalization of abortion.

	n = 105	
	Frequency	Percent
Don't know	32	30.5
Termination of pregnancy before 22 weeks	30	28.6
Termination of pregnancy after 22 weeks	20	19.0
Delivery of foetus before 9 months	23	21.9

Table 1a: Definition of abortion.

The above table illustrates that, among the total participants, 30.5% of participants were unaware about abortion whereas 19.0% participants perceive abortion as termination of pregnancy after 22 weeks. Here, most of participants of this study have no knowledge regarding definition of abortion.

	n = 105	
	Frequency	Percent
Termination of pregnancy by traditional birth attendant	12	11.4
Termination of pregnancy by skilled practitioner	17	16.2
Termination of pregnancy without injury to mother	28	26.7
Termination of pregnancy by health workers in any setting	48	45.7

Table 1b: Definition of safe abortion.

The above table clearly shows that, most of the participants 45.7% perceive safe abortion as termination of pregnancy by health worker in any setting whereas least participants 11.4% perceive safe abortion as termination of pregnancy by traditional birth attendant. This clearly means that most of participants thought that safe abortion can be done by health workers in any place.

	n = 105	
	Frequency	Percent
Bleeding	60	57.1
Infection	17	16.2
Infertility	16	15.2
Death	34	32.4

Table 1c: Complications of unsafe abortion.

**multiple response*

Among total participants (105) majority of participants i.e. 57.1% perceive bleeding as the complication of unsafe abortion whereas 15.5% of participants perceive infertility as complications of abortion.

		n = 105
	Frequency	Percent
Abortion done under law	59	56.2
Abortion done with doctors' consult	25	23.8
Abortion done by skilled manpower	4	3.8
Abortion done for selection of sex	5	4.8
Abortion in case of rape	21	20.0

Table 1d: Definition of legalized abortion.

**multiple response*

The above table illustrates that, out of the total participants, more than half 56.2% defined legalized abortion as abortion done under law whereas least 3.8% participants defined legalized abortion as abortion done by skilled manpower.

		n = 105
	Frequency	Percent
No	73	69.5
Yes	32	30.5

Table 1e: Practice of abortion in relatives.

Among total participants (105) majority of participants 69.5% have no knowledge regarding practice of abortion in relatives whereas 30.5% were known about the abortion done by their relatives. Eventhough, participant's relatives have done abortion, they have not faced any problems during that time.

		n = 105
	Frequency	Percent
Health status of the mother	38	36.2
Abnormal foetus	18	17.1
Rape or incest	28	26.7
No desire of additional children	7	6.7
For birth spacing	14	13.3
Contraceptive failure	8	7.6
Pregnancy before marriage	28	26.7
Mother's wish	38	36.2

Table 1f: Legal conditions to seek abortion.

**multiple response*

The above table illustrates that, out of the total participants, 36.2% participants perceive both health status of the mother and Mother's wish are the legal conditions to seek abortion whereas fewest 6.7% perceive no desire of additional children as legal condition to seek abortion.

		n = 105
	Frequency	Percent
Maternity hospital	78	74.3
District hospital	7	6.7
Private hospital	7	6.7
Primary health care centre	10	9.5
Marie stopes	25	23.8
Pharmacy	1	1.0

Table 1g: Institute for safe abortion services.

**multiple response*

The above table illustrates that, out of the total participants, majority 74.3% of respondent perceive maternity hospital is the place which provide safe abortion services whereas 1% respondent perceive pharmacy provide safe abortion services.

		n = 105
	Frequency	Percent
Abortion on the basis of sex selection	73	69.5
Abortion without the consent of the pregnant mother	38	36.2
Don't know	7	6.7

Table 1h: Illegal conditions for abortion.

**multiple response*

The above table shows that, out of total participants, more than half (69.5%) participants perceive abortion on the basis of sex selection as illegal condition for abortion whereas 6.7% were not known about the illegal conditions for abortion.

		n = 105
	Frequency	Percent
Harmful to mother's life	24	22.9
Infertility	9	8.6
Jail	8	7.6
Death	42	40.0
Bleeding	9	8.6
Abuse	18	17.1
Don't know	12	11.4

Table 1i: Consequences of illegal abortion.

**multiple response*

The above table shows that, out of total participants, 40% participants perceive death as the consequences of illegal abortion whereas 7.6% perceive jailing as the consequences of illegal abortion.

The above table illustrates that the P-value of age, ethnicity, religion marital status, type of family and number of children were more than 0.05. Hence, knowledge has no association with age, ethnicity, religion marital status, type of family and number of children.

	N	Mean	Std. Deviation	P-value
n = 105				
Age				
<= 30	52	30.8405	10.04900	0.22
31+	53	28.6513	8.02783	
Ethnicity				
Brahmin	52	28.7749	8.97128	0.43
Chhetri	39	30.1994	9.36734	
Janajati	13	32.7635	8.92561	
Dalit	1	22.2222		
Religion				
Hindu	103	29.9173	9.09719	0.14
Christian	2	20.3704	2.61891	
Marital status				
Unmarried	34	31.5904	11.43324	0.14
Married	69	29.0929	7.65584	
Widow	2	20.3704	2.61891	
Type of family				
Joint	49	29.8564	6.82126	0.89
Single	56	29.6296	10.78072	
Number of children				
0	2	22.2222	0.00000	0.22
1	19	31.3840	7.13153	
2	45	28.3951	8.05270	
3	5	25.9259	5.23783	

Table 2a: Association of knowledge with socio-demographic data.

