Young women's access to safe abortion and contraception in Nepal – the effect of socio-economic background, caste/ ethnicity and abortion facility access ----Yagya B. Karki[1)]

Background: Youth aged 15-24 make up 20 per cent of Nepal's population[1] . Youth have high unmet need for contraception and this has declined very little in the last 20 years from 40 per cent in 1996[2] to 33 per cent in 2016[3]. Globally, young women are more likely to undergo unsafe abortions[4] and this has been found in Nepal too[5]. Stigma has been identified as one important reason for this[6]. In developing countries, about 40 per cent of unsafe abortions occur among women under age 25 and about one in seven women who have unsafe abortions is under 20[7].

Nepal had one of Asia's highest maternal mortality ratios (MMR) of 596 in 1996[8] and by 2006 this came down to 281 per 100,000 live births[9] – an astonishing 53% reduction within just 10 years. Liberalisation of abortion legislation is thought to be one of the main factors for the reduction in maternal mortality in Nepal. However, the Nepal Demographic and Health Survey (NDHS) 2016 reported an estimate of 239 MMR indicating that improvements in maternal health and mortality have slowed in recent years[10]. Despite legalization of abortion and expansion of maternal health services, such as increased access to safe motherhood services including abortion services, it appears that the sexual and reproductive needs of women are not being met. Many are still dying during or shortly after pregnancy due to unsafe abortion[11] and the insufficient number of health facilities[12] or and thus contributing to high maternal mortality. Nepal is committed to Sustainable Development Goal 3 of achieving an MMR of 70 by 2030[13] which calls for more focus on reproductive health and rights including safe abortion.

Abortion was legalized in Nepal in 2002[14] and Safe Abortion Policy 2002 and Procedural Process developed and implemented since 2004[15]. The policy called for expansion of quality comprehensive abortion care services in the country with appropriate number of trained and skilled service providers, adequate equipment and essential drugs. Under this policy safe abortion services were charged at Nepalese Rupees 1,000/- or US$10 and therefore out of reach for many women, especially in rural areas, until they were made free of charge nationwide in 2016[16].

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[1] Central Bureau of Statistics. 2012. National Population and Housing Census 2011 (National Report), Kathmandu, Nepal.

[2] Pradhan, A, Aryal, R. H., Regmi, G., Ban, B. and Govindasamy, P. 1997. Nepal Family Health Survey 1996. Kathmandu Nepal and Calverton, Maryland. USA.

[3] Ministry of Health, New ERA and ICF. 2017. Nepal Demographic and Health Survey 2016. New ERA and ICF. Ministry of Health, Nepal.

[4] Yokoe R, Rowe R, Choudhury SS, et al. Unsafe abortion and abortion-related death among 1.8 million women in India. BMJ Glob Health 2019; 4: e001491. doi: 10.1136/bmjgh-2019-001491

[5] Yogi et al. BMC Pregnancy and Childbirth (2018) 18:376//doi.org/10.1186/s12884-018-2011-y

[6] Singh, S et al. (2018), Abortion Worldwide 2017: Uneven Progress and Unequal Access, Guttmacher Institute. Available at: https://www.guttmacher.org/report/abortion-worldwide-2017

[7] Population Reference Bureau. Unsafe Abortion: Facts and Figures. Population Reference Bureau: Washington, DC, 2005.

[8] Pradhan, et al, 1997, loc. cit. in fn. 2.

[9] Ministry of Health. 2007. Nepal Demographic and Health Survey 2006. New ERA and Macro International Inc.

[10] Ministry of Health, New ERA and ICF. 2017, loc. cit. fn. 3.

[11] Daily Newspapers both Nepali and English languages regularly report incidents of unsafe abortions in the country.

[12] Only about 1,500 health facilities in the country provide safe abortion service (Gorkhapatra, 7 Oct, 2020) out of about 4,400 facilities.

[13] National Planning Commission. 2017. Nepal's Sustainable Development Goals: Status and Roadmap: 2016-2030. Kathmandu: National Planning Commission. December.

[14] Ministry of Health. 2004. Annual Report 2002/03. His Majesty's Government of Nepal, Kathmandu.

[15] Ministry of Health. 2005. Annual Report 2003/04. His Majesty's Government of Nepal, Kathmandu.

[16] Ministry of Health. 2016. Safe Abortion Service Programme Guidelines 2016 (in Nepali). Department of Health Services. Family Health Division, Kathmandu.

Under the current law, pregnancy can be terminated up to 12 weeks for any reason and up to 18 weeks for pregnancy resulting from rape or incest with the pregnant woman's consent. Recently, a provision has also been made to allow pregnancy termination as late as 28 weeks[17] but his has not been operationalized as yet[18]. However, the legalization of abortion does not seem to have much impact; the proportion of women age 15-49 who are aware that abortion is legal in Nepal has increased by only 3 percentage points in the last five years from 38 per cent in 2011[19] to 41% in 2016[20]. According to NDHS 2016, this knowledge is lower among older women (35% or less), women living in rural areas (36%), women with primary (33%) or no education (28%) and poor (38%) and very poor (30%) women[21]. By caste/ethnic groups[22], this knowledge is highest among the highest ranked group, namely Bahun and Chhetri (48%), followed by the second highest ranked group, i.e., *Janajati* (indigenous) ethnic group (40%), and the lowest ranked group - the *Dalit* (34%)[23]. Nepal, after dividing into 7 provinces, became a federal state in 2015[24]. Health care has been devolved to each province. Although safe abortion is free and legal, 50% of abortions accessed by young women in 2016 were 'unsafe' (performed at unauthorized facilities)[25]. Unsafe abortion is reported to be on the rise in the country due to lockdown and COVID-19 pandemic[26].

