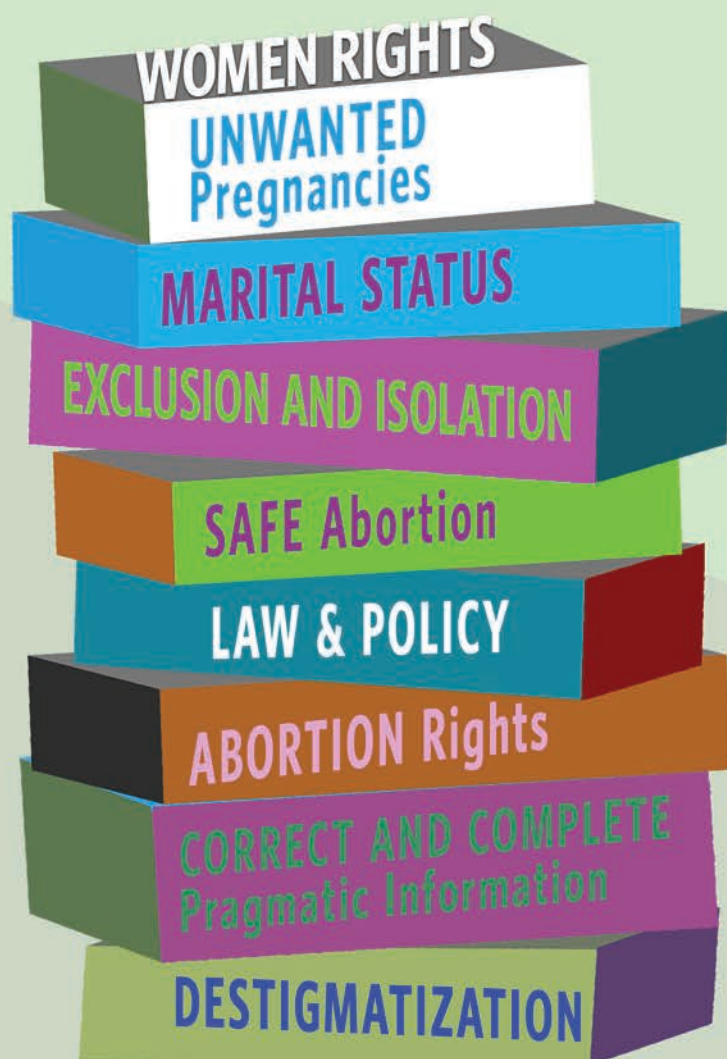


ABORTION STIGMATIZATION ATTITUDES AND BELIEFS AND ITS EFFECT IN ACCESSING SAFE ABORTION SERVICE

Claiming the Right to **Safe Abortion :** Strategic Partnerships in Asia



BEYOND BEIJING COMMITTEE



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NATIONAL BASELINE REPORT

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Abortion Stigmatization Attitudes and Beliefs and its Effect in Accessing Safe Abortion Service

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NATIONAL BASELINE RESEARCH

ABORTION STIGMATIZATION ATTITUDES AND BELIEFS AND ITS EFFECT IN ACCESSING SAFE ABORTION SERVICE NEPAL

CLAIMING THE RIGHT TO SAFE ABORTION: STRATEGIC PARTNERSHIPS IN ASIA

Beyond Beijing committee

2019

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**Research Team,
Beyond Beijing Committee**

Executive Summary

Induced abortion is commonly experienced by women of reproductive age throughout the world because of unintended pregnancy. Safe Abortion is not only considered as an important health issue, but also as the human right concern of reproductive age women. Nepal has come a long way from criminalizing to legalizing abortion in 2002. Free safe abortion services are provided from the listed government health facilities since 2016. Furthermore, Nepal has enacted Safe Motherhood and Reproductive Health Rights Act in 2018. Despite these legal arrangements, access to safe abortion services remains as significant challenge for Nepalese women. They are not able to exercise their rights to safe abortion due to various reasons. One of the main barriers is the accessibility and availability of quality safe abortion services, leading to unsafe abortion, thereby contributing to high maternal mortality and morbidity, including violence of sexual and reproductive health and rights of women. Social stigma is another major barrier to safe abortion which prevails in developing, as well as developed countries.

The objective of this study was to explore the nature and extent of abortion stigma prevailing in the community and to understand the key informants' and service users' beliefs, roles and perception towards abortion in Nepal. This was a qualitative study conducted in four different districts: Jhapa, Gorkha, Parsa and Surkhet of four different provinces of Nepal representing both urban and rural setting in three different ecological regions capturing diverse religious, geographical, socio-economic and socio-cultural context. The data were collected through In-Depth Interview (IDI) among 20 Post-Abortive Women (PAW) and 5 representatives from policy level. Altogether, 16 Focused-Group Discussions (FGD) were conducted separately among male and female groups in rural and urban areas using purposive and snowball sampling methods. The tools were pre-tested among the similar study participants' group prior to data collection. Ethical approval was obtained from Nepal Health Research Council (reference number 120) for conducting the study. Formal permission was granted by the respective local government authorities. Likewise, informed consent in written was taken from the study population before collecting the data.

The qualitative findings show that not many participants had clarity of the legal provisions on safe abortion. PAW, who exercised unsafe abortion, did not know that abortion is legalized in Nepal; and that free safe abortion services are available at the recognized health facilities. Most of the participants viewed abortion as a right of all women. However, they had contradicting opinion on decision making for abortion. The male as well as female participants stated that abortion without the consent of their husbands is the misuse of the right provided to women. Due to high patriarchal values and norms, the practice of exercising the rights to safe abortion is still under the control of male members in the community.

There were also a few participants who argued that abortion services are often misused by unmarried women. Some of the participants of FGD and the participants at the policy level in IDI also stated that free safe abortion services should be provided to the poor and marginalized population along with the provision of transportation and other indirect cost rather than providing the free services to all in through a blanket approach. Almost all of the participants of the FGD and IDI among the PAW believed that abortion is an act of immorality and sin. Different negative connotations were used to denote abortion in the community that has been stigmatizing women in different contexts. The interviewed PAW reflected having bad experiences when they were perceived as characterless by the community, and being an embarrassment for their family as well. In the context of PAW, they also felt like they had committed a murder as they believe the foetus develops to be human being, and abortion as a sin attributing it to religious and cultural aspects.

The findings suggest that complete and pragmatic information on comprehensive abortion services should be provided to the community, especially to the all young people. Abortion service providers were also found to be preoccupied by self-stigma and guilty feelings when providing abortion services. Hence, the training on value clarification and attitudinal transformation should be provided targeting the service providers so that they do not become stereotypical and judgemental towards women seeking abortion, irrespective of their marital status. Wider dissemination of the information on safe abortion services will be instrumental to normalize and de-stigmatize the abortion practices in the local community. Since abortion is linked with religious and cultural aspects, religious leaders, teachers, youth and community leaders should be mobilized as champions to reduce the stigma.

List of Abbreviations

ARROW	Asian-Pacific Resource & Research Centre for Women
ASP	Abortion Service Provider
BBC	Beyond Beijing Committee
CAC	Comprehensive Abortion Care
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CSO	Civil Society Organization
D and E	Dilation and Evacuation
DoHS	Department of Health Services
D(P)HO	District (Public) Health Office
FCHV	Female Community Health Volunteer
FGD	Focus Group Discussion
FWD	Family Welfare Division
GoN	Government of Nepal
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus /Acquired Immune Deficiency Syndrome
HRH	Human Resource for Health
ICPD	International Conference on Population and Development
IDI	In-Depth Interview
INGO	International Non-Government Organization
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MA	Medical Abortion
mCPR	Modern Contraceptive Prevalence Rate
MoHP	Ministry of Health and Population
MoWCSW	Ministry of Women, Children and Social Welfare
MVA	Manual Vacuum Aspiration
NDHS	Nepal Demographic and Health Survey
NGO	Non-Governmental Organization
NHRC	Nepal Health Research Council
NNC	Nepal Nursing Council
NPR	Nepalese Rupee
PAW	Post-Abortive Women
PHCC	Primary Health Care Centre
PMWH	Paropakar Maternity and Women's Hospital
PoA	Plan of Action
RFSU	The Swedish Association for Sexuality Education
SABAS	Stigmatizing Attitudes, Beliefs and Actions Scale

SAS	Safe Abortion Services
SDG	Sustainable Development Goal
SMRHR	Safe Motherhood and Reproductive Health Rights
SRHR	Sexual and Reproductive Health and Rights
VCAT	Values Clarification and Attitude Transformation
WHO	World Health Organization

Chapter 1

Introduction

1.1 Background

Induced abortion is commonly experienced by the women of reproductive age throughout the world because of unintended pregnancy.^{1, 2} It is estimated that 35 abortions occur per 1,000 women aged 15–44 each year, which suggests that a woman would have at least one abortion in her lifetime. The abortion rate is significantly higher in developing regions where unintended pregnancies transpire more.² Abortion is safe and considered to be of minimal risk of severe complications or death when they are practiced with a method recommended by the World Health Organizations (WHO). Additionally, safe abortion is not only considered as an important health services, but it is also integral to the human rights and Sexual and Reproductive Health and Right (SRHR) aspects. It should be available to all in a qualitative, acceptable and accessible manner without any discrimination, as committed by different international conventions, treaties and platforms such as Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), International Conference on Population and Development (ICPD), Beijing Declaration and Platform for Action, International Covenant on Economic, Social and Cultural Rights (ICESCR), Sustainable Development Goals (SDGs) to which Nepal has also been party and signatory.^{3, 4} However, the annual global occurrence of unsafe abortion remained around 25 million (45%) between 2010 and 2014, which significantly contributed to increased global burden of maternal mortality and morbidity.^{5–10} Each year between 5–13% of maternal deaths can be attributed to unsafe abortion¹¹, of which around 99% occurs in developing countries like Nepal where the practice of unsafe abortion has remained higher.¹²

Nepal has promulgated progressive abortion laws, provisioning for free SAS (SAS) through listed government health facilities. In recent years, the country has expanded SAS to be nationwide.^{13–15} In 2018, the Government has formulated Safe Motherhood and Reproductive Health Right (SMRHR) act to ensure the right to safe abortion.^{16, 17} However, more than half of those pregnancies is unwanted and more than 50% of abortion is conducted through clandestine procedure.^{18, 19} Unsafe abortion practices do not only contribute to higher maternal mortality and morbidity rate, but they are also incidences of violence of the sexual and reproductive rights of women. Throughout the world, women still do not have the right to make one of the most important and life-transformative decisions; whether to continue with their pregnancies or terminate them owing to different barriers, including the accessibility and availability of quality SAS.^{20, 21}

Abortion stigma is one of the major barriers to SAS which not only prevail in the developing countries, but also in developed countries.^{10, 22, 23} Abortion stigma is a shared understanding that it is morally wrong and/or socially unacceptable to abort the foetus.²⁴ Stigma is a complex issue because it is both a cause and a consequence of inequality. Abortion stigma persists at different levels: individual, community, institution, law enforcement, mass media and culture²⁵. Stigma manifests negative image

of post-abortive women (PAW); and those who are directly involved in abortion such as PAW and ASPs, are considered as wrong-doers.²³ Disapproving and prejudiced stereotyping of women who have undergone abortions is the most common form of abortion stigma.²⁶ The women participants who practiced abortion expressed that they themselves felt some sense of guilt and anguish when they had undergone through abortion procedure.^{27, 28} Two out of three women having abortion anticipated stigma if others knew about it. Fifty-eight percent of them explained they required keeping their abortion secret from friends and family members.²⁹ Hence, self-induced abortion is a way-out that a woman can keep her abortion a secret.²³ Deeply ingrained prejudice among ASPs regarding abortion, especially towards unmarried women, is a barrier for them to access SAS. They often witness the denial or unwillingness of the service providers while requesting for the services.^{10, 30} The stigma attached to it has also adversely affected the implementation of country's reproductive law and policy. It is evident that the practice of unsafe abortion is higher in those countries where there are restrictive abortion laws.³¹ The global gag rule that came into action in 2017, which limits the access to information and services of abortion, not only produces undesirable implications on the right to life of pregnant women, but also can fuel stigma and discrimination.³² Likewise, abortion stigma prevails depending on how it is portrayed by the media. News coverage are crucial to frame the attitude and perception of public policy makers, decisively resulting in what and how they think and what should be done about it.^{33, 34}

Abortion is negatively viewed as a harmful practice in the society and is considered to be wrong and immoral due to various reasons which generates stigma about it. In the lack of pragmatic and complete knowledge, abortion is often considered as murder of foetus which develops to human being, even though there is no universal consensus defining when life begins. It is considered as sin due to deeply rooted religion and cultural disbeliefs, whereas there is profound health related myths in relation to abortion.^{23, 35, 36} Abortion is termed as a shameful and disgraceful act of an individual particularly attributing to the violation of social expectations.^{23, 28} Abortion is stigmatized as it is believed to violate the feminine ideals of women-hood. It is also associated with the wrong choices of sex, contraception and partner linking to the complex and embedded societal norms and gender constructions that seek to control female sexuality. It is solely connected to procreation, limiting women's roles to that of mothers and nurturers.³⁶ Patriarchal society and gender power relation commands control over women by stigmatizing abortion.²⁶

Abortion stigma has been increasingly recognized as affecting element for women on how and where they may have access to care and largely depending upon who provides care to them.⁸⁻¹⁰ As an end result of abortion stigma, women in need of abortion services make delayed decision in seeking abortion services. Women also make delays in reaching to the abortion service facility as they prefer abortion services far from their vicinity so that they cannot be recognized, and consequently they receive delayed abortion service with many complications. It is a distressing fact that women who cannot have timely access to SAS opt for unsafe abortion, and are at high risk of developing complications due to such unsafe abortions.^{17, 38} It is also evident that the access to SAS for women is so limited, and very few service providers are trained on safe abortion care in many countries like Nepal.³⁸ On the other hand, negative attitudes and beliefs about abortion and PAW is so entrenched in the society which makes it more difficult for people to talk about their experiences of abortion. If women practise abortion, they are labelled, stereotyped, isolated and discriminated in the community and is the loss of their dignity and status. Their rights to make the decision of their body and pregnancy are in question.³⁹ This may force women to continue their unwanted pregnancies which limit their rights over their own bodies or may further lead to psychological distress even after safe abortion. In the worst-case scenario, they may develop unsatisfactory relationships with their partner or conflict with their own identity and even commit suicide.^{23, 35, 40}

Abortion stigma has been noted in academic literature since 1989, and observed as earnest only in the last 15 years.⁴¹ Abortion stigma is usually considered as a “concealable” stigma, and is under-researched and under-theorized in the world as well as in Nepal, that bound in understanding the impact of abortion stigma.²³ There are limited studies conducted among those who have experienced abortion and abortion stigma. Similarly, the information about stigma experienced by prochoice advocates, ASPs and researchers is also inadequate because of limited number of studies. There are very few civil society organizations (CSOs) addressing the issue of safe abortion in Nepal that limits the generation of evidence.

Beyond Beijing Committee (BBC) is a human rights feminist organization working to achieve substantive gender equality for sustainable development of Nepal and realizes sexual and reproductive health and rights for all women. Hence, this study has been conducted by BBC to provide substantiate extensive information representing national status of abortion stigma and its effects in access to SAS. This study will be crucial for developing appropriate strategies and program interventions, as well as recommending for policy change and improving service delivery in the community. It can be expected that the study conclusion will help to reduce abortion stigma and increase access to SAS.

1.2 Objectives

The overall objective of this study was to explore the nature and extent of abortion stigma prevailed in the community and understands the key informants’ and service users’ beliefs, roles and perception towards abortion in Nepal.

Specific Objectives

1. To gain a deeper understanding and explore attitudes towards abortion;
2. To explore the nature and extent of abortion stigma and its related beliefs and perceptions;
3. To assess the effects of abortion stigma to access to legalized abortion services.

1.3 Research Methodology

1.3.1 Study design

This baseline study used a qualitative methods approach to get in-depth information employing focused group discussion (FGD) and In-depth Interview (IDI).

1.3.2 Study area and its justification

This study was conducted in four districts: Jhapa, Gorkha, Parsa and Surkhet from four different provinces of Nepal, representing both urban and rural setting in three different ecological regions. The study areas were selected to capture a diversity of religious, geographical, socio-economic and socio-cultural contexts for different castes and ethnicities across the country as shown in Table 1.

The study districts were also selected considering a representative sample of districts across a range of 2014 human development index (HDI) scores at the provincial district level (Table 2). The study districts were also selected on the basis of the number and proportion of the abortion service user which is stated in the Table 3.

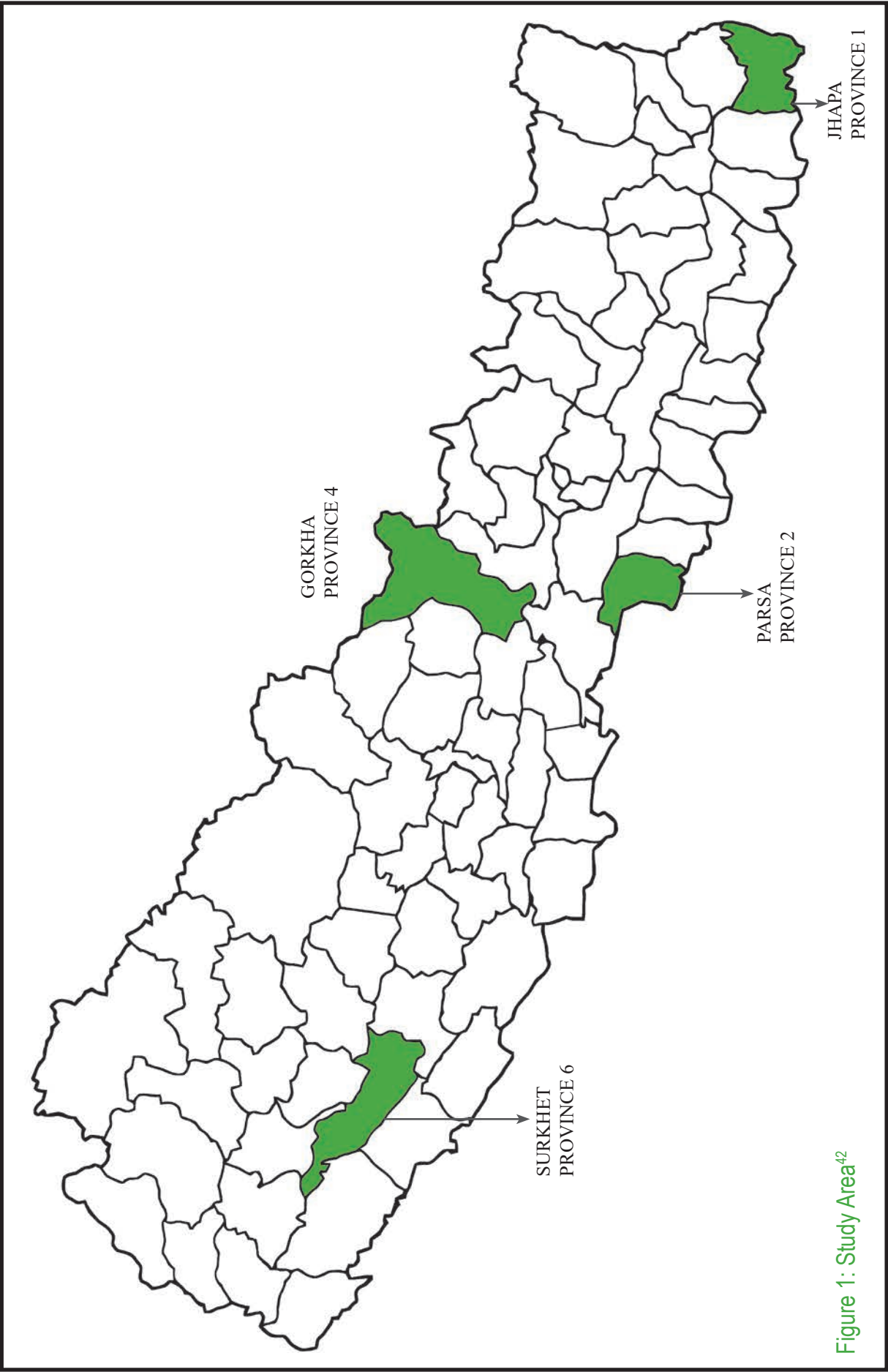


Figure 1: Study Area⁴²

Table 1: Selected study site, caste/ethnic groups⁴³

Province	Ecological Zone (Ethnic Group)		
	Mountain	Hill	Terai
Province 1	-	-	Jhapa (Indigenous/Khas Arya)
Province 2	-	-	Parsa (<i>Madhesi</i>)
Province 4	Gorkha (Indigenous)	-	-
Province 6	-	Surkhet (Indigenous/Khas Arya)	-

Table 2: Human Development Index (HDI) 2014 value of the sample districts⁴⁴

HDI Value	Districts
0.450-0.499	Parsa, Surkhet, Gorkha
5.00-0.459	Jhapa

Table 3: Number and proportion of safe abortion service(SAS) users by province and the study districts (2016/2017)¹⁷

National and Provincial level	SAS users' number and proportion	Proportion of service users in study district
National	96,417	-
Province 1	17,613 (18%)	Jhapa (30%)
Province 2	7,151 (7%)	Parsa (30%)
Province 4	13,079 (14%)	Gorkha (7%)
Province 6	3,544 (4%)	Surkhet (61%)

One rural and one urban area from each district were selected. Rural area was defined as rural municipality and urban area was defined either as municipality or sub-metropolitan city or setropolitan city. The selected rural and urban areas of the study districts are stated in Table 4.

Table 4: Study area⁴²

S.N	District, Province	Rural	Urban
1	Jhapa, Province 1	<i>Buddhashanti</i> Rural Municipality	<i>Damak</i> Municipality
2	Parsa, Province 2	<i>Kalika Mai</i> Rural Municipality	<i>Birgunj</i> Metropolitan City
3	Gorkha, Province 4	<i>Gandaki</i> Rural Municipality	<i>Gorkha</i> Municipality
4	Surkhet, Province 6	<i>Barahatal</i> Rural Municipality	<i>Birendranagar</i> Municipality

1.3.3 Study population

The study population included married and unmarried PAW for IDI to capture the lived experience of abortion stigma. The age of the PAW ranged from 17 to 41 years old. IDI was also conducted with the key informants from Family Welfare Division (FWD), Ministry of Women, Children and Senior Citizens (MoWCSC), Nepal Nursing Council (NNC), *Paropakar* Maternity and Women's Hospital (PMWH) and expert lawyer on SRHR, to gather information and their attitude toward abortion for evidence-based advocacy at the policy level. FGD was conducted among two male and two female groups in each district. One female and one male group discussion was conducted at each selected urban and rural area of the study districts. The participants of FGD comprised of heterogeneous groups which is mentioned in the Table 5.

Table 5: Study population

S.N	FGD	Rural	Urban
1	Male	Faith healers/priests, ward chairperson, husbands of PAW, social workers	Ward chairperson, lawyers, police, teachers, social workers
2	Female	FCHVs, social workers, teachers, PAW, Women Right activists, ward vice-chairpersons	ASPs
S.N	FGD	Rural	Urban
1	IDI	Married and Unmarried PAW	Informants from i) FWD ii) NNC; iii) MOWCSC; iv) PMWH; and v) Expert Lawyer on SRHR

1.3.4 Sampling technique and sampling size

Purposive sampling method was used to identify the key informants for FGD and IDI. Snowball sampling method and exit interview from private abortion health facility was applied to identify the PAW from the selected districts. The key informants were identified by the research assistants in coordination with Female Community Health Volunteers (FCHV), ASPs and BBC's network member organizations of the study districts.

Total 25 IDIs were conducted that include 20 PAW and 5 policy level key informants. Sixteen FGDs were conducted: four at each district comprising 5-11 key informants in each FGD. The details of samples size of FGD and IDI is shown in Table 6 and Table 7 respectively.

