

Community Perception of Abortions in Different Districts of Nepal

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ABSTRACT

Background: Abortion remains a significant public health concern in Nepal, contributing to maternal mortality and posing a complex challenge to women's reproductive health. This study explores the complex nature of community perceptions regarding attitudes and perceptions on abortion, perceived factors influencing abortion, perceived consequences of abortion, and existing modern and traditional practices of abortion in Nepal.

Methods: A qualitative study was conducted across 12 districts in Nepal, involving 228 community members, including community healers, Female Community Health Volunteers, women leaders, in-laws, and men. Data was analyzed by applying a thematic analysis approach.

Results: Findings highlighted a dichotomy in knowledge of abortion, encompassing both progressive views (considering it a women's right) and regressive notions (viewing it as a sin). Participants also recognized the positive aspects of abortion, such as its role in reducing maternal mortality ratios and improving child health. The study identified factors influencing abortion decisions like the desire to limit family size, entrenched gender dynamics with strong son preference, and pregnancies resulting from relationships outside marriage. Furthermore, abortion was also perceived as a solution for pregnancies arising from rape, incest, or with fetal disabilities. Participants shared a range of consequences associated with abortion, including prevalent misconceptions. They indicated that modern abortion practices like the use of abortion pills were on the rise compared to traditional methods. Nevertheless, unsafe self-medication remained a concern, particularly among rural women.

Conclusions: To address these challenges effectively, it is imperative to understand the underlying reasons behind these perceptions and develop targeted interventions that enhance women's access to safe abortion in Nepal.

Keywords: Abortion; community perception; unsafe abortion practices.

INTRODUCTION

Abortion is a critical public health concern as it is reported to be the third leading cause of maternal death in Nepal. The journey towards improving women's reproductive health has been marked by significant milestones, including the legalization of abortion services in 2002.¹ Despite advancements in medical technology and increasing access to legal and safe abortion services, the persistence of unsafe abortion practices remains a complex issue, deeply intertwined with societal attitudes, individual beliefs, and deeply rooted stigmas.² Understanding community-level perceptions of abortion in Nepal is important, as it has significant implications for women's reproductive health, access to health care, and the broader reproductive rights discourse. This article delves into the nature of

community perspectives on many aspects of knowledge and awareness of abortion, examining the factors that contribute to the practices of abortion.

METHODS

A qualitative study was carried out among community members in selected municipalities of 12 districts across all provinces of Nepal. A total of 228 community members, including 26 community healers (locally known as *dhami*, *jhakri*), 36 Female Community Health Volunteers (FCHV), 35 women leaders, 34 in-laws, and 97 men of different age groups (<20, 20-35, and 35+ years of age) were interviewed with a purposive sampling technique to understand and explore the Nepalese community beliefs and practices about abortion. Ethical clearance was obtained from the Nepal Health

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Research Council (NHRC approval no. 436/2022P) and written consent was taken from each participant before conducting the study.

All the interviews were transcribed from the original recordings and further translated into English language. A thematic approach was used to analyze the data with the help of NVivo 10 software and relevant quotes were taken to illustrate the key themes. Personal identifiers like names were removed for the data confidentiality and sensitivity of the information. The quotes are identified by the type of community member, and location.

RESULTS

Many participants revealed a complex perspective on abortion. Most characterized abortion as an immoral and sinful act from a religious dimension. They believed that terminating a pregnancy goes against the sacred ideals, considering the act as morally wrong. They expressed concerns about potential curses for women undergoing abortions with the inability to reproduce in the future. Some participants also viewed inducing abortion as a crime, emphasizing its illegal nature in Nepal.

“The god will curse them ... (women) committed a sin for killing the fetus where they will be cursed to not have baby in future.” - Female In-law, Bajura

Interestingly, some community members, including men expressed more optimistic views regarding abortion. They acknowledged abortion as one of women’s rights.