With funding from the Safe Abortion Action Fund (SAAF), International Planned Parenthood Federation (IPPF), London, the Population, Health and Development Group (PHD) – a local NGO, has been implementing the project "***Empowering women to access safe abortion service in Gorkha, Nepal***" in three *plika* (a politico administrative unit) in Gorkha district of Nepal since mid-2018. The project's objective is to empower women and girls to realize their rights to sexual and reproductive health and for them to be informed and able to access contraception and safe abortion when needed. The project activities include training of nursing staff on medical abortion, furnishing of local health facility with necessary furniture and equipment, and supply of Mifepristone and Misoprostol and pain management tablets for safe medical abortion as per Government guidelines[27], community interaction programmes among local women and girls in localities with the help of Female Community Health Volunteers and basic sexuality education to students of grades 9 to 12 in schools.

Gorkha district was the epicentre of the 2015 devastating earthquake[28]; nearly every house was hit by the tremor. People suffered and women and girls were impacted the most as a large number of

[17] Government of Nepal endorsed a provision to terminate a pregnancy as late as 28 weeks in September 2018 (The Kathmandu Post, July 3, 2019).
[18] The Kathmandu Post, August 27, 2019.
[19] Ministry of Health and Population. 2012. Nepal Demographic and Health Survey 2011. New ERA and ICF International Inc. Kathmandu.
[20] Ministry of Health, New ERA and ICF. Loc. cit. fn. 3.
[21] Ibid., p. 161.
[22] The Nepalese society is characterised by caste stratification of Hinduism and by ethnic diversity. At the apex of the caste/ethnic system are the Bahun (the priests), followed by Chhetri (the warriors), then by most caste/ethnic groups with gradual degrees of ritual purity like Giri (mendicants), Newar (traders), Gurung and Magar ("Gurkha"), etc. and finally by a host of untouchable caste groups like Kami (Blacksmiths), Sarki (Cobblers), Damai (Tailors), Pode (Sweepers), etc. The untouchables are also referred to as Dalit. (Gurung, Harka. 2002. Trident and Thunderbolt, Cultural Dynamics in Nepalese Politics. In ***Ethnicity, Caste and Pluralist Society***, ed. B. Krishna Bhattachan. Kathmandu, Nepal: Social Science Baha Himal Association.
[23] Ministry of Health, New ERA and ICF. 2017, loc. cit. fn. 3. This author estimated the rates using the NDHS 2016 data.
[24] Ministry of Law, Justice, Constitutional Assembly and Constitutional Affairs. 2015. **Constitution of Nepal**. September.
[25] Ministry of Health, New ERA and ICF. 2017, loc. cit. p. 163, fn.3.
[26] Gorkhapatra. National Daily Newspaper (in Nepali language). 7 October, 2020.
[27] Ministry of Health. 2016. loc. cit. in fn. 15.
[28] National Planning Commission. 2015. Post Disaster Needs Assessment, National Planning Commission, Government of Nepal, Kathmandu, Nepal (p. xi).

women and girls who engage in income-generating activities from their homes, incurred additional losses of home based economic resources and assets essential for their livelihood and well-being [29] . The district's three *palika's* 21,000 women of reproductive age (WRA) are the project's main target group In addition, about 2,000 boys average age 16.2 years and 2,100 girls' average age 16 years in grades 9 to 12 in the project areas also benefit from basic sexuality education. This paper examines the effect of socioeconomic background, caste/ ethnicity and on young women's access to safe abortion, both nationwide and in the project area.

Methods and sample: This study draws on the 2016 Nepal Demographic and Health Survey of 12,862 women aged 15-49 and PHD Group's abortion monitoring data in the Gorkha district. Bivariate and logistic regression analyses and Chi-squared tests were conducted; including women 15-24 only.

Results: Nationwide, contraceptive prevalence rate among married young women has stagnated at 21% between 2011[30] and 2016[31]. Analysis from the 2016 NDHS shows that women aged 20-24, those of the *Janajati* ethnic group and poor women are more likely to use family planning methods than adolescents and women from other caste ethnic groups respectively while women aged 15-24 from Province two, Moslem and rich are significantly less likely to use contraceptive methods. The odds of using contraceptives are 4.8 times among women 20-24 compared to their adolescent counterparts and 1.4 times greater among women from *Janajati* group. The odds of having an abortion are 5 times greater in province 6 and the rich are 5 times more likely to have an abortion. Although not statistically significant, women aware of legalization of abortion are 1.4 times more likely to have an abortion. Accessing safe abortion service is 3.8 times greater among women who are aged 20-24 than their adolescent counterparts.

Monitoring data from PHD Group's project in the Gorkha district indicate that adolescents and youth aged 15-24 from *Dalit* community were significantly more likely to utilize safe abortion service prior to the COVID-19 pandemic and this held true even during lockdown period from 24th March 2020 to 21st July 2020 than their *non-Dalit* counterparts such as *Bahun, Chhetri* and *Janajati* when services are made accessible. Although as the national data shows proportionately fewer Dalit women are aware that abortion is legal in Nepal than their non-Dalit counterparts, they utilize safe abortion service more in PHD Group project catchment areas.

Conclusions and recommendations: Lack of knowledge that abortion is legal and free pushes women to seek unsafe abortion. Education on reproductive health, empowerment of women, basic sexuality education and increased access to safe abortion facility are needed as they provide an enabling environment for women particularly Dalit and young women to access safe abortion service.

Keywords: Youth, contraception, abortion, access

[29] Ibid., p. 3.

[30] Ministry of Health and Population. 2012. Loc. cit. fn. 16.

[31] Ministry of Health, New ERA and ICF. 2017, loc. cit. p. 125, fn.3.