Table 6: Sample size of FGD

S.N.	FGD	Rural				Urban				Total	
	District	Male		Female		Male		Female			
		F. N	P. N	F. N	P. N	F. N	P. N	F. N	P. N	F. N	P. N
1	Jhapa	1	7	1	8	1	8	1	8	4	31
2	Parsa	1	9	1	9	1	10	1	5	4	33
3	Gorkha	1	8	1	8	1	7	1	7	4	30
4	Surkhet	1	11	1	9	1	9	1	6	4	35
	Totals	4	35	4	34	4	34	4	26	16	129

*F. N- Number of FGD, P.N- Number of participants

Table 7 Sample size of IDI

S.N.	IDI (Community)	Rural		Urban		Total
	District	Married	Unmarried	Married	Unmarried	
1	Jhapa	2		4	-	6
2	Parsa	3		1	1	5
3	Gorkha	2		2	-	4
4	Surkhet	2		2	1	5
	Total	9	0	9	2	20
	IDI (Policy level)					5
	Total					5

1.3.5 Data collection tools and techniques

After reviewing the literatures, standard tools for FGD and IDI were developed.^{28, 45, 46} The tools were first developed in English and then translated into Nepali by bilingual researchers to collect the data. Pre-testing of the tools was carried out in *Lalitpur* district.

Eight trained female research assistants - two for each district- who had experience in conducting abortion related studies were mobilized to collect the data. The data was collected during August 2018. They were trained extensively on the issue of abortion and abortion stigma, as well as on the data collection tools. BBC's network members in the field were actively involved to support the research assistants in coordinating with the local government and identifying key informants for the FGDs and IDIs.

1.3.6 Ethical consideration

Prior to the data collection, approval from Nepal Health Research Council (reference number 120) and from local government of the respective study areas were obtained. Written consent with the guardians of the PAW aged less than 18 years were also taken prior to the IDI. Written informed consent was taken from the participants and were explained about the guidelines prior to the FGD and IDI.

The discussions and interviews were recorded with the consent of the participants. The FGD and IDI were conducted in separate places which were near to the schools, health facilities, and local government offices to maintain privacy of the participants. Different FGD and IDI guidelines were prepared for different groups of participants.

1.3.7 Data management and analysis

The collected qualitative data were audio recorded, transcribed and translated into English language. Transcripts were then coded line by line and a summary of the data were entered to the framework. The framework was reviewed by all researchers to identify key themes and sub-themes and the relationships between the themes. Synthesis workshop with the research assistants was conducted to identify key words and themes. Feminist perspective has been adopted in order to analyse and discuss the findings of the study.

1.3.8 Limitation of the study

The study represents qualitative data, which helps in exploring and understanding the ideas, opinions and issues. Therefore, it cannot be generalized to the entire population. Since abortion is a sensitive and stigmatized issue in the context of Nepal, there was difficulty in finding sufficient number of unmarried PAW for IDI. Hence, very few unmarried PAW participated in the study.

Recall bias may have occurred during IDI with PAW. The study participants may not have disclosed their actual experience that they have lived with. It is limited to the related learned knowledge and behaviours of the service seekers and service providers regarding abortion and its stigmatization based on their experiences.

1.3.9 Supervision and monitoring

The research team visited the research sites during the data collection period to supervise and monitor research assistants. The research assistants were assigned with responsibility to provide all the information regarding the research on daily basis to the project coordinator.

Chapter 2

Country Profile: Socio-economic and Political Context

Nepal is a low-income country and has transitioned into federal democratic republic after the promulgation of 2015 constitution. The federal structure has three tiers of government: federal, provincial and local. Nepal comprises of 7 provinces and 753 local governments.⁴² The local bodies structural arrangement comprises of metropolitan cities, sub-metropolitan cities, municipalities and rural municipalities. The elected local representatives exercise executive and legislative powers which have been devolved to all levels as per the new constitution of Nepal.⁴⁷ This is a response to the inability of the central government to deliver the type of inclusive social contract and progress that Nepal's citizens desire.⁴⁸

The total population of Nepal is 31 million, consisting of 51.5% of women and 24.0% of youth population. The literacy rate has increased from 54.1% in 2001 to 65.9% in 2011. Male literacy rate is 75.1% whereas female literacy rate is 57.4%.⁴³ The HDI value of Nepal for 2015 is 0.55 putting the country in the medium human development category.⁴⁹ While observing Gender Inequality Index, it indicates that Nepal's value is 0.497, ranking in the 115th position out of 159 countries in the 2015 index. Of the total NPR 1.31 trillion national budget, 56.42 billion (4.29 %) has been allocated to the Ministry of Health and Population (MoHP). Similarly, NPR 113 billion (8.6%) and NPR 195 billion (14.8%) has been transferred to the province and local government respectively from the federal budget.⁵⁰

The health system of Nepal has also been transformed to adjust into the federal structure of the country. As per the Joint Annual Review 2017, organized by the Ministry of Health, it proposed that policy and planning will be developed at the federal level which will be adopted at the provincial and local levels, while monitoring and evaluation will be carried out at the local level. The financial and budgeting will follow the similar process⁵¹. In this new federal context, the health care system at the national level is managed by the MoHP. Family Welfare Division (FWD) (previously known as Family Health Division) is responsible to implement reproductive health and population related activities.⁵² At the provincial level, health system is managed under the Ministry of Social Development. Likewise, at the local level, health care system is managed by Department of Social Development under the local municipalities.⁵³ District (Public) Health Office (D(P)HO) is placed at each of 77 districts of Nepal. However, in the new government context, the anecdotal evidence suggests that the role of the D(P) HO is uncertain. Only recently, the adjustment of the human resource for health (HRH) has been made which means the HRH are deployed as per the new health system.⁵⁴ The Federal Government has started social health security program under which health services are covered through the insurance system. However, it is yet to be implemented all over the country. Until now, most of the expenditure on health is out of pocket expenditure.⁵⁵

The prolonged political transition in the country much disturbed the health care delivery system. The service delivery experienced weak logistic management, irregular supply of family planning commodities and safe abortion medicines and equipments. The anecdotal evidences have shown that there has been frequent transfer of the government employees at all levels of the government organizations resulting into the acute shortage of the trained health workers at the listed service delivery site. The deputed health personnel at the local level, such as paramedic staff at the service outlets, are primarily trained to offer health services, and therefore, they lack skills on management and procurement at large.⁵⁰ There has been a change in the education system as well; health subject at the school education is no more compulsory.

As mentioned above, SMRHR Act have been promulgated. Recently regulation of the act has been drafted by the FWD in coordination with CSOs, public health professionals, Obstetrics and gynaecology specialist and lawyers; which is in the process of finalization. The shifting of the government structure from unitary system to federal structure needs clarity on how the safe abortion service will be integrated into the local government structure. The present ambiguity of roles among state actors is posing challenge to sustain in implementing the policies at the grass root level.²¹

CHAPTER 3

Profiling Nepal: SRHR

Nepal is amongst one of the most progressive countries in addressing reproductive health and rights issues in South Asia and the Asian region.⁵⁶ The Government of Nepal (GoN) has enshrined reproductive right in the new constitution as a fundamental right of women. The Constitution promulgated in 2015 in its article 38(b) states that “every woman shall have the right to safe motherhood and reproductive health”.⁵⁷

Furthermore, the GoN has developed different laws, policies and strategies to address and enhance women’s and girl’s SRHR issues, including the formulation of National Reproductive Health Strategy 1998, Safe Motherhood Policy 1998, National Safe Abortion Policy 2003, National Safe Motherhood and Newborn Health Long Term Plan (2006-2017), Domestic violence (Offence and Punishment) Act in 2009, National HIV/AIDS Strategy (2011-2016) in 2011, National Family Planning Costed Implementation Plan 2015-2020, in 2015, National Strategy to End Child Marriage in 2016, Free Safe Abortion Service (SAS) from government health facility in 2015, bill passed to criminalize harmful practices of *Chhaupadi* in 2017, National Adolescent Health and Development Strategy 2019^{14, 15, 17}. Reproductive health has been recognized as women’s human right, along with the recognition of the rights of the different gender orientation and sexual minorities (LGBTI) in the constitution of Nepal.⁵⁸ Implementation of SMRHR Act 2018 largely ensures the right to safe abortion.¹⁶ Additionally, Nepal has been ratified to many international conventions and treaties and has expressed commitment to many other platforms that address the SRHR.^{35, 58, 14} Nepal is signatory to SDGs that aims to ensure universal access to SRHR through SDG 3.7 and SDG 5.6. Nepal has been scaling up and strengthening the expansion of adolescent friendly services all over the country. Nepal family planning program through Family Planning 2020 and its implementation plan is in execution.¹⁷ Nepal has been expanding SAS through additional training programs to the health workers and increasing the numbers of safe abortion sites.

Despite of these achievements, women in Nepal are still struggling to realize their reproductive health and rights. The median age of the marriage is 18 for girls, when the legal age at marriage is 20. Child marriage is rampant in Nepal. The national census 2011 revealed 17% of women have already started to bear children in-between 15-19 years.⁴³ Although the knowledge on the contraceptive methods is around 99%, the modern contraceptive prevalence rate (mCPR) has been stagnant over years: 44% in 2006, 43% in 2011 and 43% in 2016.^{46, 59, 60} More than half of the pregnancies were unintended.¹⁹ The total desired fertility rate is 1.7 children per woman, while the actual total fertility rate is 2.3 children per woman. Despite wider awareness initiatives, only 57% of pregnant women visit health facilities during deliveries. One-tenth of them give birth to baby without any assistance.

As per Nepal Demographic and Health Survey NDHS 2016, only two in five i.e., 41% women aged 15-49 were aware that abortion is legal in Nepal. It was 38% as per the NDHS 2011. It reflects a very meager output of the awareness campaign showing only 3% increment within 5 years despite a large investment in this effort. The NDHS 2016 showed that only 48% of women aged 15-49 reported knowing a place where a safe abortion service can be obtained.⁴⁶ The first study on incidence of abortion in Nepal suggested that an estimated 323,000 abortions were performed in Nepal in 2014.¹⁹ This number translates to a rate of 42 abortions per 1,000 women aged 15–49. More than half (58%) of the abortion were clandestine procedures provided by untrained or unapproved providers or induced by the pregnant woman herself.¹⁹ The maternal mortality ratio for the period 2009-2016 was 239 deaths per 100,000 live births. According to the community-based maternal, perinatal death and surveillance review (MPDSR) of verbal autopsy of 31 mothers, it was found that 13% of the maternal mortality in Nepal is still due to unsafe abortion.¹⁷ There are many challenges in Nepal in promoting SRHR among duty bearers and right holders. The lack of information and knowledge on SRHR, embarrassment and fear of stigma to exercise or even to talk about SRHR, financial constraints, rooted cultural and religious beliefs, gender inequality and inequity, shortage of human resources and commodities, behaviour of the service providers, lack of monitoring and regular surveillance are a few challenges that hinders women to realize their SRHR.^{14, 17, 19, 22, 43, 59-63}

Chapter 4

Abortion: Country Situation, Critical Issues and Attempts to Ensure the Right to Safe Abortion

Nepal legalized conditional abortion in 2002 AD. Prior to that, abortion was restricted by laws as a criminal act. Women and their family members were prosecuted and imprisoned if they exercised pregnancy terminations.⁶⁴ Up to one-fifth of incarcerated women were convicted for abortion-related crimes.²² In ancient times, the legal provisions relating to abortion were based on religion, customs and traditions. During the *Malla* era, abortion was permitted if the pregnancy was due to sexual relations between a high caste and a low caste person. No precise legal provision regarding abortion can be found before the *Shah* era of 1854 AD. It was only in 1963 AD, the written country code was introduced for the first time which included abortion under the Chapter “*Jatak mareko*” (killing of foetus). As per this provision, both the woman and the person performing abortion could be sentenced for one year of imprisonment or be released on the payment of a fine amount equivalent to the imprisonment duration.⁶⁴⁻⁶⁶

History of conditional abortion legalization and service provision in Nepal^{21,28}

2002	Abortion legalization
2003	Procedural Order and National Safe Abortion Policy
2004	National standards, protocol, guidelines, training materials and training centres; first SAS in Maternity Hospital
2007	Introduction of CAC by nurses
2008	Introduction of second trimester services
2009	National MA scale-up strategy
2011	National SAS implementation guideline
2015	Announcement of free SAS by GON
2016	Free SAS from the government health facilities
2018	Safe Motherhood and Reproductive Health Right Act

Despite of the restrictive law in the past, unsafe abortion was highly prevalent in Nepal. Around 20-60% of the obstetrics and gynaecology patients in major government hospitals were abortion complication cases in 2000 AD.⁶⁷ Unsafe abortion contributed to high maternal mortality. But since 1996, an effective and persistent advocacy and lobbying for the legal reform was initiated by many CSOs and women reproductive right activists who influenced the government policy makers to consider reforming the existing abortion law, which was also significantly supported by researches and public opinion polls.^{14,15} Nepal is one of the unique examples where persistent advocacy resulted in the legal reform of the abortion. The strength on which the advocacy messages are built were based on the premises that ‘...

existing high level of maternal mortality in the country is due to unsafe abortions' and '....maternal mortality levels can be reduced drastically, once women have access to legal and safe abortions.'⁶⁷ Nepal is one of the most progressive countries to advance the abortion laws.¹³

After the legalization of abortion, many improvements have been perceived. Free SAS were announced in 2015 and have been continuously provided since 2016 from the listed government health facilities. Moreover, Nepal has expanded comprehensive abortion care (CAC) services at all district hospitals and majority of primary health care centres (PHCC). Additional training on Medical Abortion (MA) and Manual Vacuum Aspirations (MVA) service are provided to doctors, nurses and Auxiliary Nurse-Midwives each year.¹⁷ SMRHR Act 2018 has been endorsed to ensure the women's rights to safe abortion.¹⁶

According to the Act, abortion is permissible with the consent of the pregnant women under different conditions, such as: i) up to 12 weeks of pregnancy, ii) 28 weeks of pregnancy in case of rape or incest, or in case of any physical and mental health risk to the mother, or if mother is suffering from chronic diseases such as HIV, or in case of foetus deformities. Abortion is punishable in case of forced and sex selective abortion.⁶⁸ However, the National Safe Abortion Policy 2003 states that in the case of incest and rape, abortion is acceptable upto 18 weeks of pregnancy, and if there is a mental and physical risk to mother and foetus deformities, abortion can be performed at any time of pregnancy.¹⁴ Hence, there is contradiction between the policy and newly enacted SMRHR act. Policy level discussion is going on to amend the policy in line with the law and for full compliance to the act.

Up to now, more than 1,005,000 women have received SAS from listed service sites since the service began in Nepal in 2003/04. However, the number of abortion occurred is considered to be less than one third of the total estimated abortion in 2014.¹⁷ The proportion of use of post abortion contraceptives increased from 69% in fiscal year (FY) 2015/16 to 71% in FY 2016/17.¹⁷ The abortion rate in Nepal is 42 per 1,000 women aged 15–49.¹⁹ More than half (58%) of the total induced abortions were clandestine provided by untrained or unapproved providers or induced by the pregnant women themselves.¹⁹ Abortion is the third leading direct cause of maternal mortality in Nepal as per Maternal and Morbidity survey 2008/09.⁶⁹

The new Criminal Code of 2017 still incorporates abortion as a crime with exception to the conditions as stated in the National Safe Abortion Policy 2003. It implies that abortion is not fully considered as women's fundamental rights, simply because the policy and law makers in Nepal are preoccupied by high patriarchy mind-set and stigmatizing attitude. Therefore, many women are convicted of abortion and infanticide, and kept under the bar.²¹ Similarly, the Nepal Health Sector Strategy 2015-2020 has not included safe abortion service as basic health service package although its preceding Nepal Health Sector Program-II 2010-2015 mentioned it as part of Essential Health Care Service Package. It has been reported the abortion services has been expanded. However, there is no availability of the enlisted service provider in most of the recorded SAS sites. Accordingly, denial of the abortion services has been evident due to lack of medical supplies and skilled providers at the primary level health centres.⁷¹ The regulation and directives according to the new SMRHR act is yet to be developed which has hindered the implementation of the legal provisions and effecting service provisions. Additionally, the existence of abortion stigma, the shifting of the government structure, and frequent transfer of health staff might pose challenges to ensure that the policies and guidelines developed as of now are fully implemented and complied by the provincial and local level authorities with the same spirit.²¹

In the situation where mCPR is low and unintended pregnancy is high, SAS are highly desirable. Despite the fact that the government has made statutory and policy arrangements to ensure the rights to safe abortion, women face many hurdles to obtain the SAS. Availability, affordability, accessibility and quality services to the people in need are major challenges associated with the SAS. It is important to note that the burden of the direct cost of abortion has been removed as SAS are provided free of cost at the listed government health facilities.¹⁵ But the indirect cost is still high to access SAS especially for rural and poor women who are economically dependent upon others. Those indirect costs are more expensive for those who are residing far from the health facilities. In Nepal, the government health facilities are placed at distance that the women have to spend more than 30 minutes to commute from their residence.^{10,46} In addition, lack of enough training of the service providers and shortage of medical supplies are also hindering the timely delivery of SAS.

Abortion stigma was found to be one of the major barriers for women to have access to SAS as revealed by different studies conducted in Nepal, including the study of BBC in 2015²⁸ and recently in 2018.³⁰ Due to the stigma, women do not utilize the abortion service nearby their residence or opt for unsafe abortion so they do not get singled out by the community. The attitude of the services providers also reduces the quality of the services, as well as affects on how they provide information on abortion to the people.⁵⁶ Due to abortion stigma, privacy and confidentiality have been one of the important factors for women that determine the quality of SAS for them.⁷² The lack of correct and complete information is imperative that hinders to have access to safe abortion for the needy women.

Chapter 5

Abortion: Gaps in Understanding the Issues and Addressing the Issues

Abortion is an important issue throughout the world. However, very limited studies have been conducted regarding this matter. Based on our experience, unsafe abortion, abortion stigma and post abortion contraception and syndrome are some of the subjects in which limited studies have been done in Nepal. Abortion itself is a debatable issue and a concealable topic with ethical concern.⁷² It is very difficult for researchers to locate the participants for the study who have undergone an unsafe abortion. The most difficult task is to find out the unmarried PAW, while researchers may experience difficulty securing funding for studies on abortion or may encounter pressure to study “less controversial” topics.²³ The global gag rule has inflated the situation more critically.⁷³ Although the GoN has been expanding its services all over the country, monitoring mechanism and ongoing surveillance are the lacking parts to stop unsafe abortion. In Nepal, it was only in 2015 a study was carried out to estimate the incidence of unsafe abortion.¹⁹ Recently in 2017, Nepal conducted MPDSR which is the continuity of identification, notification, quantification and determination of causes and circumventof all maternal and perinatal death.¹⁷

There are limited studies on those women who have experienced abortion and abortion stigma, including the stigma experienced by prochoice advocates, ASPs and researchers.^{23, 74} In Nepal, there are very few CSOs addressing the issue of safe abortion that confine the generation of evidence. As per our knowledge, only BBC has conducted study on abortion stigma in 2015 so far which suggested that abortion stigma highly prevailed in the community. The result indicated that women tends to have unsafe abortion or continue with unwanted pregnancy to keep it secret and confidential within themselves, and sometimes they felt psychological stress and guilt even if they attended safe abortion service labelling themselves as they committed an immoral act as sin.²⁸

More researches on unsafe abortion, abortion stigma and post abortion contraception and syndrome are required that will generate reliable information and validate evidences, which in turn will support informed decision making and interventions in a scientific method at various levels: Policy, Service, Community and Individual. This will mitigate those issues regarding abortion and ultimately help to increase the access to safe abortion, ensure the right to safe abortion, and enable women to exercise SRHR.

Chapter 6

Findings

6.1 Socio Demographic Characteristics

Altogether, 25 IDIs were conducted out of which 20 were done with PAW and 5 with representatives from policy level (Table 8). All the participants from policy level were above 40 years of age attaining Bachelors level or above. Out of them, three belonged to *Khas Arya* and two belonged to Indigenous by ethnicity.

The IDI of PAW comprised of 20 participants. Among them four were below 20 years of age, one was above 40 years and the rest belonged to 20-40 years of age group. Only two of them were unmarried. More than half of were from *Khas Arya* (11), and one-fourth were indigenous group. Except one, all participants were Hindu by religion. One-fourth of them were illiterate having no exposure to any formal education, one-fifth had basic education. Three of them attained secondary level education and only four possessed SLC. Likewise, one-fourth participants had run their own small-scale business, one-fifth were involved in farming/agriculture, one-third were house makers, only two were in service and another two as students.

FGDs were conducted separately among 8 male groups and 8 female groups. A total of 129 participants were involved in FGDs (Table 8). Among them 60 were female and 69 were male participants. The male participants comprised of 9 farmers, 9 politicians, 11 social workers or community volunteers, 10 priests or faith healers, 5 self-employed small entrepreneurs, 12 police/lawyers/journalists and 4 government employees. Majority of them were above the age of 40 and were married. Only 5 belonged to Dalit while 15 were *Madhesi*, 19 indigenous group and 30 *Khas Arya* by ethnicity. Likewise, 61 were Hindu, 7 were Buddhist and one was Christian by religion. Most of the participants (26) had completed bachelors' level or above while 14 had completed SLC and 9 were illiterate or did not have any formal education. The female participants comprised of 25 ASPs, 14 community volunteers or social workers, 5 teachers, 5 farmers, 2 house makers, 2 government employees, 3 politicians and 4 self-employed entrepreneurs. Most of the women participants belonged to 40 years and above age group. Only 4 of them were unmarried. Majority of the participants were *Khas Arya*, 18 belonged to indigenous group and 14 were *Madhesi* while 3 were Dalits. Except one *Kirat* all of them were Hindu by religion. Six participants were illiterate or had no formal education, but 11 participants had completed bachelor level or above.

Table 8: Socio-Demographic Characteristics of Focus Groups and In-Depth Interviews Participants

Variables	IDI-Policy (n=5)	IDI-PAW (n=20)	FGD (n=129)	
			Female (n=60)	Male (n=69)
Age				
<20	-	4	-	-
20-24	-	3	1	1
25-29	-	6	7	8
30-34	-	1	12	6
35-39	-	5	17	7
40 and above	5	1	23	47
Current marital status				
Married	5	18	56	66
Unmarried	-	2	4	3
Caste/Ethnic group				
Khas Arya	3	11	25	30
Indigenous	2	5	18	19
Madhesi	-	3	14	15
Dalit	-	1	3	5
Completed level of education				
No education/Non-formal education	-	5	6	9
Primary (Grade 1-5)	-	4	4	4
Secondary (Grade 6-9)	-	3	8	10
Grade 10	-	4	10	14
Grade 11-12	-	3	21	5
Bachelor or above	5	1	11	26
Religion				
Hindu	5	19	59	61
Buddhist	-	1	-	7
Christian	-	-	-	1
Kirat	-	-	1	-
Occupation				
Doctors/Nurse	3	-	-	-
Farming/Agriculture	-	4	5	9
Politician	-	-	3	9
Housemaker	-	7	2	-
Social workers/ community volunteers	-	-	14	11
ASPs	-	-	25	-
Self-employed (small business)	-	5	4	5
Teacher	-	-	5	9
Student	-	2	-	-
Service	1	2	2	4
Faith Healers/Priests	-	-	-	10
Police/Lawyers/Journalists	1	-	-	12

6.2. Deeper Understanding and Explore Attitudes/Perception towards Abortion

This section focuses on the understanding of the participants regarding abortion issue and explores how their better understanding on the issue triggers their attitude towards it.