“Abortion is not a crime; this is the right of women.” - Men, Banke

Participants also positively stated that abortion has saved women’s lives and hence, reduced the maternal mortality rate (MMR). Such a perspective recognizes that abortion is a vital aspect of women’s healthcare and autonomy. Findings from community members also reveal that safe abortion not only has positive implications for women’s health but also for the well-being of their infants who rely on breastfeeding, indicating improved healthcare outcomes for women and their children. In such cases, abortion allows mothers to continue breastfeeding their older babies, ensuring their nutritional needs are met, ultimately leading to improved infant health.

“Lots of women lost their lives in not being able to do abortions. This has also resulted in decrease in female mortality rate” - FCHV, Sankhuwasabha

“Being able to safely abort the fetus is better for the first child. And both the infant mortality rate and maternal mortality rate has been decreasing.” - FCHV, Bajura

The perceptions of community members in this study reflected the intricate interplay of cultural, economic, and personal considerations as they influence abortion decisions in Nepalese society. Participants in the study mentioned one of the primary reasons why individuals with unwanted pregnancies opt for abortion was to limit the family size in case of a higher number of children.

“The people who have more children do abortion... People who have 2 to 3 children go to do abortion. They (community people) do not use family planning measures and get abortions. - FCHV, Sarlahi

Community members also shared many anecdotes of children born from unwanted pregnancies being abandoned or left in distressing locations such as “garbage sites or dumping sites or even in the sewers and rivers”. Such actions were perceived to be driven by complex circumstances, including situations where the mother couldn’t locate the father of the child.

Gender dynamics and son preference were also reported to be one of the significant drivers for seeking an abortion. In fact, when the topic of abortion arises, it often leads to discussions of sex-selective abortion. Participants frequently discussed the practice of female feticide where couples and families would selectively abort female fetuses due to a strong preference for sons. The husbands and in-laws had an influential role in shaping decisions concerning contraception and abortion as well. Participants attributed the unsafe abortion practices to women’s limited agency in “decisions of a family”, highlighting the familial nature of these choices.

“Due to a lack of education and awareness, superstitious beliefs, and the inability to (have a) say in decisions of a family, abortion are still done in an immoral way and in an unsafe way by taking medications.” Men, Banke

“People do abortion due to the desire to have a son”- In-law, Surkhet

Another prevalent perception among community members was the association of abortion-seeking behavior with women’s perceived involvement in ‘immoral’ extra-marital or pre-marital sexual activities. Unwanted pregnancies from such relationships led

individuals to resort to abortion, sometimes even in unsafe and clandestine ways, primarily to avoid the severe social stigma and potential familial repercussions associated with these relationships. The fear of judgment and shame for engaging in sexual activities outside the confines of marriage appears to be a significant motivating factor for seeking an abortion.

“Unsafe abortions mainly occur due to moral-less relations. The main reason is moral-less relations... as there is a tendency of keeping secrets in such moral-less relations”. - Men, Banke

Community members also acknowledged that pregnancies resulting from rape as one of the reasons of abortions, however they viewed such abortion in positive light. Recognizing the physical and psychological trauma faced by rape survivors, they considered abortion to mitigate the distressing consequences of such incidents.

“In case of rape, it is better to do abortion. In case of rape, abortion can have positive effects on the health of women.” - FCHV, Sarlahi

Existing caste dynamics also add to the secrecy of abortion status with the unacceptance of relationships between inter-castes in society. Furthermore, multiple intersecting factors like son preference and the benefits of having a son in the dowry system, also compel women and families to choose female feticide. In cases where a fetus is conceived from incestuous relationships, when a girl is underage, or when couples are separating or getting divorced, abortion is also perceived as a solution. When pregnancies involve fetal disabilities or issues, abortion is perceived to be better than raising a child with disabilities or severe health problems.

“If the child inside her womb is disabled or other conditions then I would advise her to visit a health post, seek doctor’s consultation.” - In-law, Surkhet

Participants mentioned various physical, emotional, mental, and social consequences associated with abortion. The knowledge of the physical impacts of abortion among community members includes effects on the uterus including organ or uterus prolapse, malnutrition, vitamin deficiencies, dizziness, lethargy, excessive bleeding, laxness, weakness, difficulty sitting or walking, back pain, abdominal pain, etc. Several misconceptions were also reported like increased risk of cancer, development of tumors or lumps, eye diseases and night blindness, headaches, severe physical pain, loss of appetite, etc.