**If the p-value is < 0.05, socio-demographic variables are significantly associate with knowledge.*

	N	Mean	Std. Deviation	P-value
Educational status				
Primary level	11	28.6195	7.42422	0.06
Secondary level	47	28.1324	7.67082	
Higher secondary level	12	35.8025	11.42468	
Bachelor level	35	30.1587	9.92764	
Husband educational status				
Illiterate	2	27.7778	7.85674	0.5
Primary	1	44.4444		
Secondary	21	28.9242	8.41475	
Higher secondary	27	28.2579	6.97817	
Bachelor	16	29.1667	8.43220	
Above bachelor	4	27.7778	4.78146	
Occupation				
Service	14	35.9788	12.61675	0.007
Business women	3	22.2222	0.00000	
Housewife	54	28.2579	6.48707	
Agriculture	3	20.9877	2.13833	
Student	31	31.0633	10.32961	
Monthly Income				
<= 35000	74	29.4795	9.20459	0.65
35001+	31	30.3465	8.99217	

Table 2b: Association of knowledge with socio-demographic data.

**If the p-value is < 0.05, socio-demographic variables are significantly associate with knowledge.*

The above table illustrates that the P-value of participant's educational status, respondent's husband educational status and monthly income were more than 0.05. Hence, knowledge has no association with educational status, respondent's husband educational status and monthly income. Likewise, knowledge regarding legalization of abortion has association with occupation because P-value of occupation was less than 0.05 i.e. 0.007.

		n = 105
	Frequency	Percent
Knowledge percentage		
Low	98	93.3
High	7	6.7

Table 3: Level of knowledge about legalization of abortion.

The above table shows that, out of total participants (105) majority of participants 93.3% have low knowledge regarding legalization of abortion whereas least participants 6.7% have high level of knowledge.

Discussion

Regarding knowledge on complication of unsafe abortion, this study showed that more than half participants perceived bleeding (57.1%), 32.45% death, 16.2% infection and 15.2% perceived infertility. This findings was also supported by the findings of a study done by P Khanal, K Sanjel and HN Chalise in 2014, Nepal which showed that regarding knowledge on complications of abortion 28.2% perceive infection, 29.3% bleeding, 21% infertility, 29.8% death, 6.1% uterus prolapsed and 8.2% perceive mental tension respectively [10].

The present study revealed that more than half 56.2% participants perceive towards meaning of legal abortion as the abortion done under law. Among total participants (105) majority of participants 69.5% have no knowledge regarding practice of abortion in relatives whereas 30.5% were known about the abortion done by their relatives. Eventhough, participant's relatives have done abortion, they have not faced any problems during that time.

The present study revealed that regarding Legal conditions under which a women might seek abortion, majority of participants 36.2% perceive Health status of the mother, 17.1% perceive Abnormal foetus, 26.7% perceive Rape or incest, 6.7% perceive No desire of additional children, 13.3% perceive For birth spacing, 7.6% perceive Contraceptive failure, 26.7% perceive Pregnancy before marriage, 36.2% perceive Mother's wish which was supported by study done by P Khanal, KSanjel and HN Chalise in 2014, Nepal which showed that 43.3% perceive Health status of the mother, 32.3% perceive Abnormal foetus, 39.4% perceive Rape or incest, 77.1% perceive Sex of the foetus (i.e. female) and 24% perceive Mother's wish are legal conditions under which a women might seek abortion [10].

This study shows that regarding institution that provide safe abortion services, majority of participants 74.3% perceive maternity hospital, 6.7% perceive district hospital, 6.7% private hospital, 9.5% perceive primary health care centre, 23.8% perceive maries topes centre, 1% perceive pharmacy which was similar to the findings of the study done by NDHS report 2011, in which women who report knowing places for safe abortion are more likely to mention the government sector i.e. 71% than the private sector i.e. 58% or the non-government sector i.e. 29% [11].

The study shows that regarding consequences of illegal abortion, majority of participants 40% perceive death, 22.9% perceive harmful to mother's life, 8.6% perceive infertility, 7.6% perceive jail, 8.6% perceive bleeding, 17.1% perceive abusement, and 11.4% replied don't know.

This study reveals that regarding associations between knowledge of legal abortion in Nepal and the socio demographic characteristics of respondents. Data indicate that the knowledge variable had a statistically significant relationship with occupation only. This shows that the age, ethnicity, religion, marital status, type of family, number of children, educational status, respondent's husband educational status and monthly income were not significantly related with knowledge of legal abortion which was in contrast with the findings from study done by P Khanal, KS anjel and HN Chalise in 2014, Nepal which showed that the knowledge variable had a statistically significant

relationship with the educational attainment of respondents and the educational attainment of respondents husband, and with their monthly family income. This shows that the higher level the education and the income, the more likely that they were aware of legal abortion. Age, ethnicity and occupation were not significantly related with knowledge of legal abortion [10].

The present study revealed that the majority of participants 93.3% have low knowledge about legalization of abortion which was in contrast with the findings from study done by NDHS report 2011 [3].

Conclusions

The findings from this study revealed that the majority of participants 93.3% have low knowledge about legalization of abortion which was in contrast with the findings from study done by NDHS report 2011 [3]. Various strategies has been carried out to reduce illegal abortion but yet a lot can be done to reduce this. Public are afraid of it because it of their social status. Thus efforts should be made by the health workers to educate about the safe abortion services and its benefits along with punishment regarding illegal abortion.

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