6.2.1 Perception on abortion

In order to comprehend the participants' level of understanding on abortion, they were asked questions on how they perceive abortion and what does abortion mean to them. Almost all of the FGD participants, especially from rural areas, including IDI participant believed that abortion is the killing of baby or child, throwing away a baby or curetting a baby. There are many connotations given to abortion in the community in the local terms that tends to provide literal negative understanding of the words such as *Baccha giraune* (dropping a baby), *Bachha fyalne* (throwing a baby), *Pet fyaleko* (throwing a foetus or small child), *Patho fyaleko* (throwing a foetus or small child), *Khalasi garne* (cleaning the womb), *Safaiya garaune* (Cleaning the womb) and *Baccha kheragayo* (loss of the baby). The connotation and the literal meaning with negative sense given to the abortion is one of the causes that have attributed in generating negative attitude towards abortion.

Some of the quotes of the key respondents are:

"Abortion means bacha lai patan garaune (aborting or killing a child)... It means to terminate the baby after it comes to your stomach."

-IDI-PAW, 20, Rural, Married, Hindu, Khas Arya, Jhapa, Terai

"It is the killing of a child from the womb, in indirect language, it is a murder. It is a child murder. It is related to incest or unwanted pregnancy from the unmarried women."

FGD-Male, Rural, Hindu, Madhesi, Parsa, Terai

"Abortion means to throw the baby. It is called 'curate' in the local language."

-FGD-Female, Rural, Hindu, Dalit, Surkhet, Hill

It was believed that people's understanding on abortion depends on their level of education.

"Well, usually people do not use the term 'abortion'; they call it throwing the baby. Well-educated and literate people use the term 'abortion'."

-IDI-PAW, 35, Urban, Married, Hindu, Khas Arya, Jhapa, Terai

There were also few beliefs that meaning of abortion to community people is based on the sex selective procedure.

"Abortion means keeping the baby if it is son and not keeping if it is a daughter."

-FGD-Female, Rural, Hindu, Indigenous, Gorkha, Mountain

Likewise, abortion is also understood as a procedure done before certain gestational period.

"Abortion means aborting the child before 9 months. It either happens by itself or is done by others. Prematurely aborting of a child is called abortion."

-FGD-Male, Rural, Hindu, Madhesi, Parsa, Terai

“Abortion is done from 3 months to 6 months.”

-IDI-PAW, 29, Rural, Married, Hindu, Madhesi, Parsa, Terai

6.2.2 Knowledge on Safe Abortion Service (SAS)

The knowledge on SAS is categorized as knowledge on legalization of abortion, SAS and its site.

i) Legalization of abortion

Most of key informants were aware that abortion has been legalized in Nepal. However, not many could clearly state the circumstances in which abortion is legal. Some participants who believed abortion as an illegal act shared that both the service providers and service seekers are subject to punishment. Other PAW, who had undergone abortion: safe and unsafe, were also unaware of abortion law and circumstances in which abortion is legal. There were a few participants who believed that abortion is legal if the mother and the foetus are at health risk. Additionally, most of the informants from FGD also stated that there is a lack of information and awareness on the legal status of abortion in their community. It was also noticed that the male participants of FGD and IDI were better informed than the PAW.

“I did not go there (SAS site) because I didnot know about the safe abortion site. Those who used to go to health institution might know, but I don't know. I do not care about these things.”

-IDI-PAW, 17, Rural, Married, Hindu, Madhesi, Parsa, Terai

“Nepal has legalized abortion up to 9 weeks, 12 weeks and 18 weeks, because people in need would do abortion by any means and this created a lot of unsafe abortions which adds up to the rise in MMR. So, the GON has legalized abortion from 2002 AD and trained the health workers to conduct SAS in rural and urban areas up to 9 weeks.”

-FGD-Male, Urban, Hindu, Khas Arya, Parsa, Terai

“One woman who couldnot speak got raped and had a baby. If she knew about the law, she could have done abortion. Now she is in great trouble in taking care of herself and the child. No one informed her about the law and process; neither the government lawyer, court nor the police; and she didn't take the risk.”

-FGD-Male, Rural, Hindu, Dalit, Gorkha, Mountain

Few participants were also aware of the legal punishment if someone has sex selective abortion, lack of consent of the women and forced abortion.

“There are people who have sex-selective abortion; it is against the law... A woman can have an abortion up to 8 weeks(under 9 weeks) of pregnancy in the health post. In case of incest, rape or any other conditions that threaten the life of the woman or if the child is going to be disabled, then she can have an abortion.”

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

“One-year jail and NPR. 10,000 penaltyfor up to 12 weeks of pregnancy, three-years jail and NPR. 30000 penalty for 12-25 weeks of pregnancy and five-years jail and penalty of NPR. 50,000 for abortion exceeding more than 25 weeks..... Those involved in abortion by any means and force women to do abortion, he/she will also be punished by law. They have to go to jail.”

-FGD-Male, Urban, Hindu, Indigenous, Parsa, Terai

“If they do abortion without informing her, they will be punished.”

-FGD-Female, Rural, Hindu, Madhesi, Jhapa, Terai

Whereas, few had understanding that abortion is legalized only if done with the mutual understanding between the couple.

“According to the law, abortion is legal in two conditions, one if the mother is able to give birth to that child or not and another is with the mutual understanding of the couple.”

-FGD-Male, Urban, Hindu, Khas Arya, Jhapa, Terai

While assessing the attitude and perception, it was found that almost all of the participants had a positive attitude towards the legalization of the abortion. Most of the informant especially the female respondents including ASPs shared that it was a good initiative taken by the government to provide such facilities that has helped in reducing mortality and morbidity of the women resulted from unsafe abortion.

“If a woman has to deliver the baby after being raped, it will be very difficult and painful for her. So, the government has legalized abortion and they can abort that child.”

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

“It’s a good thing that abortion has been legalized in Nepal. Many women are in pain when they unintentionally become pregnant. If the pregnancy is unwanted and unintentional, then it might harm a woman's health, she might become ill, and she has to go through a lot of pain.”

-IDI-PAW, 16, Urban, Unmarried, Hindu, Khas Arya, Surkhet, Hill

“It is very good because in the past, unsafe abortion was in practice. Sudeni(traditional birth attendants) in the village used jhar pat (plants)and inserted jadibuti (medicinal plants and herbs) in the vagina which results in severe bleeding after which only people came to the hospital. When we do pelvic examination, we used to find a lot of sticks in the vagina and it caused severe pain, but this used to be in the past. Now, after the legalization of abortion and free service, they feel free to come and consult with us and take counseling service, abortion service and contraceptive devices.”

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Parsa, Terai

ii) Safe Abortion Services (SAS) and site

It was found that there was a blend of mixed understanding with regard to the SAS. Some participants shared that SAS are provided at the health facility, whereas others believed that abortion is safe if it is done by the health personnel or is done according to the legal circumstances specified by the government. Some of them also shared that safe abortion is complete package of abortion services which includes contraceptive measures. There were also few informants, who perceived that safe abortion is performed without risking the health of a woman. Few PAW expressed that abortion is safe when confidentiality and privacy is maintained. Few participants of FGD were aware that SAS are available at the certified sites which may run by government, non-government or private sector.

“Doing abortion without risking the life of the mother.”

-FGD, Male, Urban, Hindu, Indigenous, Gorkha, Mountain

“Safe abortion means to seek service from government certified health institution”

-IDI-PAW, 28, Rural, Married, Hindu, Khas Arya, Jhapa, Terai

“Consumption of medicine for safe abortion and providing three months injection.”

-IDI-PAW, 36, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

“...Narayani Sub-Regional Hospital, Pokhariya Hospital. These have the service of MVA. Whereas MA is done by physicians at other places such as Bagai PHCC in Birgunj Metropolitan City, Baghbanna, Bageshwori PHCC, Bishrampur, Pakamain, Birenbibarma, Murli, SakhuwaParsauri, Nichuda, SekhuwaBelawa, Birenbibaruwa, Muri, Pokhariya, Bathaha, Nakhutadi, Sedawa.”

-FGD-Male, Urban, Hindu, Madhesi, Parsa, Terai

However, there were also few PAW respondents of IDI who shared that they were unaware about safe abortion service while few believed abortion is only safe when done with the mutual consent of guardian or the partner.

“May be safe abortion is when abortion is done secretly.”

-IDI-PAW, 24, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

“Termination of the baby by taking suggestion of the guardian will be safe abortion.”

-IDI-PAW, 35, Urban, Married, Buddhist, Indigenous, Parsa, Terai

The participants also shared that there is lack of awareness regarding the SAS and SAS site in the community which is one of the causes of unsafe abortion.

“Yes, awareness and information regarding safe abortion service is lacking in the community which results to unsafe abortion.”

-FGD-Female, Rural, Buddhist, Indigenous, Surkhet, Hill

iii) Reason for abortion

The participants shared that the major reasons for an abortion in the community are the unintentional or unwanted pregnancy which may have occurred due to enough number of children, health issues, poverty, rape or incest, premarital pregnancy, pregnancy from extra marital affairs and preference of son or daughter. Most of the female participants shared that lack of knowledge on using contraceptives denial or opposition of the partner to use contraceptives, lack of access to contraceptives or contraceptive failure may result to unwanted pregnancy leading to abortion.

“It can be caused by two, three reasons like unintentional pregnancy, rape cases. In some cases, son preference is also a cause of abortion. But we should give priority to prevention rather than doing abortion apart from these kinds of cases.”

-FGD-Male, Urban, Hindu, Khas Arya, Jhapa, Terai

“Some men don't allow women to use family planning device. The law was formulated to legalize and make it easier.”

-IDI-PAW, 24, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

"Because I was not in the right age to give birth and I was not married back then."

-IDI-PAW, 35, Urban, Married, Buddhist, Indigenous, Parsa, Terai

"I got injected with 3-month injection (Depo-Provera). I got injected after the birth of my younger son, but it didn't work and my menstruation stopped. I went to Gajuri (health facility) and had my urine tested after which the person there told me I was pregnant. The second case was also similar to the first one, it was unintentional pregnancy."

-IDI-PAW, 24, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

6.2.3 Abortion as a personal and private affair

Most of the participants, especially male FGD participants stated that abortion is a personal and private affair which does not need to be shared among the community people. The participants shared that abortion is an issue related to sex which is the reason it is not disclosed in the community.

"It is a personal thing. Even if my wife has an abortion, I would not tell everyone about the abortion. It is my family matter. I don't have to share it with others"

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

"...Because it is a personal thing. They only tell us if any sort of complication arise."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

"Abortion is linked with sexual relations. Pregnancy is related to sexual relation but can abortion be related to sexual relation too? If the right to abortion is given, then they can keep any kind of sexual relation and later have an abortion' such things are said."

-IDI-Policy, Female, Married, Hindu, Indigenous

While most of the PAW and female key participants shared that abortion of an individual is kept secret and is not shared because of the fear of stigmatization in the society. There is a common perception that community will disparage the women who have had abortion and thus women keep it secret and not shared with others openly in the community.

"Due to fear of stigma in family and society, women keep abortion undisclosed and as a secret."

-FGD-Female, Rural, Hindu, Indigenous, Surkhet, Hill

"People say bad things; think negatively about them, so women prefer to keep it a secret."

-IDI-PAW, 20, Rural, Married, Hindu, Khas Arya, Jhapa, Terai

"...To be prevented from the stigmas. Society will raise a question in their character if the secret is disclosed."

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

6.2.4 More than one abortion

Different points of views and opinions towards abortion were also expressed depending on the number of abortions the women had exercised. Most of the participants had negative attitude and were not supportive about the repetitive abortion. The apprehension shown by the participants including the ASPs was that more than one abortion is the misuse of the services provided and is an act of irresponsible

sexual behaviour. More than one abortion means degrading health of the women as stated by most of the informants including ASPs.

"Not more than two times because it will hamper the uterus, there will be a chance of not being able to conceive again. It can also make menstruation irregular."

-FGD-Male, Rural, Hindu, Madhesi, Parsa, Terai

"We have to take care of ourselves and should consume good food. We do the operation, and then husband does the same without protection. We will die, we should adopt the permanent method of family planning. We shouldn't do repeated abortions. Repeated abortion is not a good thing."

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

"If abortion has been done many times, then a person automatically becomes weak...If a person does an abortion one or two times a year, then they will reach to critical stage."

-IDI-PAW, 20, Rural, Married, Hindu, Khas Arya, Jhapa, Terai

"It can affect those women who do recurrent abortion."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Surkhet, Hill

However, few participants also said that women can have as many abortions as they want or need.

"They can do as many abortions as they like, it is their right."

-FGD-Male, Urban, Hindu, Madhesi, Parsa, Terai

"Those women who have done abortion many times, they are viewed in a different way. This girl has done abortion many times so they raise a question on her character. When abortion is done many times, say a married woman does it for 1-2 times, then she is not regarded in a good way."

-IDI-Policy, Female, Married, Hindu, Khas Arya

In addition to this, it was found that abortion is not suggested for the first pregnancy.

"They said that, as it is our first baby, don't waste this. Anything can happen tomorrow."

-FGD-Female, Rural, Hindu, Indigenous, Gorkha, Mountain

6.2.5 Sex selective abortion

Sex selective abortion was an issue that was emerged in our findings in almost all districts. There were mixed views of perception and attitude toward the sex selective abortion in the community. Though sex selective abortion is viewed as wrong deed by the participants in the FGD and IDI, there were few PAWin IDI who were compelled to have sex selective abortion due to the son preference by the partner and family. The data showed that sex selective abortion is prevalent in the community. Some also believed that abortion is stigmatized because of the highly prevalent sex selective abortion. There were understandings in the community that women get stigmatized for having an abortion thinking she had sex selective abortion. Some shared that women are not stigmatized by her family if she had a sex selective abortion.

"In case of sex selective abortion practiced based on the family's decision, society takes it positively; but in other cases, it is negatively taken."

-FGD-Male, Urban, Hindu, Indigenous, Gorkha, Mountain

"In our village, there was a woman who already had grown-up children. She got pregnant again. When they checked the sex of the child and found it was a daughter, she aborted her pregnancy. Later again when she got pregnant and checked the sex of the child and found it was a son, she gave birth to him. The family supported her."

-FGD-Female, Rural, Hindu, Dalit, Jhapa, Terai

"In our society, women are viewed as a machine to give birth... They do abortion secretly, not in their own area or district but go out-side the district. It can be perceived that because of abortion, there will be fewer women in the community in comparison to male in future."

-FGD-Male, Urban, Hindu, Indigenous, Surkhet, Hill

6.2.6 Abortion as a right of women

Most of the participants opined and nodded that abortion is a right of all the women. Some of the male and female participants of FGD from urban area were also aware about the constitutional right to sexual and reproductive health ensured by the national laws as well as international instruments. Some female participants were also aware that abortion is one of the major components of the women's health which guarantees the right of women. There is a common understanding especially among the female ASP that it is the right of the women to decide whether or not to continue the pregnancy rather than the decision of the society.

"Talking about sexual and reproductive health it should be the rights of women. To do abortion or to use the contraceptive device, it should be according to women's will... Let's talk about the constitution, SRHR is mentioned there as the right of the women... In fundamental right, 'right of health' is addressed as right of the citizens."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Surkhet, Hill

"Reproductive health is a women's right. She has the right to choose whether she wants to give birth or not."

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

"If it was not a right, it would not have been incorporated in the law. Women should have this right, that is why it is there."

FGD-Female, Rural, Hindu, Indigenous, Gorkha, Mountain

"Yes, it is women's rights. Well, women have to make the decision because it's her who has to go through pregnancy; she will have to bear all the difficulties. I was just 19 years, so I did abortion."

-IDI-PAW, 19, Urban, Unmarried, Hindu, Indigenous, Parsa, Terai

Despite the acceptance of abortion as a right of women, there is a contradicting opinion when it comes to women's decision of having an abortion. There is a common understanding among female groups, male groups, PAW and even among ASPs that the decision of abortion should be taken mutually with husband and the family rather than the woman sole decision on her own body. Some of the male as well

as female participants believed that abortion without the consent of the husband is the misuse of the right provided to them. Due to the entrenched patriarchy, the exercise of these rights is still far beyond practice in the community, and only remains in rhetoric.

"Yes, it's her choice but there should be mutual understanding between husband and wife. Women should not be stubborn."

- IDI-PAW, 35, Urban, Married, Hindu, Khas Arya, Jhapa, Terai

"If we see theoretically, yes it comes under the right of the women. But in practice, they say women's body is husband's choice. There are rights but they are not in implementation. It is difficult here for women to say that they will enjoy their rights."

-FGD-Male, Urban, Hindu, Madhesi, Parsa, Terai

"Yes, this is a right of a female. It is definitely the right but the right of the male should not be overlooked, conflict should not be encouraged in the home due to this right."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Surkhet, Hill

6.2.7 Abortion and marital status of the women

Despite viewing abortion as a right of the women, there is mixed opinions regarding the right of the safe abortion in the case of unmarried women. Abortion exercised by unmarried women is not acceptable to the community and is perceived negatively. As pregnancy among the unmarried women is an issue related with premarital sex, the stigma towards abortion is exacerbated more in the community. Most of the participants opined that abortion should be exercised only by the married ones and others viewed that abortion service is being misutilized by the unmarried ones.

"Unmarried women should not be given privilege to abortion."

-IDI-PAW, 29, Rural, Married, Hindu, Indigenous, Gorkha, Mountain

"It is her right but unmarried women are misusing the rights."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

"This is good for the rights of the women. This is not good for adolescents. It is good for rape or incest."

-FGD-Female, Rural, Hindu, Indigenous, Surkhet, Hill

"Unmarried women practice abortion confidentially. If they do openly, it becomes a big issue. If parents are involved, they will say something bad and she has to go through different physical and mental torture."

-FGD-Male, Rural, Hindu, Khas Arya, Parsa, Terai

In contradictory to above finding, a few participants showed their support to abortion if the pregnancy is caused by rape or incest to unmarried.

"If a girl gets pregnant and she is unmarried, it is easier for them. Adolescents will be safe; they don't need to commit suicide, and no need to take poison."

-FGD-Female, Rural, Hindu, Indigenous, Gorkha, Mountain

"What I think is that people have always perceived sex as a taboo. It should be regarded similar to eating when I am hungry. Likewise, if I am interested and want to have sex, then I will. It is also regarded as matter of right of women, either I do it secretly or openly, abortion shouldn't be taken negatively."

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

Few participants also shared that in most of the cases, husbands or partners are against the decision of abortion. Few participants also shared that even though decision of abortion is made collaboratively, the male partners are hesitant to accompany female to visit the service sites.

"The husbands do not support and come along with their wives. They tell them to go and do it alone. In case of unmarried woman, her sexual partner does not come at any cost."

- FGD-ASP, Female, Urban, Hindu, Indigenous, Jhapa, Terai

6.2.8 Abortion and extramarital pregnancy

Abortion is totally regarded as immoral act in the community if the pregnancy is conceived from an extramarital affair (which is also referred to as illegal pregnancy). The participants also shared that if abortion is performed without the consent of the husband or family member, there is an assumption or speculation by the husband or family that she had an illegal pregnancy. All the participants from IDI as well as FGD shared that there is a perception in the community that abortion is only carried if the pregnancy is from illegal relationship.

"In case of the illegal pregnancy, society perceives abortion negatively."

-FGD-Male, Rural, Hindu, Madhesi, Parsa, Terai

"Family members usually do not suggest having an abortion. They want children and grandchildren. They have a concept that couple should have a child within 1-2 years of marriage. If she is doing everything legally, they will support her; otherwise they take it negatively."

-FGD-Male, Urban, Hindu, Khas Arya, Gorkha, Mountain

"Pregnancy that happens from illegitimate relation is the reason for abortion."

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

6.2.9 Free safe abortion services

Most of the participants were aware of the free SAS provided by the government health facilities. There were some positive as well as negative perceptions toward the free SAS provided by the government health institutions. Most of the participants, especially the female, were supportive and had positive attitude toward this initiation. The participants also shared that this would increase the access to SAS to all including unmarried and adolescent girls who cannot afford to pay. In addition to this, few PAW also shared that due to the free service, they are not obliged to share with their partner as they do not have to be economically depended on their partner.

"People don't know that government provides service for free."

- IDI-PAW, 35, Urban, Married, Buddhist, Indigenous, Parsa, Terai

“Free service means ‘sun mathi sugandha’ (better than what already exists)”

-FGD-Male, Urban, Hindu, Khas Arya, Gorkha, Mountain

“We don’t need to tell our husbands as well because it is free of cost.”

-IDI-PAW, 14, Rural, Married, Hindu, Madhesi, Parsa, Terai

“The government has been providing such free services regarding social security and social issues. For example, to make the justice available to the women who are the victims of the violence, free legal aid is operated. Such services need to be free of cost due to which services would be easily accessed by people.”

-IDI-Policy, Female, Married, Hindu, Khas Arya, Kathmandu

“The law made by the government of Nepal regarding ‘Safe Abortion’ is good as one woman from the marginalized community had taken the service. Similarly, other women come to take free safe abortion service as it is free of cost, so it has been easier. Many women become safe and due to safe abortion, many complications has reduced. So the service provided by the government is appreciating.”

-FGD-ASP, Female, Urban, Hindu, Indigenous, Surkhet, Hill

Few participants of FGD and the participants at the policy level in IDI also stated that rather than using blanket approach and providing free SAS to all, free abortion services along with the provision of the transportation and other indirect cost must be provided to targeted poor and marginalized population, especially to those who are in real need. They shared that due to geographical constraint, free safe abortion is not the only solution to increase access to SAS. Additionally, there were also few participants who believed that free abortion will promote the multiple abortions and will reduce the use of contraceptive methods. Few also shared there is the perception in the community that the free services by the government does not provide the quality service due to which people tend to opt for private facility.

“...There are many free of cost services concerning women’s reproductive health. Due to that, there is increment in service user in the hospitals.....They use abortion as a method of family planning because it can be done when conception occurs, they keep on having abortion but they don’t know about the complications that can be developed due to multiple abortion. It is the disadvantage.”

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Surkhet, Hill

“People do not adopt family planning methods, and they are not oriented towards it. They repeatedly seek for the abortion services. For how many times one can avail from the free government abortion services? If free abortion is provided as many times as wanted, then firstly, it is the loss of the government's money and secondly, there will be negative consequences in the women's health. The women face same degree of weakness during abortion as at the time of delivering the baby. Because of that, it is like encouraging abortion.”

-IDI-Policy, Female, Married, Hindu, Indigenous

“If the government manages the fare of transportation and food to the PAW, it will be very beneficial.”

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

"The consumers use the service and others provide it freely. You said the quality of the health service needs to be good even if it is provided freely. For that, skilled human resource is required."

IDI-Policy, Female, Married, Hindu, Khas Arya

"The allocation of unit cost is not enough. Only abortion procedure was considered while allocating the unit cost. However, there are other expenses such as cost of electricity, service, building...Similarly, transportation and food cost for PAW is important. Many women cannot access safe abortion service due to these implicit costs and their timing to reach the service site. Therefore, many women are still practicing unsafe abortion"

- IDI-Policy, Male, Married, Hindu, Indigenous

6.2.10 Abortion is wrong: irrespective of situation

Despite the acceptance of abortion in different context by few in the community which was explained above, abortion is considered wrong. There is a common understanding among the PAW as well as other key informants that despite abortion being right option in certain condition, yet they believed that abortion is not the best choice, and it is better not to have an abortion at all.

"Abortion should not be done as far as possible. It might not show any signs of effect in early life but as age progresses, its negative effects in the health can be seen."

-FGD-Female, Rural, Hindu, Khas Arya, Gorkha, Mountain

"I think it's better not to have an abortion. If you are in good and sound health, it is better to give birth to the baby."

-IDI-PAW, 25, Urban, Married, Hindu, Khas Arya, Surkhet, Hill

"The first thing our society thinks is that abortion should not be done. If it is done then a child cannot be conceived again. If it is the first time getting pregnant, then it must not be done."

-FGD-ASP, Female, Urban, Hindu, Indigenous, Surkhet, Hill

In our society if they had an unintended pregnancy, a family member at any cost does not suggest them to have an abortion.

"Strict society does not allow abortion."