Various diseases occur due to abortion. A person with diabetes may end up with unhealed wounds. Cancer can be caused when abortion is done frequently.” -Dhami, Kanchanpur

Many participants reported that unsafe abortions could result in fatal consequences like severe bleeding and death. Women who underwent abortions also reportedly face challenges in reintegrating into normal life, particularly in labor-intensive occupations like agriculture.

“If it is unsafe, then there is a high risk of getting infections, may also have high bleeding leading to anemia and also may lead to sterility in the future.” - Men, Banke

Abortion was also associated with a range of emotional, mental, and social consequences, which affect individuals’ well-being. The emotional and psychological toll primarily included feelings of guilt, shame, and distress. Participants also highlighted the social consequences of abortion, including the confidentiality taboo surrounding abortion cases, which makes open discussion difficult. Many study participants shared about the existing widespread discrimination and stigma around abortion in the community. Unmarried women were identified as more vulnerable to the stigma as abortion is regarded as a taboo and shrouded in secrecy due to fear of judgment and ostracization.

Community members indicated that abortion practices were shifting towards modern methods, with many women opting for medicines. This often led to self-medicating practices where individuals could purchase abortion-inducing medicines from pharmacies without requiring a prescription. Without the proper knowledge regarding safe abortion procedures, it could lead to post-abortion complications.

Almost all participants recognized the importance of visiting health institutions for abortion services to avoid complications and fatalities associated with unsafe abortion. Health facilities were viewed as safer because women faced fewer complications compared to relying on traditional healers, pharmacies, or self-administered medications. Communities near border could also obtain abortion medications through cross-border purchases from India.

Despite the modernization of healthcare practices and widespread use of abortion pills, some participants acknowledged the use of traditional abortion methods

in only certain rural areas. Rural women tend to keep their abortions secretive due to shyness and sought to terminate pregnancies using medicinal herbs or roots. Teenagers were particularly perceived to be involved in unsafe abortions.

“These (rural) women hesitate to speak about abortions to others, mostly because of shyness. They secretly try to terminate their pregnancy with the help of medicines.” – FCHV, Surkhet

Traditional methods included the use of strong herbs like ‘Ayar’, ‘Bharlang’, ‘Chuwa’, ‘Neem’, assistance from traditional healers (*dhami*, *jhakri*), insertion of roots into the womb, and consuming other potent herbs that release chemicals affecting the fetus. Some other traditional practices shared included having a lot of fennel seeds and *gud*, drinking *Gahat* soup (horse gram lentil soup), consuming medicinal herbs, and even the use of iron rods to terminate the fetus. While some participants personally witnessed or heard of such cases, others had secondhand knowledge that these could be the traditional methods used to induce abortion. Such practices were often associated with severe bleeding, health complications, and weaker overall health.

“There are traditional ways of abortion in villages. I heard that people go to Dhami chakra and take whatever they give to people.” Men, Banke

DISCUSSION

The findings of our study provide insights into the prevailing perceptions and practices related to induced abortion within Nepalese communities. Similar to another study conducted in Nepal³, many participants in our study viewed abortion as a morally ‘sinful’ act and expressed reservations about terminating pregnancies. However, participants also demonstrated a concern for women’s health and safety. It was a common belief that teenagers were responsible for the majority of abortions, although statistics indicate that the prevalence of abortion was higher in the older age group.^{4,5} This apparent contradiction warrants further investigation, as it may be attributed to unrecorded cases of unsafe abortions in the community.