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

"Service provider told me not to make the same mistake again"

-IDI-PAW, 35, Urban, Married, Buddhist, Indigenous, Parsa, Terai

The participants, especially male participants of FGD also shared that the negative attitude towards abortion and PAW are more distinctively seen among female members of the community rather than in male.

"Women talk negatively about these issues."

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

"Female are taking and talking abortion and abortion related issues more negatively than male."

-FGD-Male, Rural, Buddhist, Indigenous, Jhapa, Terai

While it was also identified by few that the attitude towards abortion and PAW were associated with ethnicity as well.

"...Like you said, if it is related with caste, then it is seen negatively due to religious and cultural beliefs. If any daughter of Khas Arya gets married with Magar and Dalit community then our society cannot accept that. This is related with caste system. If Brahmin marries with Brahmin then they will be acceptable in the kitchens, if Vaishya marries Vaishya the cooked food from the bride is acceptable as they are of same caste and culture... While there is a serious problem of discrimination and untouchability, how can we think that sexual relationship, pregnancy and abortion can be easily accepted by the community."

-FGD-Male, Rural, Hindu, Khas Arya, Surkhet, Hill

6.2.11 Changing attitude towards abortion

Few of the key informant in the FGD and IDI also shared that attitude of people towards abortion is changing. They believe that abortion was viewed totally wrong in the past. But the belief and perception towards abortion is gradually transforming to be normal.

"...But the situation is different in the present context. They do abortion safely or they get married to that boy if they don't have an abortion."

-FGD-Male, Urban, Hindu, Khas Arya, Gorkha, Mountain

"...May be due to the change in society, government has changed the rules as well."

-FGD-Male, Urban, Hindu, Madhesi, Parsa, Terai

"Because people say that pregnancy is god's gift so, we should keep it. But now, people say that it is a matter of their choice, there has been a change in the society."

IDI-PAW, 35, Urban, Married, Buddhist, Indigenous, Parsa, Terai

However, some also shared that it is negatively taken till now.

"Till to date, it is taken negatively."

-FGD-Male, Rural, Hindu, Khas Arya, Gorkha, Mountain

There is also a comprehensive understanding that contraceptive measures should be used rather than abortion. However, abortion should not be denied if unintended pregnancy occurs.

"It is better to prevent the abortion by having safe sexual relationship. In case of the unmarried, they should use family planning devices and if unintentional pregnancy occurs, then we should help and support them to have safe abortion and not perceive them negatively. It is better to use family planning methods rather than having an abortion. The world is advancing now we should take these things with ease."

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

6.3 Nature and Extent of Abortion Stigma

The nature of the abortion stigma is categorized as negative stereotyping, exclusion and discrimination and fear of contagion which is extracted from the Stigmatizing Attitude, Beliefs and Action Scale (SABAS) developed by Ipas to measure abortion stigma.⁴⁶

6.3.1 Negative stereotyping

i) Abortion as a sin

Almost all of the participants of the FGD and IDI believed that abortion is a sin. The participants of the IDI at the policy level also shared that abortion is considered as a sin in the community that results in stigmatization of abortion. PAW of the IDI also stated that due to various unavoidable circumstances, they had an abortion and still felt like they had committed a sin. Likewise, few ASPs also shared that they feel like they are committing a sin by providing abortion service. As foetus is attributed to a living human being, the respondents feel like they have committed a murder and hence, felt like a sinner. Similarly, the emotional quotient attached to pregnancy and motherhood is another reason why PAW feel as if they have committed a sin.

"I felt as if I had committed a sin. Well, I was compelled to have an abortion as my baby was too young."

-IDI-PAW, 20, Rural, Married, Hindu, Khas Arya, Jhapa, Terai

"To abort a baby or fetus is a sin. Such kind of thinking is still present among the people and because of that, there is a kind of fear among people."

-IDI-Policy, Female, Married, Hindu, Khas Arya

"To have an abortion is a big sin. It would be better if they do it safely earlier and prevent this, it would be good to use temporary family planning methods."

-FGD- Female, Rural, Hindu, Indigenous, Gorkha, Mountain

Linking abortion to the religious, cultural and patriarchal perspectives is also one of the reasons for considering abortion as a sin. Most of the participants shared that abortion is not allowed in some religion like Hinduism, Muslim and Christianity. They shared that their religion does not allow abortion, and if someone exercises abortion, it is regarded as going against the religion. However, there were different views expressed from the religious perspective as well. Few shared that abortion is sin if the women terminates her pregnancy by means of operating procedure such as MVA, but does not consider it as a sin if abortion is carried out using the medicine. Few also shared that in some communities' women who have undergone abortion are sinner and have to bear many consequences.

"Well, according to religion, they say that we should not do abortion. After getting pregnant, we must give birth to the baby. We shouldn't be murderers."

-IDI-PAW, 41, Urban, Married, Hindu, indigenous, Gorkha, Mountain

"In Hindu religion, it is written in some place that abortion is a sin."

-FGD-Male, Rural, Hindu, Indigenous, Gorkha, Mountain

"They don't accept abortion. They say we shouldn't do it because children are the gift of god. The Muslim community say that children are Allah's gift, abortion is a sin, and the Hindu priests also don't consider abortion as a good thing."

IDI-PAW, 17, Rural, Married, Hindu, Madhesi, Parsa, Terai

"The other thing is that we are socialized as per our religion, tradition, culture, patriarchal norms and values which regard abortion in a negative way or as a sin."

-IDI-Policy, Female, Married, Hindu, Indigenous

"In Gurung community, if abortion is carried out, they have to sacrifice one hen in the name of 'pitri' (departed soul) in every festival. So, they don't want to abort...If the post abortive woman gets sick, they will consider it as a consequence of the sin she has committed. If she does not conceive again, they will take it as curse of abortion she has undergone during the first conception."

-FGD-ASP, Female, Urban, Hindu, Indigenous, Gorkha, Mountain

"Christians do not go for MVA but MA is acceptable. They think that the use of MAV method is killing of the child. One day a client came to me, who only wanted MA service. I asked her, 'Why do you prefer only MA and not even consider MVA? It's the same, both kills the baby', and she said because she was a Christian."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

However, there were few who expressed that those religious belief on abortion is not true.

"There is no such thing written on the religious scripture about abortion. They have their own belief."

-FGD-Male, Urban, Hindu, Indigenous, Gorkha, Mountain

ii) Abortion is a crime

Few participants of the FGD and IDI shared that as abortion is considered as a killing or a murder, it reflects a crime. Likewise, due to the lack of knowledge regarding the legalization of abortion, most of the respondents shared that abortion is considered as illegal in the community. Few IDI participants from policy level shared that abortion being placed in the criminal code can imply that abortion is a crime. That is why abortion has become a subject of stigma in the community.

"May be from one perspective, abortion by large is considered as a criminal act. If something happens, they fear going to jail. Yes, abortion is included in the criminal code. As a result, it has adverse effect in increased stigma. If something happens then they might be sentenced to jail. There is this fear from inner self. So, those who perform it or who make others perform it are afraid of the legal action."

-IDI-Policy, Female, Married, Hindu, Khas Arya

"...From the beginning, abortion was included in criminal code. Murder of the foetus in itself is not considered to be a good act in religion. Following the legal provision and the customary law, a negativity meaning is attached to abortion, and people view women with abortion with negative thoughts."

-IDI-Policy, Female, Married, Hindu, Indigenous

“...It is a crime because if you kill one person, you should be in jail for 20 years.”

-FGD-Male, Urban, Hindu, Khas Arya, Surkhet, Hill

“They use word such as criminal, murderer...They take it negatively,”

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

However, few shared that as abortion is legalized, the issue of criminal code does not matter in the community.

“Safe abortion is already legalized, so other issue does not matter.”

-IDI-Policy, Male, Married, Hindu, Khas Arya

iii) Women get habituated to abortion

Few ASPs participants of FGD and policy level respondents from IDI shared that women can get habituated with abortion. They shared that abortion is being used as an alternate to family planning methods and carelessly use it by the women. Other ASPs also shared that the provision of free safe abortion has increased the repeated abortion exercise by the women as a result of irresponsible behaviour as well.

“It is due to the reason of baby, it is due to the thought that giving birth to the child will not reduce their capacity...Sometimes it is also done due to ‘habitual abortion’. In such condition, they develop mental tension. If it happens again and again, they have a tension that they won't have a baby, that baby will be lost, such fear is there.”

-FGD-ASP, Female, Urban, Hindu, Indigenous, Surkhet, Hill

“People do not adopt family planning methods; they are not oriented about it. Instead they repeatedly seek for the abortion services. For how many times shall the government provide free abortion services? If free abortion is provided as many times as pursued by the women, then firstly, it is the loss of government money and secondly, there will be many ups and downs in the health of the women. The abortion creates equal amount of weaknesses to women when they give birth to a baby. Because of this reason, the free service is like encouraging abortion.”

-IDI-Policy, Female, Married, Hindu, Indigenous

iv) Post -Abortive Women are characterless and associated with prostitution

Most of the participants shared that PAW are stereotyped as characterless and even associated with prostitution. They shared that PAW were labelled as prostitutes and characterless to demoralize them in the society. They also shared that mostly unmarried PAW were blamed and shamed as prostitutes in the community compared to the married ones.

“Normally, married women are not blamed and accused. But if the husband is not at home and the wife becomes pregnant, then people might look at her with a negative attitude assuming that she is having someone else's baby in her womb.”

IDI-PAW, 32, Rural, Married, Hindu, Khas Arya, Surkhet, Hill

“They call unmarried PAW by names like call girl ‘besya or randi’ (prostitute).”

-IDI-PAW, 17, Rural, Married, Hindu, Madhesi, Parsa, Terai

"If some unmarried comes here for abortion, people call her characterless. They blame her for getting pregnant before marriage."

-FGD-ASP, Female, Urban, Hindu, Madhesi, Parsa, Terai

"It is because she had sexual contact with many people."

-FGD-ASP, Female, Urban, Hindu, Indigenous, Gorkha, Mountain

Few also shared that despite the fact that women are not only the actors responsible for getting unintentional pregnancy which results into abortion, the community blames only the women and not the men and stereotype them of being characterless.

"...Like they blame only daughter-in-law but not their son. When she has an abortion, they use abusive words like Baccha falera aai (threw away the baby), besya (prostitute), Laaj pacheko (shameless)"

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

v) PAW brings shame and misfortune to family and community

Most of the participants shared if community finds out about any woman, who had an abortion, she along with her family has to bear the shame and disparage in the community due to the persisting negative attitude towards abortion. They shared that the family of PAW is dishonoured and despised by the community. Few shared that it is mostly common in the case of unmarried women rather than the married ones as the married do abortion only after the approval from her husband. The participants also shared that society believed that PAW bring misfortune to the family. Few shared that if any incident happens in the family or the community of the PAW, community blames her as women, who brought bad luck in the family by having abortion.

"In case of married women, the decision is in husband's hand; so, she won't be dishonoured. But in case of unmarried women, her family might get dishonoured."

-IDI-PAW, 35, Urban, Married, Buddhist, Indigenous, Parsa, Terai

"One would be dishonoured. If I tell to my mother, she will know and the news will spread out. So, I told to my aunty. I know that she hasn't told anyone else."

-IDI-PAW, 19, Urban, Unmarried, Hindu, Indigenous, Parsa, Terai

"It is because it can damage the prestige. Others will behave badly; the society will see it badly."

-FGD-Female, Rural, Hindu, Indigenous, Gorkha, Mountain

"Society takes it negatively, so they feel shameful. It is taken negatively as they talk about it and go on saying his wife had an abortion, which sprouts disgust and animosity in the society. Others also get afraid that their daughter-in-law might do the same."

-FGD-Male, Rural, Hindu, Madhesi, Parsa, Terai

vi) Abortion has negative health effects

Almost all of the participants shared that there is a negative effect of abortion in health even if it is done at the health facilities as per the criteria set by the GoN. All the participants along with the ASPs shared that abortion if done repeatedly, has more negative consequences on health. The participants shared

that abortion might result into infertility, uterine problems, anaemia, cancer and can lead to other health problems as well.

"...They used to say curate shouldn't be done, this can be a reason of infertility."

-IDI-PAW, 26, Urban, Married, Hindu, Khas Arya, Jhapa, Terai

"Abortion is only for special cases. Some women came here in the health post to abort the pregnancy for 2, 3 times. It will definitely hamper the mother's health and might create a problem in the uterus."

-FGD-Male, Rural, Hindu, Madhesi, Parsa, Terai

"It can affect the women who do recurrent abortion...They need good food, good hygiene, all these things are needed. But after abortion they get immediately ready to get pregnant again. It affects the health of women 100%. In the reproductive system, the problem of the uterus emerges and also anemia is seen as a problem."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Surkhet, Hill

"...Repeated abortion cause uterine prolapse, uterine cancer, bleeding and backpain."

FGD- Female, Rural, Hindu, Khas Arya, Jhapa, Terai

6.3.2 Exclusion and discrimination

i) Prohibition from religious services

As abortion stigma is associated with the religion, there is a common practice of the isolating PAW from the religious and cultural activities. The PAW are prohibited to enter in the temples and are not allowed to perform rituals for at least few days similar with the prohibition during menstruation.

"Usually females are not allowed to enter in the place during auspicious functions. They are not allowed to touch and restricted to visit certain places. They are dominated. They are not spoken to properly. People show different behaviour towards them."

IDI-PAW, 29, Rural, Married, Hindu, Indigenous, Gorkha, Mountain

"They are not allowed to touch many things in many places, they won't let them enter into the temples."

-IDI-PAW, 20, Rural, Married, Hindu, Khas Arya, Jhapa, Terai

"They won't let the PAW touch or participate in the puja (religious prayers and worship) for 4 or 5 or 7 or days...It is said that if the PAW touches any pregnant woman, she would have a miscarriage or her baby will die. This stigma is due to our religion, culture, tradition. The society considers menstruation as untouchable. So, why abortion should be regarded as exceptional? Now the change in the understanding of such thing is necessary."

-IDI-Policy, Female, Married, Hindu, Indigenous

"PAW are not allowed to participate in social works. They are not allowed to help the society. They cannot partake in religious and cultural functions if they are physically fit. In some places there is a tradition that PAW are untouchable for some days."

-FGD Female, Rural, Hindu, Khas Arya, Surkhet, Hill

ii) Disparaged from the family and community

Almost all participants, especially PAW, shared that they are isolated and humiliated in the community. They stated that the unmarried daughters having abortion are disowned by the family. The community people behave them badly and go defaming giving different titles. Backbiting and gossiping are the common challenge they have to face. The participants shared that they are not even allowed to touch the new-born. Additionally, there is an assumed fear among the women thinking that they will be tortured by their family, if they disclose about their abortion.

"PAW are hated and dominated by society."

-IDI-PAW, 41, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

"She becomes alone....She is boycotted from the family."

-IDI-Policy, Female, Married, Hindu, Khas Arya

"The family has to unnecessarily bear the psychological and social burden."

-FGD-ASP, Female, Urban, Hindu, Madhesi, Parsa, Terai

"They would say hi, hello and keep in touch with her until she continues with her pregnancy and when she undergoes the abortion, she is not supported by her husband, family or the society. They don't invite her anywhere, they don't care about her, and they don't eat the food she has touched. During rituals such as mourning and worships, they don't accept the things touched by her. She is considered impure."

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

Most of the participants also shared that isolation and discrimination is much higher when abortion is performed by an unmarried woman or pregnancy is caused from extra marital affairs. Such women are either disowned by the family or she is forced to marry with anybody. Also, there are cases of divorce and separation resulting from abortion especially when abortion is carried out without permission of the husband.

"It is difficult for the family, especially when an unmarried daughter is found pregnant. She won't get married if other know this case, and it will defame the whole family. So, they keep it secret within the family and do not disclose to others. In such cases some women abort their pregnancy from a private clinic intending that outer society won't discover about it."

-IDI-PAW, 19, Urban, Unmarried, Hindu, Indigenous, Parsa, Terai

"Such people should be ostracised from the society as a warning. Women should learn to respect the family and their values. Just because your husband has gone abroad for 2/3 years, it doesn't mean you need to have an affair with other men. It's about the family prestige and social status as well."

-IDI-PAW, 26, Urban, Married, Hindu, Khas Arya, Jhapa, Terai

"We have seen divorce cases because the women had aborted without informing their husbands. Along with the divorce there is high probability of physical and domestic violence. Due to this they can go into depression. If the family members stigmatize them and do not provide any support, she always has to live with the fear that her husband or in-laws might discover this matter. Sometimes when husband is out and the wife has to go through this all

alone, the fear is always there even if there is no such torture.”

-IDI-Policy, Female, Married, Hindu, Indigenous

Few also shared that the consequences are of short-term, and fades away after few days

“They forget after a few days. They talk about it for 1 or 2 days and later they forget it.”

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

6.3.3 Fear of contagion

The stigma about the fear of contagion was seen to be less in comparison to other form of stigma. Few respondents shared that there is disbelief that PAW can cause miscarriage of another pregnant women. Few also shared that if the PAW are allowed to be nearby the child, they can cause bad omen and cast a spell on them for their bad health.

“In our society, it is said that even the shadow of a PAW shouldn't fall upon the child as it would cause bad luck, making the baby unhealthy. It is said that if the PAW touches the pregnant women her baby would die or she would have miscarriage. Due to such kind of misunderstanding and misbeliefs, superstitious beliefs such women are taken as unlucky and characterless women.”

-FGD-Female, Rural, Hindu, Khas Arya, Surkhet, Hill

6.3.4 Abortion stigma in the eyes of policy makers

The participants of the IDI from policy level were asked about the stigmatization of abortion among them. They shared that there is a positive as well as negative perception toward abortion among them depending on their attitude, and religious and cultural brought-up.

"No, not at the policy level (negative perception). But there is groupism. Some say it should only be legal limiting to the first trimester and others argue it should expand till the second trimester. Some people are in the favour of 22 weeks, some would state that it should not exceed more than 18 weeks, while some say 28 weeks. There are differences. There wasn't anyone who said abortion shouldn't be permitted, but just up to which week to legally allow. There are some people at the higher positions who are against the abortion. It's not like there is no one. It could be due to stigma or due to cultural reasons, or maybe both. It's difficult for me to single out for only one reason."

-IDI-Policy, Female, Married, Hindu, Khas Arya

"We haven't discussed about that. If we think about it, then there are both positive and negative aspects and because of such thoughts. In Nepal, abortion is allowed in conditions, and not fully allowed. There are many policy makers who believe that abortion is a sin and should not be allowed. In their opinion if abortion right is given fully, the women would only do abortion. They would keep unsafe sexual relationship and have abortion."

-IDI-Policy, Female, Married, Hindu, Indigenous

6.3.5) PAW are guilty of having abortion

Some of the PAW are ingrained with the self-stigmatization. They shared that they felt guilty of performing abortion. Some shared that they felt they had accomplished some wrong deed by having an abortion. Few also shared that they regretted their decision of having an abortion.

"Yes, I felt guilty."

-IDI-PAW, 24, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

"I would like to tell you one thing. It's our own baby, why should we throw it away? I feel guilty about it. I wish I didn't have to do that."

-IDI-PAW, 29, Rural, Married, Hindu, Indigenous, Gorkha, Mountain

"Yes, I felt guilty. I became pregnant and I couldn't give birth to my baby, it was a girl. My family told me to throw it away."

-IDI-PAW, 24, Rural, Married, Hindu, Indigenous, Surkhet, Hill

"I wished I hadn't done it, I desired could have given birth to the baby."

IDI-PAW, 18, Urban, Married, Hindu, Khas Arya, Surkhet, Hill

6.4 Effects of Abortion Stigma on Accessing Safe Abortion Services

The findings on the effects/consequences of abortion stigma have been stated below classifying into following sub-headings: health effects, social effects and economic effects. There was other issue such as endurance of the women that was emerged as an effect of stigma. It was also identified that the stigma not only affected the women who had an abortion but the family, as well as the society.

6.4.1 Health effects

Most of the participants identified physical and mental stress aroused due to the stigma attached to abortion. Most of the respondents, including PAW, shared that due to the fear of stigma, women opt for unsafe abortion. They made delay in seeking SAS, and as a result they could not accessed to the service within the legal time period, which sometimes forced them to choose unsafe abortion and other time continue their unwanted pregnancy. The participants also shared that due to stigma, women are forced to do more work after abortion when they need more care and rest. Likewise, the participants from IDI at the policy level also revealed that PAW hesitated to have safe abortion contributing to high maternal morbidity and mortality.

"Because of the fear of my mom, I had an unsafe abortion."

-IDI-PAW, 19, Urban, Unmarried, Hindu, Indigenous, Parsa, Terai

"There is no access to SAS which results to many complications from unsafe abortion or result continuation of unwanted pregnancy; delay in using safe abortion service; physical and mental effects; depression; excessive charge for getting services; usage of low quality services/unsafe abortion; not getting post abortion care services; not getting enough rest and care; high maternal mortality or ill-health; verbally being humiliated in public; risk in marriage and relationships; deprived of all the support; and deprived of participating in and visiting of religious functions and places."

-FGD-Female, Rural, Hindu, Khas Arya, Surkhet, Hill

"The other reason is the stigma of abortion. They cannot easily go for abortion like they go for check-up of the other diseases. They might be worried that someone might see them. Mostly they would prefer to go to a place where other people don't recognize them unlike at their own vicinity where the chances of their disclosure is very high. Because of this they end up with unsafe abortion"

-IDI-Policy, Female, Married, Hindu, Khas Arya

The stigma does not only affect the physical health but hampers the mental state as well. Few PAW admitted that they had not revealed abortion to their family or relatives thinking that they would not support them and would rather make them embarrassed and belittle them. The participants also shared that due to lack of emotional support from the family and the feeling of shame and guilt, they would feel stressed, anxiety, low self-esteem and depression that may result to suicide sometimes. The psychological effect does not only affect the woman who has had an abortion but also has adverse effects on their family.

"Women go to depression; some even commit suicide."

-FGD-Male, Urban, Hindu, Indigenous, Gorkha, Mountain

"When they do CAC they have a kind of fear. They can't talk to anyone about it, which leads to depression and can cause heart diseases, they may commit suicide...It can harm other children as they have to hear about their mother from the society and it will be a torture for them."

-FGD-ASP, Female, Urban, Hindu, Indigenous, Jhapa, Terai

"Due to this, they have to abort secretly. While doing it secretly, they have to face mental torture. If the secret comes out, they have to face other tortures from their family. Many have to leave their home. We have seen divorce cases when women had performed abortion without informing their husbands. Along with divorce, there is high probability of physical and domestic violence. Due to this, they can suffer from depression."

-IDI-Policy, Female, Married, Hindu, Indigenous

"Well it affects them mentally; they would have to tolerate physical pain as well. Due to such domination and hate their appetite will decrease, thus affecting their health." –

IDI-PAW, 24, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

"If she takes it lightly, she can have a simple life. If she takes it seriously then she gets mentally sick. It depends on the type of the women and how they take it."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

The ASPs of FGD also shared that due to abortion stigma among themselves, they hesitate to provide the abortion service. Some of them shared certain health service providers who are trained on providing abortion service do not provide service due to stigmatized view among them. The denial of the service increases the risk of unsafe abortion.

"Yes, they might not do it, they take training but don't perform abortion. Trained professional do not accomplish abortion because they think it is like doing the murder of a baby. Some are afraid of doing it and skip from such situation and some don't want to promote their skill."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Surkhet, Hill

"During fasting or religious festivals, even I hope it would be better not to provide abortion service."

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Surkhet, Hill

6.4.2 Social effects

Abortion stigma has direct consequences on the social status of the women and her family as well. Most of the participants of FGD and IDI shared that women are discriminated and dominated by the community and their own family if she has terminated the pregnancy without their consent. The effect of stigma at the social status is also explained as a nature and extent of abortion stigma (6.3).

6.4.3 Economic effects

Most of the participants shared that abortion stigma has its effect on economic status of the women as well. The participants shared that PAW are disowned by the family and deprived of the property. Some of them shared that PAW are even suspended from their job if they are known to have abortion. They shared the consequences of abortion stigma on their economic status which might result in degraded social or health status. The mental health of the women has direct relation with productivity, which may worsen their economic status as most of the participants shared.

"They will become automatically backward in the economy if the society stigmatizes them."

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

"If she is doing the job, they can fire her from that occupation."

-FGD-Male, Rural, Hindu, Indigenous, Gorkha, Mountain

"Due to this, many women have depression, their family is wrenched, the relation between husband and wife is spoiled, many are thrown out of the house, and many are deprived of property. They (family members) are not obligated to give them their share of property as they have maintained illegitimate relation with other men and this has happened because of such extra marital relations that and even the law supports this decision. There's the case of destitution from property, and compelled to go far away from their own children. So, it is difficult."

-IDI-Policy, Female, Married, Hindu, Indigenous, Kathmandu

"Because of other high expenses incurred to abortion and due to fear of stigma, even though it is free she cannot go to access free abortion service."

-IDI-Policy, Male, Married, Hindu, Khas Arya, Lalitpur

The consequences on the economic status also depend on marital status of the women. Likewise, there were few participants who shared that there is no economic burden if the women are married.

"No there won't be any effect for married women. But if they are unmarried, there would have been consequences. But in my case, I am married and if it is my husband's child, there won't be any effect. But family consultation is required before making the decision."

-IDI-PAW, 24, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

6.4.4) Women and Endurance

Though there are many consequences and effects of abortion stigma that are mentioned above, there are few participants, especially PAW who shared that as a woman, she should endure the consequences resulting from stigma and societal norms, as well as due to entrenched patriarchy. They shared that women endure and tolerate the consequences which helps them to get back to the normal life. However, there

were few participants who shared that the endurance of the women varies from person to person. They added that due to this, few women live their normal life after abortion, whereas, other women are getting affected by the stigmas so they have to struggle in their lives.

“Some tolerate it, and some can’t tolerate it and then they commit suicide. After tolerating it all some people become alone, they start to work alone, and eat separately, this kind of things also happen.”

-IDI-PAW, 41, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

“Women have been tolerating this for a long period of time. They act as if they haven’t heard anything even though they heard it.”

-IDI-PAW, 29, Rural, Married, Hindu, Indigenous, Gorkha, Mountain

“They are having difficult times. They tolerate.”

-FGD-Male, Rural, Buddhist, Indigenous, Gorkha, Mountain

6.5 Creator, Supporter and Preserver of Abortion Stigma

6.5.1 Uneducated and unaware people

Some of the participants believed that those people who do not having adequate knowledge and information regarding abortion are the ones responsible for the existence of abortion stigmas.

“Those people who are not aware of the reproductive health.”

-FGD-ASP, Female, Urban, Hindu, Madhesi, Parsa, Terai

“Those who don’t understand are the one who discriminates. But if they are educated then they won’t do it.”

-IDI-PAW, 36, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

“Older people and uneducated people think such things as they are not educated, they have their own traditional thinking and beliefs.”

-IDI-PAW, 19, Urban, Unmarried, Hindu, Indigenous, Parsa, Terai

6.5.2 Senior citizens

Likewise, aged people, senior members of the family and those belonging to older generation are the reason that abortion related stigma still exists according to some of the participants.

“Elder generations like grandfather, grandmother.”

-FGD-ASP, Female, Urban, Hindu, Madhesi, Parsa, Terai

“The people of old generation don’t like this thing to be a fact.”

-FGD-Male, Urban, Hindu, Indigenous, Surkhet, Hill

“The people of the older generation, priests, and elderly might call it bad. This is the gift of god so we should keep it. This was the thinking of past generation but today no one says these kinds of things.”

-IDI-PAW, 29, Rural, Married, Hindu, Madhesi, Parsa, Terai

Most of the participants of FGD as well as IDI stated that the people of the community, especially women, who are mothers-in-law, female relatives, friends or neighbours are the ones who defame and gossip about PAW and criticize or humiliate them.

“Mainly it’s the mother-in-law and the community people.”

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

Such things happen because females are dominated by themselves. Religious beliefs are more prominent in female than in male.”

-FGD-Male, Rural, Buddhist, Indigenous, Surkhet, Hill

“It’s the women who gossip about them..... Also, family members, mother-in-law.”

-FGD-Female, Rural, Hindu, Khas Arya, Jhapa, Terai

Also, a participant of IDI said that those individuals who have personal conflict with PAW stigmatize them.

“Those who are angry with that individual say such things.”

-IDI-PAW, 26, Urban, Married, Hindu, Khas Arya, Jhapa, Terai

6.5.3 Religious people

Those people in the community who have faith in religious and cultural norms are the one who consider that abortion is not a good practice. This is why abortion results in stigmatization as explained by participants of IDI and FGDs. They believe it is due to the customs and traditions that have been in practice since ages. Similarly, the patriarchal norms of the society and dominance over women by some of the people in the community also support the prevailing of abortion stigma.

“I have seen it near our society, it is seen more in Brahmin society. I don’t know about here.”

-FGD-Female, Rural, Hindu, Dalit, Gorkha, Mountain

“Our cultural customs and traditions, male dominated mentality, superstitions and not allowing women to take decision...It all depend on religious faiths.”

-FGD-Male, Rural, Hindu, Indigenous, Gorkha, Mountain

“May be because of social values and traditions the taboo is there. Religion is society’s making. The beliefs exist due to the society.”

-IDI-PAW, 20, Rural, Married, Hindu, Khas Arya, Jhapa, Terai

“Our socialization is male dominated. Men are super and women are always suffering.”

-IDI-Policy, Female, Married, Hindu, Indigenous

“Those people who have superstitious thoughts and patriarchal mentality.”

-FGD-Male, Urban, Kirat, Indigenous, Gorkha, Mountain

Few participants specifically stated that priests and faith healers are the ones who support the stigma and have negative perception about abortion.

“Dhami Jhakris (faith healers), pandits (priests).”

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

“Gurus, Priests and the older generation keep these kinds of perspective.”

-IDI-PAW, 17, Rural, Married, Hindu, Madhesi, Parsa, Terai

6.6 Measures to Reduce Abortion Stigma

The participants were asked about the measures to reduce abortion stigma. Different recommendations were provided by the participants in the FGDs and IDIs which are explained below.

6.6.1 Education and awareness on safe abortion

Majority of the participants argued that proper education and awareness related to abortion should be provided to each and every individual of the community in order to reduce negative perception about abortion. Also, complete information regarding reproductive health issues should be disseminated in a proper way so that everyone will be well-informed about the causes and reasons behind abortion which might help in reduction of its stigmas. Also, abortion should not be considered as a sin but should be viewed and treated as similar to other health issues.

“It should start from the home, there should be public awareness programs, and there should be programs on reproductive health.”

-IDI-PAW, 25, Urban, Married, Hindu, Khas Arya, Surkhet, Hill

“No matter what you say, it can only be implemented by bringing awareness among the people. Awareness program needs to be conducted. This is only possible after informing them about the temporary method of family planning, the advantages, disadvantages, and risk from the abortion, appropriate conditions for abortions and its dimensions. The solution to it is awareness and implementation of the law.”

-IDI-Policy, Female, Married, Hindu, Khas Arya

“Many people in the society don't know why abortion should be done; in which case abortion should be performed. The old and religious people still regard it as sin; and they think it can cause infertility. They regard child as a gift of god. Education and awareness should go to the grass root people, staff nurse should be deputed in schools so the children learn about reproductive health from their school education.”

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Surkhet, Hill

One of the methods for reduction of abortion related stigmas according to the policy level representatives as well as from the community was inclusion of comprehensive sexuality education (CSE) along with proper information regarding abortion in school curriculum so that the students become aware from early age. It will be important to destigmatize abortion.

“Women and adolescent should be given proper education on sexual and reproductive health. It should be included in school curriculum. If we involve men and they know about such things then it becomes easier.”

-IDI-Policy, Female, Married, Hindu, Khas Arya

“Information on unwanted pregnancy, unsafe abortion, sexual education should be provided. If we teach them then we can prevent it. The students take the teacher’s words more seriously than others’ suggestions. One should be able to teach such things openly. In almost all of the schools teachers’ advise students to read the topics on reproductive health and abortion themselves at their home. It’s better if we are able to teach such things at community level as well.”

-IDI-Policy, Female, Married, Hindu, Indigenous

“In my opinion, we should incorporate the abortion on religious books and in our curriculum. It will create awareness among new generation. Later when they grow, they can decide, and teach to the next generation; also by standing within a religious framework. These types of program should be conducted on the various municipalities and wards; and it will bring positive result among youth population.”

-FGD-Male, Urban, Hindu, Khas Arya, Parsa, Terai

As the community representatives, local leaders as well as religious leaders, teachers and social health mobilizers such as FCHVs can influence the way people of their community think and perceive things to some extent, spreading awareness and disseminating positive information through them can be effective in removing the negativity related to abortion and its stigmatization.

“We should conduct meetings, call FCHVs and teachers. They should explain the people that abortion is not a bad thing, and having too many children is not a good thing. These kinds of issues should be discussed, then only there will be change.”

-IDI-PAW, 17, Rural, Married, Hindu, Madhesi, Parsa, Terai

“There should be trainings on abortion for health care providers. Other organization should help raising public awareness. Educated people should help. Influential people should be involved.”

-IDI-PAW, 18, Urban, Married, Hindu, Khas Arya, Surkhet, Hill

“We should know the main people like police officers, school headmasters, campus chief, judge, chief of institutions, religious leaders, priests, and others to engage in this campaign.”

-FGD-Male, Rural, Hindu, Khas Arya, Jhapa, Terai

“Priests (Pandits) should not preach that if a woman has abortion, she has to live in hell for seven lives. Other should also be educated like Dhami Jhakris (Faith healers). They should refer cases to the health post if they know that they are approaching them for abortion.”

-FGD-Male, Rural, Buddhist, Indigenous, Gorkha, Mountain

6.6.2 Involvement of government and non-governmental sectors

Government and non-government sectors can play crucial roles in reducing the stigma. Different steps from governmental and non-governmental sectors or organizations working in the related field can advocate and organize various programs to disseminating complete and correct information on safe abortion, SAS and its proper use.

“The government should explain the public and conduct meetings time and again.”

-IDI-PAW, 35, Urban, Married, Hindu, Khas Arya, Jhapa, Terai

“The programs should be conducted time to time but the people in the village don’t gather for the program. This is the problem.”

-IDI-PAW, 36, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

“We should do that and the next thing is the local government should advocate. I said there are 753 such local governments. They can at least inform about the abortion centre.”

-IDI-Policy, Female, Married, Hindu, Indigenous

6.6.3 Empowering the women

Some of the participants emphasized on women empowerment and their capacity building through various trainings and workshops so that they will be aware of abortion and be able to seek for the services they need without fear of getting stigmatized.

“Only one level or only one people cannot do it alone in this field...To reduce the stigma, it should be started from the grass roots level. Everybody's help is needed. Everybody should collaborate. If you only want to try alone then you won't succeed. If we do it in isolation we won't succeed as well. Government organizations, private organizations, related NGOs and INGOs should work together. The local level should be mainly involved. They should be made aware about the programs. I think their capacity building should also be achieved. Women should be empowered.”

-IDI-Policy, Female, Married, Hindu, Khas Arya

“The program related to empowerment of women, especially focusing on and uplifting the economic status of women should be done at first. Existing programs are focused more especially in urban area. It should reach the grass root level of the community to ensure the women's right for safe abortion.”

-FGD-Female, Rural, Hindu, Indigenous, Gorkha, Mountain

6.6.4 Mobilization of mass media

Mass media could be another effective method that can be used to spread information which are accessible to the people at community level as well. Some of the participants suggested that it could be a meaningful way to create awareness through F.M., television, newspapers, rallies, as well as hoarding boards in a very simple language in a comprehensive manner. This will be an assertive initiation against the stigma.

“Government should support them. To reduce the stigmatization and control it, awareness camps and mobilization of the media should be done.”

-IDI-Policy, Female, Married, Hindu, Khas Arya

“Media should be mobilized in a meaningful way to raise awareness and eliminate discrimination.”

-IDI-Policy, Male, Married, Hindu, Khas Arya

“Create awareness, tell them by organizing a rally in the village...Tell them through radio.”

-FGD-Female, Rural, Hindu, Madhesi, Parsa, Terai

“Awareness program about abortion saying abortion is a right and there should be no stigma. It should be in hoarding board and published in the newspaper. Awareness through advertisement and news should be given.”

-FGD-Female, Rural, Hindu, Khas Arya, Surkhet, Hill

“It can be spread from the FM, television-like advertisements, dramas, launching a TV drama...It will be fruitful to distribute pamphlets in villages, bus station and places where people gather. We can also provide the pictorial flipcharts to make it understand better.”

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

The programs and activities suggested by the participants were role-plays, street dramas, and television shows, door-to-door programs, making songs related to abortion and the stigmatization so that people know how the stigmas have been affecting the women in so many ways.

“We can do role-plays, dramas about the effect of stigmatization.”

-IDI-PAW, 32, Rural, Married, Hindu, Khas Arya, Surkhet, Hill

“Launching awareness related programs like street drama, making such activities in teej (Nepali festival) song, to launch special program related to that might can remove stigmatization about negative perception of abortion.”

-FGD-Female, Rural, Hindu, Khas Arya, Gorkha, Mountain

“Mainly husband and his parents and then intellectuals of the villages like, mothers and sisters should be aware of safe abortion. If only we conduct door to door program on a village about abortion, we can make them feel about it...Awareness programs can be done through street dramas, television programs.”

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

6.6.5 Involvement of men

Some participants specifically mentioned that along with women, men should also have adequate information about abortion. They should also be included in trainings and other awareness raising programs related to women's reproductive health so that they know what sort of difficulties and problems women have to go through and hence have a better understanding on the issues.

“The males should understand what happens to female and they should know that they should take care of us. Not only female but males should also know about himself.”

-IDI-PAW, 36, Urban, Married, Hindu, Indigenous, Gorkha, Mountain

“If we include male in the program, then male and female equally understand the problem related to abortion and other sexual and reproductive health related issue then any problem can be solved through mutual understanding.”

-FGD-Male, Urban, Buddhist, Indigenous, Surkhet, Hill

6.6.6 Proper counselling to abortion service user

Proper counselling when the people come to seek for the service can also influence to reduce the stigma. So, ASPs should counsell the abortion service seeker properly about abortion and abortion services.

“We, the health worker, are here for a fixed period of the time and it will not be possible to go door-to-door and conduct the counseling; but we can counsel the visitors and reduce its negativity. We can make them aware about these issues.”

-FGD-ASP, Female, Urban, Hindu, Khas Arya, Jhapa, Terai

“The clients come and we explain about the positive and negative aspects of abortion and afterward, we act accordingly to their will.”

-FGD-ASP, Female, Urban, Hindu, Indigenous, Surkhet, Hill

Chapter 7

Discussion

Abortion stigma is a complex issue but is one of the important phenomena of women who had experienced abortion. It is a cause as well as a consequence²³. Abortion stigma prevails in different layers depending upon its nature. Abortion stigma affects women and girls, abortion providers, reproductive rights advocates and communities, despite being a common experience by the women of the reproductive age throughout the world^{1,2,75}. Abortion stigma has effects on different aspects of the women's life as well as other people associated with her.

The local terms of abortion used in the community such as abort a child or killing a child may have negative connotation for some people. In some context, the word abortion gives negative connotation that generates negative attitude towards abortion among the community people. The abortion has been unintentionally stigmatized due to the use of the local terms in the community^{75, 28}. Few studies have also stated the minimum use of term "abortion" should be used to avoid the negative meaning⁷⁶. Additionally, it was seen that there is wrong understanding in relation to the meaning of the abortion. Sex selective abortion or abortion in a certain period of pregnancy is understood as terminating pregnancy abortion rather than different facet of abortion. The wrong or incomplete understanding of abortion has also contributed generating incorrect and stigmatizing attitude among the people.

The knowledge of the female respondents of the FGDs and IDIs were found comparatively lower than that of male participants. The general knowledge and awareness on safe abortion was limited among community members even though abortion has been legalized since 2002 like in other countries as suggested by systematic review⁷⁷. Due to the lack of wider dissemination of information on SAS, only two fifth of the women of the reproductive age are aware of the legalization of the abortion.⁴⁶ The anecdotal evidence also showed that information is disseminated in a very controlled manner due to apprehensive perception of the policy makers that extensive information would increase the misuse of the abortion service provided by the government. It was also found that one of the reasons for having unsafe abortion is lack of knowledge on SAS which corroborates with many results of the national and international study.^{21,30,78, 79} The informants of FGD as well as IDI were positive toward the legalization of abortion for the fact that it reduces the maternal mortality and morbidity. However, the participants did not acknowledge abortion as a choice of their own body.

The major cause of the abortion is the unwanted or the unintentional pregnancy that women have. The contraceptive use is very low in the community people as suggested by the NDHS 2016, due to various reasons, such as inaccessibility to contraceptives which may be due to disapproval of contraceptive use by the partner, lack of availability of the contraceptives, lack of knowledge on using contraceptives, or/ and contraceptive failures. A study on abortion incidence in Nepal also suggested that half of pregnancies were unintended (either mistimed or unwanted)¹⁹. In this situation when the majority of the pregnancies

are unintended, the need of the abortion services increases tremendously. However, less than one-third (31%) of all pregnancies ended in abortion and more than 50% of the abortion is done in a clandestine procedure suggesting that there is a low access to SAS among women.

Another issue that evolved while understanding the issue of abortion in the community is that abortion is regarded as end result of the unwanted pregnancy from a sexual relationship. It is perceived as a forbidden act which should be kept secret and must not be disclosed to others. In community like Nepal, where sex is considered as a taboo, the sexual and reproductive issues like abortion are undisclosed and not talked much which might have also implicated that abortion is not normal in the community.⁸¹ Treating abortion as abnormal and secretive is apprehended to generate stigma around abortion in the community. However, as suggested in the data due to the stigma attached to abortion, people hesitate to disclose their abortion stories due to the fear of getting disparaged, ostracized and judged by the people, even closest to them.²⁸ Abortion stigma leads to silence around abortion. Recognizing abortion as a regular medical service and normalizing abortion in public discourse could be other potential strategies to reduce the stigma surrounding abortion care.⁸¹

Likewise, repeated abortion was one of the issues that emerged during the study. It was also seen that the negative perception toward the PAW is even higher when she has multiple abortion. The service providers and the community people have prejudiced view on the character and the sexual behaviour of the women who have the repeated abortion. According to the study by Guttmacher Institute, more than 45% of PAW reported having one or more prior abortions.⁸² Multiple abortion is normal and there is no scientific evidence that this invites health risk or leads to infertility. However, the community believe that more than one abortion is a risk to health. The common referral given to the women who had an abortion is that abortion should not be considered as contraceptive when the access to contraception is more complicated. Abortion should be easily accessible as other health services since abortion is also one of the essential health care services.

GoN has an obligation under human rights laws to respect, protect and fulfil the human rights of girls and women. Additionally, GoN is also a signatory to the Plan of Action (PoA) of ICPD that intends to prevent all forms of discrimination.^{3,4,7} Despite the fact that sex selective abortion is prohibited in Nepal, it is rampant in the community especially in *Terai* areas. Due to the son preference in the community as a result of entrenched patriarchal and patrilineal nature of society and gender-based discrimination, abortion is common if the foetus is female. However, it is completely not accessible as a choice of the women. It was also found that there are some communities in small parts that stigmatizes abortion due to prevailing sex selective abortion.

Nepal is one of the progressive countries in terms of policy arrangements and recognizing the abortion right of the women. But the implementation of these policy provisions is very weak. There was a major hypocrisy found in the community behind the abortion right and the choice of abortion by the women. Women's right to abortion gives a woman the right to choose either to discontinue or continue the pregnancy. However, in the community, there was mendacity in agreeing with the rights to abortion of women, especially among the men. Hence the root cause of the gender-based discrimination and gender inequality needs to be addressed by implementing rights-based programmes that promote gender equality and empower women and girls rather than restricting the access to services⁷⁵.

Despite cultural norms against premarital sexual activity in Nepal, the practice appears to be common.^{83,84} The median age at first sexual intercourse (20.5 years) is 1 year earlier than the median age at first

marriage (21.7 years) among men; while median age at first marriage and first sexual intercourse is the same among women (17.9 years).⁴⁶ This implies that men tend to have sexual intercourse before marriage. Though data suggest that women in general initiate sexual intercourse with their first marriage, because of fear of stigmatization of the premarital sex, women remain silent about their sexual experiences. Young unmarried women lack the supportive environment that provides guidance on correct information on how to prevent unwanted pregnancy and where to get help. All women are legally entitled to SAS in Nepal irrespective of the marital status. Nevertheless, women who had an abortion is stigmatized more if she is unmarried due to the stigma towards the premarital sex.²⁸ Those women face discrimination from the community as well as the ASPs.³⁰ There is lack of supportive environment and attitude of the ASPs. Abortion was also found to be linked with the extra marital affair. There is a common understanding that women have abortions in the case of the pregnancy from the extra marital affairs. The anecdotal evidence has also suggested that due to stigma, women do not reveal their true marital status due to fear of getting judged. This remains as one of the barriers to the SAS that may result into either unsafe abortion or the continuation of the unwanted pregnancy which in turn violates the health as well as the human rights of the women that is claimed to be recognized by the government.^{1, 3, 4}

Nepal has been providing SAS free of cost from all listed government abortion facilities since 2016.¹⁵ Many women participants had positive attitude toward the free service, however, the free safe abortion service was correlated with the misuse and multiple abortion by few policy makers, participants from IDI and FGD and the ASPs. However, despite of free service, more than half of the abortion occurs in the clandestine procedure. Women prefers to go to the private abortion health facilities instead of using free abortion services from the public facilities for the reason that they feel more secured and confident of maintaining privacy and confidentiality, as well as quality is ensured by the private health facilities³⁰. In countries like Nepal where the household economic right of the women is nominal, it is very difficult for them to access to the SAS. No doubt, the free SAS reduces the economic dependency of the women. But regardless of free services, there are other indirect cost incurred to abortion, such as high cost of transportation incurred due to difficult geographical terrain of Nepal.

Attitude and perception toward the abortion is also found to be very complicated. It is contextual for some and while others have negative attitude toward the abortion irrespective of any circumstance. There are few groups of young people who have positive attitude and take it as a normal health care depicting the changing attitude of the community. With the sense of the right to abortion, responsibility comes along with it to use the abortion as a last resort and prevent the unwanted pregnancy.²⁸

Due to religious and traditional strong stance against abortion, it is considered as unforgivable sin by the religious people. There are many anti-abortion groups that encompass the issue of abortion with life and death, right and wrong, human relationships and the nature of society, that make it a major religious concern though there is no factual evidence that depict when life begins.^{73, 85} Even the ASPs were seen to have guilt feeling and self-stigma of providing abortion services.²⁸ Additionally, the fetus is attributed to the human being. Anti-abortion forces have helped to shape this debate by using foetal images (many of which were not alive or in utero as implied by the photos) and interpreting them in ways that suggest abortion is equivalent to murder.²³ Likewise, the insensitivity of the media to address the abortion using the picture of the fully developed foetus and sharp products also imply abortion is a killing. Those portray abortion as a sin and a crime in the community further more. Additionally, though abortion is legalized in Nepal under certain circumstances, it is still in the criminal code of Nepal that criminalizes the act of abortion. Due to the conditions inserted in abortion provision of the criminal code, women are often prosecuted and imprisoned in abortion related offences.⁸⁶

Repeated abortion or more than one abortion is linked with the misuse of the available abortion service or even considered as habitual abortion. There were few participants who shared that people get habituated to the abortion which is absurd. Different case studies and learning experiences shared by the PAW showed that women experience a lot of physical stress and pain substantially less on MA than surgical abortion due to uterine contractions.^{87, 88} In the situation where the access to safe abortion is minimal, accessibility to services is challenging and women go through tremendous physical stress and pain, it is very unlikely that women can be habituated to abortion. Due to the lack of pragmatic and complete information on safe abortion, there is myth that safe abortion has the health risk such as infertility, uterine infection, uterine prolapse and breast cancer; and risk to health increases when there is more than one abortion. Abortion is safe and are considered to be of minimal risk of severe complications or death when they are practiced with standard methods by the health care providers as recommended by the WHO.^{1,2} Additionally, there is no scientific evidence that proves multiple abortion causes health risk.³⁴ However, in Nepal more than half (58%) abortion is unsafe: least or less safe that is attributed to 7-13% of the maternal mortality or morbidity.^{1,17}

Additionally, the patriarchy dominated marriage of the society of Nepal leads to the ideology of post marriage child bearing. The women are expected to get pregnant and bear child in the institution of the marriage.⁸⁹ Having abortion is acting against that ideology. In the community, there is a perception that abortion is done if the pregnancy is the result of the extra marital affair. Other study conducted on abortion stigma also stated that PAW are associated with prostitution and extra marital affairs.²⁸ Social and community norms around women's sexuality are at the heart of the stigma surrounding abortion.²⁵ The PAW are judged for their characters and perceive it as uncontrolled irresponsible sexual behaviour. Despite government claims to provide women's right to choose to get pregnant or start the family, there is a stigma on having an abortion irrespective of the marital status, certainly varying the degree. Additionally, women are judged for the motherhood or on their female ideology.