Unintended pregnancies are a significant concern, with Nepal experiencing a high rate of 68 percent per 1000 women of reproductive age and 50 percent of unintended pregnancies in 2014. They are associated to serious health, economic, and social consequences.⁶ Participants in our study revealed that unwanted

pregnancies were often aborted to limit the family size⁴ and to avoid the social stigma associated with premarital pregnancy as well. The high number of children places a significant economic burden on the family, requiring the allocation of more resources to provide adequate care and opportunities for each child. Additionally, sex-selective abortion also remains prevalent,⁷ even though pre-natal sex determination and sex-selective abortion is illegal and punishable with imprisonment in Nepal.⁸

Participants in our study also highlighted the practice of extra-marital and pre-marital sexual relationships,⁹ but the societal attitudes and moral judgments are first to point toward women and their reproductive decisions. Notably, men’s involvement in such relationships is rarely questioned; they are even exonerated.¹⁰ Studies including ours acknowledge that women, especially younger and unmarried women are found to be particularly vulnerable to stigmas related to sexual behaviors.^{11,12} Community stigmas and social norms about abortion create potential barriers to safe abortion care, pushing women toward unsafe and clandestine abortion methods.^{13,14} Similar to a finding in our study, other research also indicates that men and in-laws in the family play significant roles in family planning and reproductive decision-making, including abortion.³ Existing research has shown that power dynamics within families impact women’s autonomy, affecting their ability to exercise reproductive rights, including the use of contraceptives and the decision-making process for abortion.¹⁵⁻²⁰

Our study identified both modern and traditional abortion practices existing in society. However, previous research has also documented traditional practices involving “oral herbal preparations, oral medicine pills, insertion of foreign objects into the vagina, services of traditional birth attendants who relied entirely on traditional methods”.^{3,4} The participants discussed abortions resulting from rape, but intimate partner violence (IPV) as a risk factor for unintended pregnancy and abortion was not explored. A study conducted in 2020 suggests that women who experience IPV are more likely to undergo abortion compared to those who do not.^{21,22} Therefore, it is essential to consider these factors in future research within this domain.

This qualitative study provides valuable insights into the community’s perceptions of abortion in Nepal. However, the limitations of this research remain as the findings are based on the opinions of only a selected group of community members. While these perspectives offer valuable insights, they do not represent an exhaustive

exploration of all community viewpoints.

CONCLUSIONS

This study amplifies the need for accessible and equitable reproductive health services, especially abortion services, and sheds light on the beliefs, attitudes, and stigmas surrounding abortion in Nepalese communities. The need for comprehensive education and awareness campaigns is highlighted to address the prevailing misconceptions about abortion. Emphasizing the positive aspects, such as its role in reducing maternal mortality and contributing to the overall well-being of women and their infants, can be instrumental in transforming community perceptions. It will enable them to make informed decisions about their reproductive health and encourage them to choose safe abortion services. Furthermore, efforts to challenge the pervasive stigma and discrimination associated with abortion should be a central focus of future community interventions. Evidence-based interventions should be designed to tackle the multifaceted barriers hindering women's access to safe abortion in Nepal.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

- Henderson JT, Puri M, Blum M, Harper CC, Rana A, Gurung G, et al. Effects of abortion legalization in Nepal, 2001-2010. *PloS one*. 2013 May 31;8(5):e64775. [\[Article\]](#)
- Shrestha DR, Regmi SC, Dangal G. Abortion: still unfinished agenda in Nepal. *Journal of Nepal Health Research Council*. 2018 Mar 13;16(01):93-8. [\[JNHRC\]](#)
- Puri M, Ingham R, Matthews Z. Factors affecting abortion decisions among young couples in Nepal. *Journal of adolescent health*. 2007 Jun 1;40(6):535-42. [\[ScienceDirect\]](#)
- Thapa S, Thapa PJ, Shrestha N. Abortion in Nepal: emerging insights. [\[Article\]](#)
- Yogi A, KC P, Neupane S. Prevalence and factors associated with abortion and unsafe abortion in Nepal: a nationwide cross-sectional study. *BMC pregnancy and childbirth*. 2018 Sep 17;18(1):376. [\[Article\]](#)
- Karki R, Maharjan S, Khatiwada G, Shrestha J. Pregnancy Intentions and its Associated Factors among Married Women in Resunga, Gulmi, Nepal. *Indian Journal of Public Health*. 2023 Jul 1;67(3):471-3. [\[Article\]](#)
- Lamichhane P, Harken T, Puri M, Darney PD, Blum M, Harper CC, et al. Sex-selective abortion in Nepal: a qualitative study of health workers' perspectives. *Women's Health Issues*. 2011 May 1;21(3):S37-41. [\[ScienceDirect\]](#)
- Center for Research on Environment, H. and P. A. (CREHPA). Sex selection: pervasiveness and preparedness in Nepal. in *4th Asia Pacific Conference on Reproductive and Sexual Health and Rights* (United Nations Population Fund Kathmandu, 2007).
- Acharya DR, Regmi P, Simkhada P, van Teijlingen E. Modernization and changes in attitudes towards sex and relationships in young people. *The dynamics of health in Nepal*. 2015 Mar 1:63-94. [\[Article\]](#)
- Atreya A, Shrestha M, Acharya J, Gurung S. Nepal-exploited by older married man-young unmarried mother accused of infanticide. *Medico-Legal Journal*. 2019 Sep;87(3):127-9. [\[Article\]](#)
- Regmi P, Simkhada P, van Teijlingen E. "Boys remain prestigious, girls become prostitutes": Socio-cultural context of relationships and sex among young people in Nepal. *Global Journal of Health Science*. 2010 Mar;2(1):60-72. [\[Article\]](#)
- Makleff S, Wilkins R, Wachsmann H, Gupta D, Wachira M, Bunde W, et al. Exploring stigma and social norms in women's abortion experiences and their expectations of care. *Sexual and reproductive health matters*. 2019 Nov 29;27(3):50-64. [\[Article\]](#)
- Banerjee SK, Andersen KL, Buchanan RM, Warvadekar J. Woman-centered research on access to safe abortion services and implications for behavioral change communication interventions: a cross-sectional study of women in Bihar and Jharkhand, India. *BMC public health*. 2012 Mar 9;12(1):175. [\[Article\]](#)
- Ong T, Mellor D, Chettri S. Multiplicity of stigma: the experiences, fears and knowledge of young trafficked women in Nepal. *Sexual and reproductive health matters*. 2019 Nov 29;27(3):32-48. [\[Article\]](#)

15. Strong J. Men's involvement in women's abortion-related care: a scoping review of evidence from low-and middle-income countries. *Sexual and reproductive health matters*. 2022 Dec 31;30(1):2040774. [\[Article\]](#)
16. CREHPA. The Influence of Male Partners in Pregnancy Decision-Making and Outcomes in Nepal. (2007).
17. Kc H, Shrestha M, Pokharel N, Niraula SR, Pyakurel P, Parajuli SB. Women's empowerment for abortion and family planning decision making among marginalized women in Nepal: a mixed method study. *Reproductive health*. 2021 Feb 4;18(1):28. [\[Article\]](#)
18. Chapagain, M. Conjugal power relations and couples' participation in reproductive health decision-making: exploring the links in Nepal. *Gend. Technol. Dev.* 10, 159-189 (2006).
19. Sharma S, Kc B, Khatri A. Factors influencing male participation in reproductive health: a qualitative study. *Journal of multidisciplinary healthcare*. 2018 Oct 23:601-8. [\[Article\]](#)
20. Mattebo M, Sharma B, Dahlkvist E, Molinder E, Erlandsson K. Perceptions of the role of the man in family planning, during pregnancy and childbirth: a qualitative study with fifteen Nepali men. *Journal of Asian Midwives*. 2016;3(1):31-45. [\[Article\]](#)
21. Pallitto CC, García-Moreno C, Jansen HA, Heise L, Ellsberg M, Watts CW. WHO Multi-Country Study on Women's Health and Domestic Violence. Intimate partner violence, abortion, and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. *Int J Gynaecol Obstet*. 2013 Jan;120(1):3-9. [\[Article\]](#)
22. Thakuri DS, Ghimire PR, Poudel S, Khatri RB. Association between intimate partner violence and abortion in Nepal: a pooled analysis of Nepal demographic and health surveys (2011 and 2016). *BioMed Research International*. 2020;2020(1):5487164. [\[Article\]](#)