Similarly, as it is believed that abortion is sin and morally wrong, there is a belief that there will be a catastrophic result due to the bad karma. Women are associated with shame and disgrace to the family for having an abortion and are socially unacceptable.²⁵ Due to the fear of getting disparaged from the community and shame which is the result of the self-stigma and stigma at the community, women keep their abortion secret. Abortion is considered as impure similar to the menstruation. Due to the religious and cultural stereotyped norms and values, the PAW are isolated and excluded from the social and religious activities. The PAW are disparaged or even disowned by the family and the community due to shame and disgrace associated with abortion.^{23,25, 28} If the PAW is unmarried then she is forced to marry.

Abortion stigma is one of the major barriers to safe abortions service.^{10, 30} Due to fear, shame and disgrace, women tend to have unsafe abortion. The stigma among the ASPs results in denial of the abortion service or degrading quality of the SAS.⁷¹ The degree of the stigma increases when the abortion is done by the unmarried one.³⁰ Abortion stigma and perceived need for privacy also increases the risk to the psychological distress.⁹⁰ The women who had access to safe abortion were not at higher risk to post traumatic stress disorder in comparison to those who were denied to abortion.⁹¹ As abortion has emotional quotient for most of the lives of the PAW, it is very important to provide the emotional care, proper counselling and self-awareness of the PAW.⁹² Abortion service providers should be able integrate additional patient-centred practices to support coping or improve psychological well-being after abortion. Abortion stigma among the policy level has hindered the women to have easy access to safe abortion. The global gag rule inflated many anti-abortion groups. The global gag rule prohibits foreign CSOs who receive U.S. global health assistance from providing legal abortion services or referrals, while also

barring advocacy for abortion law which affects the most vulnerable women of the country like Nepal. The government funded organizations promoting safe abortion and family planning in Nepal are already facing cutbacks in funding after the implementation of the global gag rule putting many women at risk to unsafe abortion.⁵⁰

Additionally, other than direct effects on the health, PAW are affected on their social and economic status due to the stigma. Abortion stories are kept undisclosed and secret to avoid the consequences that may occur if the status of abortion is disclosed. Moreover, unmarried women are forced to get married whereas the married are ostracised by the family. Sometimes women fear of having more than one abortion due to the experiences of the stigma even though when they do not have access to contraceptives measure. Additionally, due to the male dominating society, the women endure psychological and sociological pain and are unable to exercise their right to safe abortion which is an obstruction to the quality of life.²⁸

As suggested from the study as well, the attitude toward the abortion is changing among youth groups. The stigma is more prominent among the elderly people, mostly religious. The entrenched dogmatic attitude of the elderly people restricts young people to talk about their sexual and reproductive health. It was noticed that sex and relationship talk was common among young people especially the boys, but were uncomfortable with parents. However, due to the lack of information, young people are not exercising their SRHR, and therefore, this conduct is driving them towards the risky sexual behaviour. Different evidence-based activities suggest that young people themselves are best able to voice their needs, realities, and opinions.⁹³ The ICPD PoA also states “Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives.”⁹⁴

Hence, the findings of this study suggest that there is the acute lack of pragmatic and scientific information on abortion, and wider dissemination of information is necessary to destigmatize the abortion and reduce the abortion stigma. Empowering women, to realize women's rights is a necessary action step required to enable them to claim their rights to safe abortion and reduce abortion stigma. Abortion stigma is also ingrained among the ASPs. Value clarification and attitudinal transformation (VCAT) training to service providers should be delivered so that they do not become stereotype and judgemental towards unmarried women when they seek abortion services⁹⁵.

Chapter 8

Conclusion

It has been almost two decades that abortion is being legalized in the country. Progresses have been achieved in terms of policies arrangements and service provisions. Despite of these achievements, women opt for unsafe abortion and not being able to enjoy fully of their women's right. Abortion stigma is regarded as one of the major barriers to fully realize the rights to safe abortion. Due to the lack of accurate, pragmatic and complete information on abortion, it is considered as a sin, murder or crime due to prevalent social, cultural and religious norms. The foetus is attributed as the human being in the community though there is no clarity about when the life begins. Different connotations and stigmatizing language are used to denote abortion in the community implying negative literal meaning to abortion. Abortion is accepted by the community if it is done with the consent of the husband and family; whereas level of stigma on abortion rises more if it is used by the unmarried ones and if women have abortions without the approval of their husbands. This implies that though government claims to provide the women's right, violence of the human right, i.e., women's right to SRH persist continuously. ASPs were also seen having negative attitude toward the abortion. There was some sort of guilt of providing SAS especially at the time of religious occasions associating abortion to sin.

Due to the stigma, the women are prohibited from the religious places and isolated from the community. Due to the fear of disparage from the community, women tend to visit far clinics to have abortion or opt for unsafe abortion. There is loss of social status of women and the family if she has an abortion. Due to the social pressure, women are not able to share their feelings resulting mental disorder and suicide in some cases. Though there are some changes in attitude toward abortion, especially among youth groups of the society, abortion is still stigmatized and is a secret affair in the community. Additionally, stigma also has affects in the economic status of the women and the family affecting the quality of life.

Hence, accurate, complete and pragmatic information on abortion should be disseminated on regular basis to reduce stigma as well as to normalize abortion in the community. Likewise, value clarification on abortion among ASPs is one of the keys to reduce stigma and increase access to safe abortion. Additionally, women and men should be equally informed and sensitized about the women's right to safe abortion that is guaranteed by the law. As it is seen that the there is a patriarchal value that has inflated abortion stigma in the community, focus should be on the women empowerment and gender equality to secure the right to safe abortion of all women irrespective of marital status.

Chapter 9

Recommendations

Based on the findings of the study, following recommendations are provided to reduce abortion related stigmas and change the negative attitudes, beliefs and perception regarding abortion, and to increase the access to SAS. The recommendations are listed for the public policy and decision makers, CSOs and BBC itself as below.

9.1 Public Policy and Decision Makers

- i Repeal abortion from the country criminal code to ensure the rights to safe abortion fully;
- ii Develop non stigmatizing abortion related policy, regulation and guidelines;
- iii Include the VCAT training in the curriculum of the abortion service training and provide VCAT to trained service providers to reduce the stigmatizing attitude towards abortion and the women seeking abortion irrespective of the marital status of the women;
- iv Develop and implement laws against any discrimination toward the PAW
- v Ensure the reach of complete, accurate and pragmatic information relating to safe abortion in the community in a massive way to reduce the myths on abortion through behavior change communication material and using non stigmatizing language;
- vi Sensitize and mobilize religious leaders to impart information on safe abortion and reduce the traditional and religious notion on abortion;
- vii Apply multi-sectoral approach to increase the access to SAS and reduce abortion stigma. Sectors such as health, human rights, population, education, religion and media should be integrated together to leverage knowledge, expertise, reach and resources, to ensure the right to safe abortion;
- viii Ensure proper counseling on all aspects of SAS to help the abortion service seeker deal with emotions and with any practical issues such as methods of abortion, its procedure, confidentiality, post abortion contraceptive and more;
- ix Promote generating evidence with regard to abortion stigma and implement evidence-based practices to reduce stigma and increase access to SAS.

9.2 Civil Society Organization

- i Advocate and lobby to incorporate accurate, complete and pragmatic information on SAS into educational curriculum in a comprehensive manner;
- ii Advocate to policy planners and decision makers to repeal the abortion from the criminal code;
- iii Advocate to develop non-stigmatizing abortion related policy, regulation and guidelines;
- iv Advocate abortion as a human right issue during the review of different international human rights instruments such as Universal Periodic Review, CEDAW, ICPD, BPFA and others;

- v Sensitize the community men and women on abortion as a right irrespective of marital status and empower them to lobby with the government to address the issue of abortion;
- vi Sensitize the religious leaders, elderly population to reduce the traditional and religious disbelief son abortion;
- vii Build a network/alliance of stakeholders from multiple sectors to reduce abortion related stigma;
- viii Generate strong evidence with regard to abortion stigma to influence the decision by the duty bearer or policy makers to increase the access to safe abortion;
- ix Launch stigma reduction campaigns at the community level to destigmatize safe abortion;
- x Build a platform to share the abortion stories to create an enabling environment to discuss and address about abortion and its stigma

9.3 Beyond Beijing Committee

- i Provide pragmatic and complete information to the young people on right to safe abortion in a comprehensive manner
- ii Destigmatize the abortion by sharing abortion stories and wider information sharing in the community
- iii Develop and disseminate the information on abortion in a rampant manner to normalize the abortion in the community
- iv Lobby with government to develop the stigma free regulation as well as directives and implement themat all tiers of the GoN.
- v Provide VCAT training to the government ASPs in coordination with the government bodies.
- vi Build a network/alliance of stakeholders from multiple sectors to reduce abortion related stigma;

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Appendices

Annex I: NHRC Ethical Approval Letter



Government of Nepal
Nepal Health Research Council (NHRC)
Estd 1991

Ref. No.: 120

27 July 2018

Dr. Laxmi Tamang
Principal Investigator
Beyond Beijing Committee
Buddhanagar, New Baneshwor

Ref: Approval of research proposal entitled Abortion stigmatization attitudes and beliefs and its effect in accessing safe abortion service in the selected districts of Nepal

Dear Dr. Tamang,

It is my pleasure to inform you that the above-mentioned proposal submitted on 22 June 2018 (Reg. no. 354/2018) please use this Reg. No. during further correspondence) has been approved by Nepal Health Research Council (NHRC) Ethical Review Board on 18 July 2018.

As per NHRC rules and regulations, the investigator has to strictly follow the protocol stipulated in the proposal. Any change in objective(s), problem statement, research question or hypothesis, methodology, implementation procedure, data management and budget that may be necessary in course of the implementation of the research proposal can only be made so and implemented after prior approval from this council. Thus, it is compulsory to submit the detail of such changes intended or desired with justification prior to actual change in the protocol. Expiration date of this proposal is **November 2018**.

If the researcher requires transfer of the bio samples to other countries, the investigator should apply to the NHRC for the permission. The researchers will not be allowed to ship any raw/crude human biomaterial outside the country; only extracted and amplified samples can be taken to labs outside of Nepal for further study, as per the protocol submitted and approved by the NHRC. The remaining samples of the lab should be destroyed as per standard operating procedure, the process documented, and the NHRC informed.

Further, the researchers are directed to strictly abide by the National Ethical Guidelines published by NHRC during the implementation of their project proposal and **submit progress report in between and full or summary report upon completion.**

As per your research proposal, the total research amount is **NRs 9,99,200** and accordingly the processing fee amounts to **NRs 10,000**. It is acknowledged that the above-mentioned processing fee has been received at NHRC.

If you have any questions, please contact the Ethical Review M & E Section at NHRC.

Thanking you,


Prof. Dr. Anjani Kumar Jha
Executive Chairperson

Tel: +977 1 4254220, Fax: +977 1 4262469, Ramshah Path, PO Box: 7626, Kathmandu, Nepal
Website: <http://www.nhrc.gov.np>, E-mail: nhrc@nhrc.gov.np

Annex II:

Informed Consent for Focused Group Discussions

Beyond Beijing Committee, Nepal Abortion Stigmatization Attitudes and Beliefs and Its Effect in Accessing Safe Abortion Service Inform Consent Form

Focus Group Discussion

Namaste!

My name is and my friend's name is
We work in an organization named Beyond Beijing Committee as research assistants. We are conducting a study on "**Abortion Stigmatization attitudes and beliefs and its effect in accessing safe abortion service**". This study is being conducted in 4 different districts of Nepal; Jhapa, Parsa, Gorkha and Surkhet.

The main objective of this study is to explore the nature and extent of abortion stigma in the community and understand its effect in accessing safe abortion services. The information we gather from you will help in reducing the negative attitude towards abortion and ensuring that safe abortion service is available and accessible to women.

This group discussion will be 1.5 to 2 hours long. Your participation in this study is completely voluntary. If you feel any sort of discomfort during the discussion, you can leave the discussion at any time. This discussion will be recorded and our note-taker friend will be taking notes of the information during the discussion. The confidentiality of the information you provide during this discussion will be well-maintained. Your thoughts and perception are important to us.

You can ask us anything if you have any queries or confusion while discussing. Shall we begin?

Agree ☐

Disagree ☐ Stop the discussion

Participant Details

Code.....

Date.....

Place of discussion.....

Province.....

District.....

Sub-Metropolitan/Municipality/Rural Municipality

Participant number	Caste/Ethnicity	Age	Religion	Marital Status	Educational Status	Occupation	Sign or Stamp
P1							
P2							

I (all the participants mentioned above) agree to participate in this study. I agree to the following terms and condition:

- I have been well-informed about the study procedures and the amount of time taken for this study (any discomfort, difficulties or other effects) and all my doubts and queries were answered and solved.
- I read the information details and the facilitator gave me the opportunity to ask questions and discuss about the study.
- I have understood, my participation in this study is completely voluntary and I have not been forced to provide consent.
- I have understood, my participation in this study and my identity will be kept confidential. I have understood that in any study or research, the confidentiality of participants involved in data collection can be maintained during publication of the report.
- I have understood, I can leave the discussion at any time. This will not affect my relationship with the facilitator or the organization.
- I have understood, I can stop the discussion at any time if I don't want to participate, all the information recorded will be completely destroyed and the information I have provided will not be used anywhere in this study.

I agree :

Record the discussion : Yes ☐ No ☐

Annex III (A)

Informed Consent for In-Depth Interview

Beyond Beijing Committee, Nepal Abortion Stigmatization Attitudes and Beliefs and Its Effect in Accessing Safe Abortion Service Inform Consent Form-IDI (Post-Abortive Women)

Namaste! My name is I work in an organization, Beyond Beijing Committee as a research assistant. We are conducting a study on "**Abortion Stigmatization attitudes and beliefs and its effect in accessing safe abortion service**". This study is being conducted in 4 different districts of Nepal; Jhapa, Parsa, Gorkha and Surkhet.

The main objective of this study is to explore the nature and extent of abortion stigma in the community and understand its effect in accessing safe abortion services. The information we gather from you will help in reducing the negative attitude towards abortion and ensuring that safe abortion service is available and accessible to women.

This interview will be 1.5 to 2 hours long. Your participation in this study is completely voluntary. If you feel any sort of discomfort during the interview, you can stop it at any time. This interview will be recorded and the information you provide during the interview will be confidential. Your thoughts and perception are important to us.

Shall we begin?

Agree to participate ☐ Move forward with the interview..... (Signature/Finger print)
Disagree to participate ☐ Stop the interview and find new participant

Personal Details

Code.....	Date of the Interview
Province.....	District.....
Name Sub-Metropolitan/Municipality/Rural Municipality	
Area name.....	Ward number.....
Caste/Ethnicity.....	Age.....
Marital Status (Married/Unmarried)
Total number of pregnancies.....	Total no of children alive/dead.....
Religion.....	Occupation.....
Education Level	Place of interview.....
Interview starting time.....	Interview ending time.....

Annex III (B)

Beyond Beijing Committee, Nepal
 Abortion Stigmatization Attitudes and Beliefs and Its Effect in Accessing
 Safe Abortion Service
 Inform Consent Form-IDI (Policy Level)

Namaste! My name is I work in an organization named Beyond Beijing Committee. We are conducting a study on "**Abortion Stigmatization attitudes and beliefs and its effect in accessing safe abortion service**". This study is being conducted in 4 different districts of Nepal; Jhapa, Parsa, Gorkha and Surkhet.

The main objective of this study is to explore the nature and extent of abortion stigma in the community and understand its effect in accessing safe abortion services. The information we gather from you will help in reducing the negative attitude towards abortion and ensuring that safe abortion service is available and accessible to women.

This interview will take about 30 to 45 minutes. Your participation in this study is completely voluntary. If you feel any sort of discomfort during the interview, you can stop it at any time. This interview will be recorded and the information you provide during the interview will be confidential. Your thoughts and perception are important to us.

Shall we begin?

Agree to participate ☐ Move forward with the interview..... (Signature/Finger print)
 Disagree to participate ☐ Stop the interview and find new participant

Personal Details

Date of the Interview	
Place of Interview.....	District/Ward no.
Name of Organization.....	Official Post.....
Caste/Ethnicity.....	Sex.....
Marital Status (Married/Unmarried)	Age.....
Interview starting time.....	Interview ending time.....

Annex IV:

FGD Guidelines for Male Group

Topic	Questions and Probing
Female Health (Entry Questions)	<ol style="list-style-type: none"> 1. What do you know and understand by female health? 2. What do you understand by reproductive health?(Probe: Give examples about Family Planning, Safe Motherhood, Abortion etc.) 3. Who are the people having more concern about female reproductive health in the society?(Probe: Male, Female, Faith Healers, Religious Leaders, FCHVs, Teachers etc.) 4. What is the situation of gender discrimination in your society? What is the social status of women in your society? Why?
Abortion: Knowledge and Attitude	<ol style="list-style-type: none"> 5. What do you understand by abortion?What is your source of information regarding abortion? How did you find out about abortion? 6. Do you know about the legal status of abortion in Nepal? What are the conditions required for having legal abortion? (Probe: According to the will of married/unmarried female, unintentional pregnancy, pregnancy due to rape or incest, unplanned pregnancy, if the physical or mental health or life of the pregnant woman is at risk, if the female has educational, economic or work problems, at any time with the advice of a medical practitioner and others) 7. According to the law, up to how many weeks/ months and under what conditions can a woman have abortion? 8. As per your understanding, why was abortion legalized in Nepal? What are your thoughts and attitude on abortion being legalized? Why? 9. What are the existing laws related to abortion?(Probe: By force, lure, talking them into abortion or against abortion) 10. What are the punishments in case of illegal abortion? (Probe: Up to how many weeks of abortion, duration of jail punishments and fines etc.) 11. What do you understand by safe abortion service? (Probe: With the consent of pregnant woman, legalized abortion sites by Nepal Government, trained and skilled health professionals, health facility having safe abortion logo, etc.) 12. What do you understand by unsafe abortion? What are your attitude and perception regarding unsafe abortion? Why do women practice unsafe abortion? 13. Where are safe abortion services available? Mention the name of health facilities where safe abortion services are available. 14. Do you think awareness and information about safe abortion service is lacking in your community? Why do you think so? 15. What do you think could be the appropriate mediums and sources to provide education, information and create awareness regarding safe abortion services to women? 16. How many times can women have abortion if she wants to? What sorts of problems could arise in case of repetitive abortion? Why?

Topic	Questions and Probing
Ending unwanted pregnancy: Trends and Practices	<p>17. What does a pregnant woman or a couple do in case of unwanted pregnancy in this community? Why are such trends and practices being followed? What happens if someone does not follow such trends/practices? What are the effects of such trends/practices on women?</p> <p>18. What do you think about such practices/trends being followed by women and adolescent girls with unintended pregnancy? Why?</p>
Reasons for abortion: Attitude and Perception	<p>19. According to your opinion, why do women have abortion? (Probe: Unintentional pregnancy, desire of children fulfilled, etc.)</p> <p>20. What type of women abort their pregnancy in your community?(Probe: any women, unmarried women, married women, pregnancy before marriage, rape cases, incest, unintentional pregnancy, if the health of pregnant women is at risk, problems in economy, education and work, will of the women, etc.)</p> <p>21. Is abortion a matter of personal choice for women? Who do you think should make the decision for abortion?(Probe: Female herself, couple, family members)</p> <p>21.1. What are your thoughts and perception on women making the choice and decision for abortion? Whose decision should it be? Why?</p> <p>21.2. Should all women have the choice to make decision about abortion? Who should and who should not have the choice to make the decision? Why?</p> <p>21.3. Should unmarried women also have the choice to make the decision for abortion? If yes, why? If no, why?</p> <p>21.4. Should adolescent girls also have the choice to make such decision? If yes, why? If no, why?</p> <p>22. Do you think reproductive health is a right of women? Is abortion a right of women or not? Give your opinion on this. Why?</p>
We discussed generally about abortion, now we will be discussing about attitudes, beliefs and perception related to abortion.	
Decision and consent for abortion	<p>23. In your neighbourhood and community, if a woman wants to have an abortion, have you seen her family or her spouse supporting her? If yes, how and why? If no, how and why not?(Probe: Religious faith and beliefs, negative effects in the health of the women, abortion is feticide, sin, social crime, connected with norms and values, abortion not legalized, listed under criminal offense in law, belief that foetus is human, belief that it is the right of women, carelessness and negligence of women, not a good mother or woman, dirty, heatless, contagious, will get habituated to it, unfaithful, unreligious, brings shame to the family, characterless, immoral, prostitute, etc.)</p> <p>24. If a woman has abortion, how is she treated in your community? Should she be treated differently than other women? Why/Why not?</p>
Now, I would like to discuss about the challenges and difficulties women have to face in accessing safe abortion services.	
Accessibility, availability and use of Safe Abortion Services: its difficulties and challenges	<p>25. What kind of difficulties and challenges do women face in accessing safe abortion services in your community? (Probe: Clueless about the availability of services, financial problems, travel a long distance, women not being able to make the choice or decision, should get the approval of husband/ mother-in-law, no friends or supporters to go along with, fear of the society, etc.)</p> <p>26. Is it essential for safe abortion services to be available, accessible and affordable to all women? Why? (Probe: Discussion about each area separately; availability, accessibility, affordability)</p>

Topic	Questions and Probing
	<p>27. What are your attitude and perception towards women's reproductive health and right to safe abortion being ensured by the law and Constitution of Nepal? Why?</p> <p>28. Government of Nepal has been providing free safe abortion services since 2073 B.S. What are your thoughts, attitude and perception on this? Why?</p>
Nature and extent of stigmas towards abortion and PAW	<p>29. What do you know about the stigmas, blame, discrimination, negative attitude and perception on abortion? What do you understand by abortion stigma? To what extent are PAW blamed and stigmatized in your community? Why?</p> <p>30. What are your community's attitude and perception towards abortion? What kind of attitude do people of this community show towards PAW?(Probe)</p> <p>30.1. What are the symbolic or alternative names used for abortion?(For Example: Sin, Crime, bad act, feticide, throwing away the baby)What does that mean? To what extent does such negativity and attitude exist? Why do people have such thoughts and attitude towards abortion? In your community, what sort of attitude and perception are found in abundance?(Probe: Abortion is a sin, Social crime, etc.)</p> <p>30.2. What sort of symbolic or alternative names are PAW called by? Can you provide some examples?(Probe: Sinner, Bad luck, murderer, scandalous, child killer, prostitute, characterless, etc.)What do these names mean?</p> <p>To what extent do they believe in and perceive such symbolic names? Why do such thoughts and attitude still exist towards PAW?(Probe: For example; what are your religious beliefs and perception towards abortion? How does your religion describe the status and role of women in your society? Why does such beliefs still exist? What sort of beliefs and perception are abundantly prevalent in your society?)</p> <p>30.3. What sorts of negativity, superstitions and religious beliefs are extensively found in the community? (Probe: abortion is feticide, it is a sin, negatively affects the health of the women, negligence, carelessness, selfish mother/woman, social crime, loss of womanhood/motherhood woman, dirty, heartless mother, will get habituated to it, contagious, unfaithful, immoral, brings shame to family, etc.)</p> <p>31. To what extent do these negative prejudice, biasedness and superstitions prevail? Why are they having such negative thoughts and attitude towards PAW?</p> <p>31.1. Is it appropriate to have negative attitude and perception about PAW? Why?</p> <p>31.2. What can be the major sources behind such beliefs attitude and perception?(Probe: For example; Religious faiths and beliefs, lack of education, no knowledge about the laws related to abortion, lack of information, status of women in our society, prejudice, gender inequality, male dominated society, orthodox society, patriarchal mentality, abortion listed under crime section in law, viewing foetus as a human being, abortion as women's right etc.)</p> <p>31.3. Are there any negative perception, belief or stigmas towards abortion done during any specific time period? If yes, why? If no, why?</p> <p>32. Why do women keep their abortion a secret?</p> <p>33. Why are PAW stigmatized and blamed after abortion?</p>
Reasons behind stigmatizing abortion and PAW (Why does this happen?)	<p>34. What could be the reasons for having negative perception and stigmatizing abortion and PAW?(Probe: Religious norms and values, orthodox society, superstitions, negatively affects the health of women, abortion not yet legalized, unawareness and lack of education, status of women in the society, patriarchal mentality, gender inequality, abortion listed under criminal offense in law, taking foetus as human being, abortion as women's right, lack of training, education and awareness regarding abortion stigmas, perception towards a female's sexuality, etc.)</p>

Topic	Questions and Probing
Creator, supporter and preserver of stigmas and negative attitude towards abortion and PAW (Who does this?)	35. Who are the people or group of people having negative attitude and perception about abortion and still discriminate and stigmatize abortion?(Probe: Religious preachers/ leaders, old people, male, female, life preservers who are against abortion, media sources, politicians, who are superstitious and orthodox, health service providers and others)
Abortion stigmas v of violating women's reproductive health rights Consequ	36. In your opinion, do abortion stigma violate women's reproductive health rights? What is your perception on this? 37. How does abortion stigma and negative attitude affect PAW or any woman who wants to have an abortion and what effects do such discrimination have on them? (Probe) - Health effects: No access to safe abortion services, opting for unsafe abortion, continuation of unwanted pregnancy, delay in using safe abortion service, physical and mental effects, depression, infertility, unacceptance in giving right information about health, excessive charge for service, usage of low quality services, not using post abortion care services, not enough rest and care, maternal mortality or ill-health, suicide attempt, not taking ANC services in case of re-pregnancy, etc) - Social effects: Verbal or physical abuse, violence, eviction from family, school or workplace, publicly shamed, risk in marriage and relationships, deprived of all the support, deprived from religious norms and religious places, social boycotting, increase in family workload, not allowing them to go anywhere, etc.) - Economic effects: Deprived from employment opportunities, not getting any financial support from family as they might think she would do abortion again etc.) 38. Do such negative effect and impact need to exist in the community? Why? 39. How have women been facing such stigmas? Why? 40. Apart from women, who else could be affected by such stigmas and negative perceptions and how? Why?
ences and effects of abortion stigma and negative attitude Solution and measures for abortion stigma and negative attitude towards abortion	41. How do you think can stigma and negative attitude on abortion be removed? 42. Who can and should play a role in removing such stigmas and negative attitude towards abortion? (Probe: Religious leaders, faith healers, government and organizations, provincial and local authorities, political leaders, media, female right activists, male, female, teachers, organization working for abortion, etc.) 43. What sorts of programs should be conducted to remove or change the abortion stigma and negative attitude about abortion and to ensure the women's right for safe abortion as well? 44. Is it essential to remove or change the stigmatization and negative attitude on abortion? Why/Why not? 45. What could be the role of community leaders and recognized personalities like you in eliminating stigmas, negative perceptions, beliefs, orthodoxy, religious trends and practices regarding abortion from the society? What can be done?
We have discussed about stigmas, negative attitudes, perceptions and beliefs and the effect it has on women. Would you like to add anything more on this or would you like to discuss about anything related to the subject matter?	

Annex V:

FGD Guidelines for Female Group

Topic	Questions and Probing
Female Health (Entry Questions) Abortion:	<ol style="list-style-type: none"> 1. What do you know and understand by female health? 2. What do you understand by reproductive health? (Probe: Give examples about Family Planning, Safe Motherhood, Abortion etc.) 3. Who are the people having more concern about female reproductive health in the society? (Probe: Male, Female, Faith Healers, Religious Leaders, FCHVs, Teachers etc.) 4. What is the situation of gender discrimination in your society? What is the social status of women in your society? Why?
Knowledge and Attitude	<ol style="list-style-type: none"> 5. What do you understand by abortion? What is your source of information regarding abortion? How did you find out about abortion? 6. Do you know about the legal status of abortion in Nepal? What are the conditions required for having legal abortion? (Probe: According to the will of married/unmarried female, unintentional pregnancy, pregnancy due to rape or incest, unplanned pregnancy, if the physical or mental health or life of the pregnant woman is at risk, if the female has educational, economic or work problems, at any time with the advice of a medical practitioner and others) 7. According to the law, up to how many weeks/ months and under what conditions can a woman have abortion? 8. As per your understanding, why was abortion legalized in Nepal? What are your thoughts and attitude on abortion being legalized? Why? 9. What are the existing laws related to abortion? (Probe: By force, lure, talking them into abortion or against abortion) 10. What are the punishments in case of illegal abortion? (Probe: Up to how many weeks of abortion, duration of jail punishments and fines etc.) 11. What do you understand by safe abortion service? (Probe: With the consent of pregnant woman, legalized abortion sites by Nepal Government, trained and skilled health professionals, health facility having safe abortion logo, etc.) 12. What do you understand by unsafe abortion? What are your attitude and perception regarding unsafe abortion? Why do women practice unsafe abortion? 13. Where are safe abortion services available? Mention the name of health facilities where safe abortion services are available. 14. Do you think awareness and information about safe abortion service is lacking in your community? Why do you think so? 15. What do you think could be the appropriate mediums and sources to provide education, information and create awareness regarding safe abortion services to women? 16. How many times can women have abortion if she wants to? What sorts of problems could arise in case of repetitive abortion? Why?

Ending unwanted pregnancy:	<p>17. What does a pregnant woman or a couple do in case of unwanted pregnancy in this community? Why are such trends and practices being followed? What happens if someone does not follow such trends/practices? What are the effects of such trends/practices on women?</p> <p>18. What do you think about such practices/trends being followed by women and adolescent girls with unintended pregnancy? Why?</p>
Trends and Practices Reasons for abortion: Attitude and Perception	<p>19. According to your opinion, why do women have abortion? (Probe: Unintentional pregnancy, desire of children fulfilled, etc.)</p> <p>20. What type of women abort their pregnancy in your community? (Probe: any women, unmarried women, married women, pregnancy before marriage, rape cases, incest, unintentional pregnancy, if the health of pregnant women is at risk, problems in economy, education and work, will of the women, etc.)</p> <p>21. Is abortion a matter of personal choice for women? Who do you think should make the decision for abortion? (Probe: Female herself, couple, family members)</p> <p>21.1. What are your thoughts and perception on women making the choice and decision for abortion? Whose decision should it be? Why?</p> <p>21.2. Should all women have the choice to make decision about abortion? Who should and who should not have the choice to make the decision? Why?</p> <p>21.3. Should unmarried women also have the choice to make the decision for abortion? If yes, why? If no, why?</p> <p>21.4. Should adolescent girls also have the choice to make such decision? If yes, why? If no, why?</p> <p>22. Do you think reproductive health is a right of women? Is abortion a right of women or not? Give your opinion on this. Why?</p>
We discussed generally about abortion, now we will be discussing about attitudes, beliefs and perception related to abortion.	
Decision and consent for abortion	<p>23. In your neighbourhood and community, if a woman wants to have an abortion, have you seen her family or her spouse supporting her? If yes, how and why? If no, how and why not? (Probe: Religious faith and beliefs, negative effects in the health of the women, abortion is feticide, sin, social crime, connected with norms and values, abortion not legalized, listed under criminal offense in law, belief that foetus is human, belief that it is the right of women, carelessness and negligence of women, not a good mother or woman, dirty, heatless, contagious, will get habituated to it, unfaithful, unreligious, brings shame to the family, characterless, immoral, prostitute, etc.)</p> <p>24. If a woman has abortion, how is she treated in your community? Should she be treated differently than other women? Why/Why not?</p>
Now, I would like to discuss about the challenges and difficulties women have to face in accessing safe abortion services.	
Accessibility, availability and use of Safe Abortion Services: its difficulties and challenges	<p>25. What kind of difficulties and challenges do women face in accessing safe abortion services in your community? (Probe: Clueless about the availability of services, financial problems, travel a long distance, women not being able to make the choice or decision, should get the approval of husband/ mother-in-law, no friends or supporters to go along with, fear of the society, etc.)</p> <p>26. Is it essential for safe abortion services to be available, accessible and affordable to all women? Why? (Probe: Discussion about each area separately; availability, accessibility, affordability)</p>

Topic	Questions and Probing
	<p>27. What are your attitude and perception towards women's reproductive health and right to safe abortion being ensured by the law and Constitution of Nepal? Why?</p> <p>28. Government of Nepal has been providing free safe abortion services since 2073 B.S. What are your thoughts, attitude and perception on this? Why?</p>
Nature and extent of stigmas towards abortion and PAW	<p>29. What do you know about the stigmas, blame, discrimination, negative attitude and perception on abortion? What do you understand by abortion stigma? To what extent are PAW blamed and stigmatized in your community? Why?</p> <p>30. What are your community's attitude and perception towards abortion? What kind of attitude do people of this community show towards PAW? (Probe)</p> <p>a. What are the symbolic or alternative names used for abortion? (For Example: Sin, Crime, bad act, feticide, throwing away the baby) What does that mean? To what extent does such negativity and attitude exist? Why do people have such thoughts and attitude towards abortion? In your community, what sort of attitude and perception are found in abundance? (Probe: Abortion is a sin, Social crime, etc.)</p> <p>b. What sort of symbolic or alternative names are PAW called by? Can you provide some examples? (Probe: Sinner, Bad luck, murderer, scandalous, child killer, prostitute, characterless, etc.) What do these names mean?</p> <p>To what extent do they believe in and perceive such symbolic names? Why do such thoughts and attitude still exist towards PAW? (Probe: For example; what are your religious beliefs and perception towards abortion? How does your religion describe the status and role of women in your society? Why does such beliefs still exist? What sort of beliefs and perception are abundantly prevalent in your society?)</p> <p>c. What sorts of negativity, superstitions and religious beliefs are extensively found in the community? (Probe: abortion id feticide, it is a sin, negatively affects the health of the women, negligence, carelessness, selfish mother/ woman, social crime, loss of womanhood/motherhood woman, dirty, heartless mother, will get habituated to it, contagious, unfaithful, immoral, brings shame to family, etc.)</p> <p>31. To what extent do these negative prejudice, biasedness and superstitions prevail? Why are they having such negative thoughts and attitude towards PAW?</p> <p>a. Is it appropriate to have negative attitude and perception about PAW? Why?</p> <p>b. What can be the major sources behind such beliefs attitude and perception? (Probe: For example; Religious faiths and beliefs, lack of education, no knowledge about the laws related to abortion, lack of information, status of women in our society, prejudice, gender inequality, male dominated society, orthodox society, patriarchal mentality, abortion listed under crime section in law, viewing foetus as a human being, abortion as women's right etc.)</p> <p>c. Are there any negative perception, belief or stigmas towards abortion done during any specific time period? If yes, why? If no, why?</p> <p>32. Why do women keep their abortion a secret?</p> <p>33. Why are PAW stigmatized and blamed after abortion?</p>
Reasons behind stigmatizing abortion and PAW (Why does this happen?)	<p>34. What could be the reasons for having negative perception and stigmatizing abortion and PAW? (Probe: Religious norms and values, orthodox society, superstitions, negatively affects the health of women, abortion not yet legalized, unawareness and lack of education, status of women in the society, patriarchal mentality, gender inequality, abortion listed under criminal offense in law, taking foetus as human being, abortion as women's right, lack of training, education and awareness regarding abortion stigmas, perception towards a female's sexuality, etc.)</p>

Topic	Questions and Probing
Creator, supporter and preserver of stigmas and negative attitude towards abortion and PAW (Who does this?)	35. Who are the people or group of people having negative attitude and perception about abortion and still discriminate and stigmatize abortion? (Probe: Religious preachers/ leaders, old people, male, female, life preservers who are against abortion, media sources, politicians, who are superstitious and orthodox, health service providers and others)
Abortion stigmas of violating women's reproductive health rights	36. In your opinion, do abortion stigma violate women's reproductive health rights? What is your perception on this?
Consequences and effects of abortion stigma and negative attitude	<p>37. How does abortion stigma and negative attitude affect PAW or any woman who wants to have an abortion and what effects do such discrimination have on them? (Probe)</p> <ul style="list-style-type: none"> - Health effects: No access to safe abortion services, opting for unsafe abortion, continuation of unwanted pregnancy, delay in using safe abortion service, physical and mental effects, depression, infertility, unacceptance in giving right information about health, excessive charge for service, usage of low quality services, not using post abortion care services, not enough rest and care, maternal mortality or ill-health, suicide attempt, not taking ANC services in case of re-pregnancy, etc) - Social effects: Verbal or physical abuse, violence, eviction from family, school or workplace, publicly shamed, risk in marriage and relationships, deprived of all the support, deprived from religious norms and religious places, social boycotting, increase in family workload, not allowing them to go anywhere, etc.) - Economic effects: Deprived from employment opportunities, not getting any financial support from family as they might think she would do abortion again etc.) <p>38. Do such negative effect and impact need to exist in the community? Why?</p> <p>39. How have women been facing such stigmas? Why?</p> <p>40. Apart from women, who else could be affected by such stigmas and negative perceptions and how? Why?</p>
Solution and measures for abortion stigma and negative attitude towards abortion	<p>41. How do you think can stigma and negative attitude on abortion be removed?</p> <p>42. Who can and should play a role in removing such stigmas and negative attitudes towards abortion? (Probe: Religious leaders, faith healers, government and organizations, provincial and local authorities, political leaders, media, female right activists, male, female, teachers, organization working for abortion, etc.)</p> <p>43. What sorts of programs should be conducted to remove or change the abortion stigma and negative attitude about abortion and to ensure the women's right for safe abortion as well?</p> <p>44. Is it essential to remove or change the stigmatization and negative attitude on abortion? Why/Why not?</p> <p>45. What could be the role of community leaders and recognized personalities like you in eliminating stigmas, negative perceptions, beliefs, orthodoxy, religious trends and practices regarding abortion from the society? What can be done?</p>
<p>We have discussed about stigmas, negative attitudes, perceptions and beliefs and the effect it has on women. Would you like to add anything more on this or would you like to discuss about anything related to the subject matter?</p>	

Annex VI:

FGD Guidelines for Abortion Service Providers

Topic	Questions and Probing
Sexual and Reproductive Health and Rights (Entry Questions)	<ol style="list-style-type: none"> 1. What do you understand by sexual and reproductive health? Can you explain? 2. What do you understand by sexual and reproductive health and rights?(Probe) According to you, is reproductive health a right of women? Is access to abortion a right of women? Give your opinion on this. Why? 3. How important is sexual and reproductive health and rights for a women's health?
Reasons for abortion: Attitude and Perception regarding abortion	<ol style="list-style-type: none"> 4. According to your opinion, why do women have abortion? (Probe: Unintentional pregnancy, desire of children fulfilled, etc.) 5. How do you see or what is your attitude towards abortion and women having abortion? 6. What sorts of women come to your health facility for abortion?(Probe: any women, unmarried women, married women, pregnancy before marriage, rape cases, incest, unintentional pregnancy, if the health of pregnant women is at risk, problems in economy, education and work, will of the women, etc.) 7. Is abortion a matter of personal choice for women? Who do you think should make the decision for abortion? (Probe: Female herself, couple, family members) <ol style="list-style-type: none"> 7.1. What are your thoughts and perception on women making the choice and decision for abortion? Whose decision should it be? Why? 7.2. Should all women have the choice to make decision about abortion? Who should and who should not have the choice to make the decision? Why? 7.3. Should unmarried women also have the choice to make the decision for abortion? If yes, why? If no, why? 7.4. Should adolescent girls also have the choice to make such decision? If yes, why? If no, why?
Now, I would like to discuss about the challenges and difficulties women have to face in accessing safe abortion services.	
Accessibility, availability and use of Safe Abortion Services: its difficulties and challenges	<ol style="list-style-type: none"> 8. What kind of difficulties and challenges do women face in accessing safe abortion services in your community? (Probe: Clueless about the availability of services, financial problems, travel a long distance, women not being able to make the choice or decision, should get the approval of husband/ mother-in-law, no friends or supporters to go along with, fear of the society, etc.) 9. Is it essential for safe abortion services to be available, accessible and affordable to all women? Why? (Probe: Discussion about each area separately; availability, accessibility, affordability) 10. What are your attitude and perception towards women's reproductive health and right to safe abortion being ensured by the law and Constitution of Nepal? Why? 11. Government of Nepal has been providing free safe abortion services since 2073 B.S. What are your thoughts, attitude and perception on this? Why?

Topic	Questions and Probing
Now we would like to discuss about your experience while providing safe abortion services.	
Abortion Service Provider's experience	<p>12. What type of services do you provide and what trainings have you received? What were you taught in those trainings? (Probe: Were you taught about the stigmatization, negative thoughts, perception, superstitious beliefs towards PAW and how to face those challenges?)</p> <p>13. What kind of information, messages, education and counselling do you provide to women who come to seek safe abortion service and to PAW?(Probe: Counselling before and after abortion, family planning methods, abortion procedures and mild effects that could occur post abortion, etc.)</p> <p>14. How have you been maintaining the secrecy and confidentiality of PAW?</p> <p>15. Do all PAW come for Post-abortion Care? If no, why? (Probe: Fear of disclosure, behaviour of service providers, unsatisfactory service, etc.)</p> <p>16. In what conditions do you not provide safe abortion services? (Probe) Do you think that is right?</p> <p>16.1. Have you ever refused to provide safe abortion service to any women seeking for the service? Why and to whom?</p> <p>16.2. Do you know any other service providers who have refused to provide safe abortion service? Who-Nurse, ANM, Doctors or others?(Probe)Why did they refuse? Who did they refuse to provide service to?</p> <p>17. Have you ever told any woman that she should not have an abortion? Why and to whom?</p> <p>18. Have you ever suggested a woman not to have abortion? If yes, why? (Note: Simplify these questions and ask)</p> <p>18.1. Do you know any service provider who has suggested any service seeking woman not to have abortion?</p> <p>18.2. Is it because of the negative thoughts and perception they have regarding abortion?(Probe)</p> <p>19. What kind of challenges have you been facing while providing safe abortion services? (Probe)Has any person, community, other health service providers treated you in any different way, shown negative attitude or misbehaved with you because you are an abortion service provider? Do you know if some other service providers have been going through such things because of the profession and the work they do?</p> <p>20. What are your attitudes and perception about the work you do and your accountability for providing safe abortion services?</p>
Now I would like to move forward towards discussing the nature and extent of stigmas regarding abortion and PAW	
Nature and extent of stigmas towards abortion and PAW	<p>21. What do you know about the stigmas, blame, discrimination, negative attitude and perception on abortion? What do you understand by abortion stigma? To what extent are PAW blamed and stigmatized in your community? Why?</p> <p>22. What are your community's attitude and perception towards abortion? What kind of attitude do people of this community show towards PAW? (Probe)</p> <p>22.1. What are the symbolic or alternative names used for abortion? (For Example: Sin, Crime, bad act, feticide, throwing away the baby) What does that mean?</p> <p>To what extent does such negativity and attitude exist? Why do people have such thoughts and attitude towards abortion? In your community, what sort of attitude and perception are found in abundance? (Probe: Abortion is a sin, Social crime, etc.)</p> <p>22.2. What sort of symbolic or alternative names are PAW called by? Can you provide some examples? (Probe: Sinner, Bad luck, murderer, scandalous, child killer, prostitute, characterless, etc.) What do these names mean?</p>

Topic	Questions and Probing
	<p>To what extent do they believe in and perceive such symbolic names? Why do such thoughts and attitude still exist towards PAW? (Probe: For example; what are your religious beliefs and perception towards abortion? How does your religion describe the status and role of women in your society? Why does such beliefs still exist? What sort of beliefs and perception are abundantly prevalent in your society?)</p> <p>22.3. What sorts of negativity, superstitions and religious beliefs are extensively found in the community? (Probe: abortion id feticide, it is a sin, negatively affects the health of the women, negligence, carelessness, selfish mother/woman, social crime, loss of womanhood/motherhood woman, dirty, heartless mother, will get habituated to it, contagious, unfaithful, immoral, brings shame to family, etc.)</p> <p>23. To what extent do these negative prejudice, biasedness and superstitions prevail? Why are they having such negative thoughts and attitude towards PAW?</p> <p>23.1. Is it appropriate to have negative attitude and perception about PAW? Why?</p> <p>23.2. What can be the major sources behind such beliefs attitude and perception? (Probe: For example; Religious faiths and beliefs, lack of education, no knowledge about the laws related to abortion, lack of information, status of women in our society, prejudice, gender inequality, male dominated society, orthodox society, patriarchal mentality, abortion listed under crime section in law, viewing foetus as a human being, abortion as women's right etc.)</p> <p>23.3. Are there any negative perception, belief or stigmas towards abortion done during any specific time period? If yes, why? If no, why?</p> <p>24. Why do women keep their abortion a secret?</p> <p>25. Why are PAW stigmatized and blamed after abortion?</p>
Reasons behind stigmatizing abortion and PAW (Why does this happen?)	<p>26. What could be the reasons for having negative perception and stigmatizing abortion and PAW? (Probe: Religious norms and values, orthodox society, superstitions, negatively affects the health of women, abortion not yet legalized, unawareness and lack of education, status of women in the society, patriarchal mentality, gender inequality, abortion listed under criminal offense in law, taking foetus as human being, abortion as women's right, lack of training, education and awareness regarding abortion stigmas, perception towards a female's sexuality, etc.)</p>
Creator, supporter and preserver of stigmas and negative attitude towards abortion and PAW (Who does this?)	<p>27. Who are the people or group of people having negative attitude and perception about abortion and still discriminate and stigmatize abortion? (Probe: Religious preachers/ leaders, old people, male, female, life preservers who are against abortion, media sources, politicians, who are superstitious and orthodox, health service providers and others)</p>
Abortion stigmas v of violating women's reproductive health rights	<p>28. In your opinion, do abortion stigma violate women's reproductive health rights? What is your perception on this?</p>

Topic	Questions and Probing
Consequences and effects of abortion stigma and negative attitude	<p>29. How does abortion stigma and negative attitude affect PAW or any woman who wants to have an abortion and what effects do such discrimination have on them? (Probe)</p> <ul style="list-style-type: none"> - Health effects: No access to safe abortion services, opting for unsafe abortion, continuation of unwanted pregnancy, delay in using safe abortion service, physical and mental effects, depression, infertility, unacceptance in giving right information about health, excessive charge for service, usage of low quality services, not using post abortion care services, not enough rest and care, maternal mortality or ill-health, suicide attempt, not taking ANC services in case of re-pregnancy, etc) - Social effects: Verbal or physical abuse, violence, eviction from family, school or workplace, publicly shamed, risk in marriage and relationships, deprived of all the support, deprived from religious norms and religious places, social boycotting, increase in family workload, not allowing them to go anywhere, etc.) - Economic effects: Deprived from employment opportunities, not getting any financial support from family as they might think she would do abortion again etc.) <p>30. Do such negative effect and impact need to exist in the community? Why?</p> <p>31. How have women been facing such stigmas? Why?</p> <p>32. Apart from women, who else could be affected by such stigmas and negative perceptions and how? Why?</p>
Solution and measures for abortion stigma and negative attitude towards abortion	<p>33. How do you think can stigma and negative attitude on abortion be removed?</p> <p>34. Who can and should play a role in removing such stigmas and negative attitudes towards abortion? (Probe: Religious leaders, faith healers, government and organizations, provincial and local authorities, political leaders, media, female right activists, male, female, teachers, organization working for abortion, etc.)</p> <p>35. What sorts of programs should be conducted to remove or change the abortion stigma and negative attitude about abortion and to ensure the women's right for safe abortion as well?</p> <p>36. Is it essential to remove or change the stigmatization and negative attitude on abortion? Why/Why not?</p> <p>37. What could be the role of community leaders and recognized personalities like you in eliminating stigmas, negative perceptions, beliefs, orthodoxy, religious trends and practices regarding abortion from the society? What can be done?</p>
We have discussed about stigmas, negative thoughts, perceptions and beliefs and the effect it has on women. Would you like to add anything more on this or would you like to discuss about anything related to the subject matter?	

Annex VII:

IDI Guidelines for Post-Abortive Women

Topic	Questions and Probing
Female Health (Entry Questions)	<ol style="list-style-type: none"> 1. What do you know and understand by female health? 2. What do you understand by reproductive health? (Probe: Give examples about Family Planning, Safe Motherhood, Abortion etc.) 3. Who are the people having more concern about female reproductive health in the society? (Probe: Male, Female, Faith Healers, Religious Leaders, FCHVs, Teachers etc.) 4. What is the situation of gender discrimination in your society? What is the social status of women in your society? Why?
Abortion: Knowledge and Attitude	<ol style="list-style-type: none"> 5. What do you think abortion means? What do you know, understand and what have you heard about abortion? <ol style="list-style-type: none"> 5.1. How did you get the information about abortion? 5.2. From where do you and women like you find out about abortion? 6. Do you know if abortion has been legalized in Nepal or not? (If no, skip to question no.7) <ol style="list-style-type: none"> 6.1. If yes, what are the conditions required for having legal abortion in Nepal? (Probe: According to the will of married/unmarried female, unintentional pregnancy, pregnancy due to rape or incest, unplanned pregnancy, if the physical or mental health or life of the pregnant woman is at risk, if the female has educational, economic or work problems, at any time with the advice of a medical practitioner and others) 6.2. What are the existing laws related to abortion?(Probe: By force, threat, lure into or out of abortion, etc.) 6.3. According to the law, up to how many weeks/ months and under what conditions can a woman have abortion? 7. As per your understanding, why was abortion legalized in Nepal? What are your thoughts and attitude on abortion being legalized? Why? 8. What do you understand by safe abortion service? (Probe: With the consent of pregnant woman, legalized abortion sites by Nepal Government, trained and skilled health professionals, health facility having safe abortion logo, etc.) <ol style="list-style-type: none"> 8.1. Where are safe abortion services available? Mention the name of health facilities where safe abortion service is available. 9. What do you understand by unsafe abortion? What are your attitude and perception regarding unsafe abortion? Why do women practice unsafe abortion?
Reasons for abortion: Attitude and Perception	<ol style="list-style-type: none"> 10. According to your opinion, why do women have abortion? (Probe: Unintentional pregnancy, desire of children fulfilled, etc.) <ol style="list-style-type: none"> 10.1 What type of women abort their pregnancy in your community? (Probe: any women, unmarried women, married women, pregnancy before marriage, rape cases, incest, unintentional pregnancy, if the health of pregnant women is at risk, problems in economy, education and work, will of the women, etc.)

Topic	Questions and Probing
	<p>11. Is abortion a matter of personal choice for women? Who do you think should make the decision for abortion? (Probe: Female herself, couple, family members)</p> <p>11.1. Should women have the choice to make decision about abortion? Why?</p> <p>11.2. Should all women have the choice to make decision about abortion? Who should and who should not have the choice to make the decision? Why?</p> <p>11.3. Should unmarried women also have the choice to make the decision for abortion? If yes, why? If no, why?</p> <p>11.4. Should adolescent girls also have the choice to make such decision? If yes, why? If no, why?</p> <p>12. Do you think reproductive health is a right of women? Is abortion a right of women or not? Give your opinion on this. Why?</p>
We discussed generally about abortion, now we will be discussing about your experiences about abortion	
Experience of abortion	<p>13. What were the reasons behind your abortion?</p> <p>13.1. How many weeks/months pregnant were you during your abortion?</p> <p>14. What were the reasons behind your unintended pregnancy?(Probe: Not using FP devices or other reason)</p> <p>15. Where did you have abortion? (Probe: Private or government health facility, medical stores or other places)</p> <p>15.1 How and from where did you find out about that service?</p> <p>15.2 What sorts of information did you receive?</p> <p>15.3 Was it easy or difficult for you to get that information? Who gave you the information?</p> <p>16. Was the service centre and service provider from where you took the service certified and trained?</p>
Decision and Consent for abortion	<p>17. Who did you discussed/talked to and got support/suggestion from for abortion?</p> <p>17.1 Who made the decision for your abortion?(Probe: Did anyone force you, talked you into it, lured you? For example, did your husband or family members made the decision or you did?)</p> <p>17.2 If you were not forced, lured or talked into abortion, who were involved in the decision making?</p> <p>If anyone else except you was involved in the decision making ask the following questions:</p> <p>17.2.1 What did they say when you wanted to have an abortion?(Probe: Did they support your decision about abortion? Did you involve them because you wanted to? Why?)</p> <p>17.2.2 Did they support you when you needed it when you wanted to have abortion? (Did they wanted to or didn't wanted to support you)</p> <p>If only you were involved in the decision making</p> <p>17.2.3. Why did you keep your decision for abortion a secret?(Probe: Did you fear that others won't be supportive of your decision or they will ask you to continue your pregnancy)</p> <p>18. What is your attitude and perception about your abortion?</p> <p>18.1 Did you feel any discomfort or had any difficulties while having abortion? Can you say something about your abortion?(Probe: Physical, emotional and social experiences)</p>
We discussed generally about abortion, now we will be discussing about your experiences about abortion	

Topic	Questions and Probing
Unsafe abortion	<ol style="list-style-type: none"> 19. Why didn't you go to the health facility that provides safe abortion service? (Probe: Fear that the neighbours or community people will recognize them and know about their abortion) 20. How many weeks into pregnancy were you when you had abortion? Had your pregnancy crossed the legal time period stated in the law? Why? 21. Did you choose unsafe abortion because of the sexual orientation of the service provider in safe abortion service sites? 22. Did you fear that your family members or your community people will find out if you go to safe abortion sites? Why? (Probe: humiliation, boycotted from the society, deprived from going to religious places or attending religious activities) 23. Were you afraid that the service provider in safe abortion service sites will misbehave with you? Why? 24. Did the service provider from safe abortion site advised or suggested you to continue the pregnancy and not to have abortion? Why? How? 25. Were you afraid that if you go to safe abortion site, your identity will be exposed and your confidentiality will be breached? Why? How?
If the PAW had abortion in listed safe abortion service site, ask the following questions:	
Experience during safe abortion service	<ol style="list-style-type: none"> 26. How far was your safe abortion service facility from your residence? If it was that far, why didn't you choose the health facility that is nearest from your residence but instead chose the one that's far away? (Probe: Fear that the neighbours or community people will recognize and know about it) 27. Was transportation service to the health facility during your abortion easily available? Why? How? What means of transport? 28. Was it convenient for you to pay the cost for the abortion service? (Probe) Did you face any other financial problems while seeking for abortion service? (For example, Transportation cost, Post abortion service cost, other implicit costs) 29. How was the behaviour of health service provider towards you? How was their attitude and perception towards you when you were there for abortion? (Probe: Positive, negative, prejudice, biased, supportive, non-supportive, negligence etc.) 30. Did the service provider explain about the process and methods of abortion to you? Was the information clear and were you satisfied about the information you got? Why? 31. Did they inform you about what could happen, or how would you feel after having abortion? What did they say? Why? 32. Did the service provider give you proper counselling before and after abortion? If no, why didn't they? 33. What else did the service provider inform you about, apart from abortion service? Why? 34. Did the service provider from safe abortion site advised or suggested you to continue the pregnancy and not abort it? Why? What did they say? Did they forced, lured or talked you into not having abortion, and to continue the pregnancy? (Probe: Negative effects in health, pregnancy conceived because FP devices was not used, so birth should be given, it will be a sin if you don't give birth, can be infertile, etc.) 35. Was your confidentiality well-maintained by the service providers? Why? Did you fear that someone will recognize you while taking safe abortion service from that site? Why? 36. How long did you wait in the service centre before receiving the service? Why? How did you feel? Why?

Topic	Questions and Probing
	<p>37. How was the service provider's behaviour towards you? What was the attitude and perception of the service provider towards you? Why do you think they had such behaviour, attitude and perception about you?</p> <p>37.1. Were you satisfied by the service you received? Why? What made you feel so?</p> <p>38. Would you recommend other women seeking for abortion service to take the service from that facility? Why/Why not?</p>
<p>Now, I would like to discuss about any obstacles and challenges you had to face while taking safe abortion service.</p>	
<p>Accessibility, availability and use of Safe Abortion Services: its difficulties and challenges</p>	<p>39. What kind of difficulties and challenges did you face accessing safe abortion service? (Probe: Had no knowledge about available services, financial problems, long travel route, couldn't make the decision alone, had to take permission from husband/mother in law, had no one to take along with, fear of being humiliated by the society)</p> <p>40. Is it essential for safe abortion services to be available, accessible and affordable to all women? Why? (Probe: Discussion about each area separately; availability, accessibility, affordability)</p> <p>41. What are your attitude and perception towards women's reproductive health and right to safe abortion being ensured by the law and Constitution of Nepal? Why?</p> <p>42. Government of Nepal has been providing free safe abortion services since 2073 B.S. What are your thoughts, attitude and perception on this? Why?</p>
<p>Attitude and Perception about abortion</p>	<p>43. What was your and your family member's, neighbour's and friend's attitude and perception towards you after your abortion? Can you share your feelings and experiences? (Probe: Positive and negative, how was it? Why?)</p> <p>43.1. Did you blame yourself or felt guilty after your abortion? Why?</p> <p>43.2. Did you tell anyone about your abortion? Why?</p> <p>44. If you did not tell anybody, why didn't you? How did you feel?</p> <p>45. If you did tell someone, how did they responded or how did they react to it? Were they optimistic and supportive? Or did they loathe you, started treating you differently, gave physical and mental torture or were violent? Can you share some of your experiences?</p> <p>45.1. Were you blamed, were there any allegations against you, or were you abused and called by different names because you had abortion? Why did they say that?</p> <p>45.2. Were there any situations where you were humiliated and abandoned from entering into religious places or participating in religious activities? Why? How?</p> <p>45.3. Did your family and family members mistreated or abused you? Why did they do so?</p> <p>46. Why is it that women are blamed and held responsible for having an abortion?</p>
<p>Nature and extent of stigmas towards abortion and PAW</p>	<p>47. What do you know about the stigmas, blame, discrimination, negative attitude and perception on abortion? What do you understand by abortion stigma? To what extent are PAW blamed and stigmatized in your community? Why? Can you give some examples?</p> <p>47.1. What are your community's attitude and perception towards abortion? What kind of attitude do people of this community show towards PAW? (Probe)</p> <p>47.2. What are the symbolic or alternative names used for abortion? (For Example: Sin, Crime, bad act, feticide, throwing away the baby) What does that mean? To what extent does such negativity and attitude exist? Why do people have such thoughts and attitude towards abortion? In your community, what sort of attitude and perception are found in abundance? (Probe: Abortion is a sin, Social crime, etc.)</p>

Topic	Questions and Probing
	<p>47.3. What sort of symbolic or alternative names are PAW called by? Can you provide some examples? (Probe: Sinner, Bad luck, murderer, scandalous, child killer, prostitute, characterless, etc.) What do these names mean?</p> <p>47.4. To what extent do they believe in and perceive such symbolic names? Why do such thoughts and attitude still exist towards PAW? (Probe: For example; what are your religious beliefs and perception towards abortion? How does your religion describe the status and role of women in your society? Why does such beliefs still exist? What sort of beliefs and perception are abundantly prevalent in your society?)</p> <p>47.5. What sorts of negativity, superstitions and religious beliefs are extensively found in the community? (Probe: abortion id feticide, it is a sin, negatively affects the health of the women, negligence, carelessness, selfish mother/woman, social crime, loss of womanhood/motherhood woman, dirty, heartless mother, will get habituated to it, contagious, unfaithful, immoral, brings shame to family, etc.)</p> <p>47.6. To what extent do these negative prejudice, biasedness and superstitions prevail? Why are they having such negative thoughts and attitude towards PAW? Is it appropriate to have negative attitude and perception about PAW? Why?</p> <p>47.7. What can be the major sources behind such beliefs attitude and perception? (Probe: For example; Religious faiths and beliefs, lack of education, no knowledge about the laws related to abortion, lack of information, status of women in our society, prejudice, gender inequality, male dominated society, orthodox society, patriarchal mentality, abortion listed under crime section in law, viewing foetus as a human being, abortion as women's right etc.)</p> <p>48. Are there any negative perception, belief or stigmas towards abortion done during any specific time period? If yes, why? If no, why?</p> <p>49. Why do women keep their abortion a secret?</p>
Reasons behind stigmatizing abortion and PAW (Why does this happen?)	<p>50. What could be the reasons for having negative perception and stigmatizing abortion and PAW? (Probe: Religious norms and values, orthodox society, superstitions, negatively affects the health of women, abortion not yet legalized, unawareness and lack of education, status of women in the society, patriarchal mentality, gender inequality, abortion listed under criminal offense in law, taking foetus as human being, abortion as women's right, lack of training, education and awareness regarding abortion stigmas, perception towards a female's sexuality, etc.)</p>
Creator, supporter and preserver of stigmas and negative attitude towards abortion and PAW (Who does this?)	<p>51. Who are the people or group of people having negative attitude and perception about abortion and still discriminate and stigmatize abortion? (Probe: Religious preachers/ leaders, old people, male, female, life preservers who are against abortion, media sources, politicians, who are superstitious and orthodox, health service providers and others)</p>
Abortion stigmas of violating women's reproductive health rights	<p>52. In your opinion, do abortion stigma violate women's reproductive health rights? What is your perception on this?</p>

Topic	Questions and Probing
Consequences and effects of abortion stigma and negative attitude	<p>53. How does abortion stigma and negative attitude affect PAW or any woman who wants to have an abortion and what effects do such discrimination have on them? (Probe)</p> <ul style="list-style-type: none"> – Health effects: No access to safe abortion services, opting for unsafe abortion, continuation of unwanted pregnancy, delay in using safe abortion service, physical and mental effects, depression, infertility, unacceptance in giving right information about health, excessive charge for service, usage of low quality services, not using post abortion care services, not enough rest and care, maternal mortality or ill-health, suicide attempt, not taking ANC services in case of re-pregnancy, etc) – Social effects: Verbal or physical abuse, violence, eviction from family, school or workplace, publicly shamed, risk in marriage and relationships, deprived of all the support, deprived from religious norms and religious places, social boycotting, increase in family workload, not allowing them to go anywhere, etc.) – Economic effects: Deprived from employment opportunities, not getting any financial support from family as they might think she would do abortion again etc.) <p>54. Do such negative effect and impact need to exist in the community? Why?</p> <p>55. How have women been facing such stigmas? Why?</p> <p>56. Apart from women, who else could be affected by such stigmas and negative perceptions and how? Why?</p>
Solution and measures for abortion stigma and negative attitude towards abortion	<p>57. How do you think can stigma and negative attitude on abortion be removed?</p> <p>58. Who can and should play a role in removing such stigmas and negative attitudes towards abortion? (Probe: Religious leaders, faith healers, government and organizations, provincial and local authorities, political leaders, media, female right activists, male, female, teachers, organization working for abortion, etc.)</p> <p>59. What sorts of programs should be conducted to remove or change the abortion stigma and negative attitude about abortion and to ensure the women's right for safe abortion as well?</p> <p>60. Is it essential to remove or change the stigmatization and negative attitude on abortion? Why/Why not?</p>
What could be the role of community leaders and recognized personalities like you in eliminating stigmas, negative perceptions, beliefs, orthodoxy, religious trends and practices regarding abortion from the society? What can be done?	

Annex VIII:

IDI Guidelines for Policy Level Informants

Topic	Questions and Probing
I would like to discuss about the challenges and difficulties women have to face in accessing safe abortion services.	
Accessibility, availability and use of Safe Abortion Services: its difficulties and challenges	<ol style="list-style-type: none"> 1. What kind of difficulties and challenges do women face in accessing safe abortion services in your community? (Probe: Clueless about the availability of services, financial problems, travel a long distance, women not being able to make the choice or decision, should get the approval of husband/ mother-in-law, no friends or supporters to go along with, fear of the society, etc.) 2. Is it essential for safe abortion services to be available, accessible and affordable to all women? Why? (Probe: Discussion about each area separately; availability, accessibility, affordability) 3. What are your attitude and perception towards women's reproductive health and right to safe abortion being ensured by the law and Constitution of Nepal? Why? 4. Government of Nepal has been providing free safe abortion services since 2073 B.S. What are your thoughts, attitude and perception on this? Why?
Now I would like to move forward towards discussing the nature and extent of stigmas regarding abortion and PAW	
Nature and extent of stigmas towards abortion and PAW	<ol style="list-style-type: none"> 5. What do you know about the stigmas, blame, discrimination, negative attitude and perception on abortion? What do you understand by abortion stigma? To what extent are PAW blamed and stigmatized in your community? Why? 6. What are your community's attitude and perception towards abortion? (Probe) 7. What are the symbolic or alternative names used for PAW? (Probe: Sinner, Bad luck, murderer, scandalous, child killer, prostitute, characterless, etc.) 8. To what extent are these symbolic names and attitude and perception prevalent in your society? Why are such beliefs and perception still existing against abortion and PAW?(Probe: Abortion is a sin, murder, Social crime, etc.) 9. How has the religious faith and beliefs and religious committee defined the roles of female? What are the reasons for such perception? 10. What kind of negativity, superstitions and religious beliefs are extensively found in Nepal? (Probe: abortion is feticide, it is a sin, negatively affects the health of the women, negligence, carelessness, selfish mother/woman, social crime, loss of womanhood/motherhood woman, dirty, heartless mother, will get habituated to it, contagious, unfaithful, immoral, brings shame to family, etc.) 11. To what extent do these negative prejudice, biasedness and superstitions prevail? Why are they having such negative thoughts and attitude towards PAW?

Topic	Questions and Probing
	<p>11.1. Is it appropriate to have negative attitude and perception about PAW? Why?</p> <p>11.2. What can be the major sources behind such beliefs attitude and perception? (Probe: For example; Religious faiths and beliefs, lack of education, no knowledge about the laws related to abortion, lack of information, status of women in our society, prejudice, gender inequality, male dominated society, orthodox society, patriarchal mentality, abortion listed under crime section in law, viewing foetus as a human being, abortion as women's right etc.)</p> <p>11.3. Are there any negative perception, belief or stigmas towards abortion done during any specific time period? If yes, why? If no, why?</p> <p>12. Why do women keep their abortion a secret?</p> <p>13. Why are PAW stigmatized and blamed after abortion?</p>
Reasons behind stigmatizing abortion and PAW (Why does this happen?)	<p>14. What could be the reasons for having negative perception and stigmatizing abortion and PAW? (Probe: Religious norms and values, orthodox society, superstitions, negatively affects the health of women, abortion not yet legalized, unawareness and lack of education, status of women in the society, patriarchal mentality, gender inequality, abortion listed under criminal offense in law, taking foetus as human being, abortion as women's right, lack of training, education and awareness regarding abortion stigmas, perception towards a female's sexuality, etc.)</p> <p>15. Abortion is included in the criminal code of the Mulukiain (Country Code), has this affected the accessibility to the safe abortion services? Is this due to stigmatization? If Yes, How? What effect does it have?</p>
Creator, supporter and preserver of stigmas and negative attitude towards abortion and PAW (Who does this?)	<p>16. Who are the people or group of people having negative attitude and perception about abortion and still discriminate and stigmatize abortion? (Probe: Religious preachers/ leaders, old people, male, female, life preservers who are against abortion, media sources, politicians, who are superstitious and orthodox, health service providers and others)</p>
Abortion stigmas of violating women's reproductive health rights	<p>17. In your opinion, do abortion stigma violate women's reproductive health rights? What is your perception on this?</p>
Consequences and effects of abortion stigma and negative attitude	<p>18. How does the stigmas against abortion and its negative perception affect the PAW or women who wants to have abortion and what effects does these have on them? (Probe)</p> <ul style="list-style-type: none"> - Health effects: No access to safe abortion services, opting for unsafe abortion, continuation of unwanted pregnancy, delay in using safe abortion service, physical and mental effects, depression, infertility, unacceptance in giving right information about health, excessive charge for service, usage of low quality services, not using post abortion care services, not enough rest and care, maternal mortality or ill-health, suicide attempt, not taking ANC services in case of re-pregnancy, etc) - Social effects: Verbal or physical abuse, violence, eviction from family, school or workplace, publicly shamed, risk in marriage and relationships, deprived of all the support, deprived from religious norms and religious places, social boycotting, increase in family workload, not allowing them to go anywhere, etc.) - Economic effects: Deprived from employment opportunities, not getting any financial support from family as they might think she would do abortion again etc.)

Topic	Questions and Probing
	<p>19. Do such negative effect and impact need to exist in the community? Why?</p> <p>20. How have women been facing such stigmas? Why?</p> <p>21. Apart from women, who else could be affected by such stigmas and negative perceptions and how? Why?</p>
Solution and measures for abortion stigma and negative attitude towards abortion	<p>22. How do you think can stigma and negative attitude on abortion be removed?</p> <p>23. Who can and should play a role in removing such stigmas and negative attitudes towards abortion? (Probe: Religious leaders, faith healers, government and organizations, provincial and local authorities, political leaders, media, female right activists, male, female, teachers, organization working for abortion, etc.)</p> <p>24. What sorts of programs should be conducted to remove or change the abortion stigma and negative attitude about abortion and to ensure the women's right for safe abortion as well?</p> <p>25. Is it essential to remove or change the stigmatization and negative attitude on abortion? Why/Why not?</p> <p>26. What could be the role of community leaders and recognized personalities like you in eliminating stigmas, negative perceptions, beliefs, orthodoxy, religious trends and practices regarding abortion from the society? What can be done?</p> <p>27. What is the perception of the people at policy level towards the abortion and stigmatization on abortion?</p>
<p>We have discussed about stigmas, negative thoughts, perceptions and beliefs and the effect it has on women. Would you like to add anything more on this or would you like to discuss about anything related to the subject matter?</p>	

Beyond Beijing Committee (BBC) is a feminist human rights national network organization dedicated for achieving gender equality, sustainable development, and women rights through different approaches. It was established by women rights activists and professionals of Nepal during the preparation for pre-Beijing conference in 1994. BBC is an organization in Special Consultative Status with the Economic and Social Council (ECOSOC). Currently, it has over 182 NGOs members working for human rights of women and children. BBC supports local communities, civil society's organizations, international non-government organizations, and government organizations to implement the BPFA, CEDAW, CRC, ICPD POA, SDGs, and other human rights treating instruments in achieving gender equality and the empowerment of women and girls.

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