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Editorial

Social Spectrum of Abortion in Nepal

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Abstract

Abortion and related complications are among the leading causes of maternal death in low- and middle-income countries. In Nepal, abortion is reported to be the third leading cause of maternal death. The prevalence of abortion in Nepal remains high. Education, religion, age, knowledge about legal abortion, and safe places to undergo abortion were the major decisive factors associated with abortion. Young, poorest, uneducated women were more likely to undergo unsafe abortions. Therefore, intervention studies among these target groups are warranted. Here we present three different cases of abortion and its social effect.

Key words- Safe Abortion Service, Manual Vacuum Aspiration, Medical Abortion, Crown Rump length, Out Patient Department, Gestational Sac

Introduction

Safe abortion service has played a key role in reducing the risk associated with traditional unsafe means of abortion and also established a woman's right to abort or continue the pregnancy (1).

However, there are still many social stigmas attached to it. Many organizations are still against it since its inception and the legalization of safe abortion services in Nepal. Here are three cases of the client of safe abortion services in different social aspects attached. Social views towards abortion remain controversial as many people believe it is wrongdoing(2). Here we present three short cases of abortion clients, their different social backgrounds, and their impact.

Awareness of legal abortion was found to be inversely related to the wealth quintile, with only 22% of those in the lowest wealth quintile being able to know the legal status of abortion. This lack of awareness and knowledge may lead women to go for illegal sources for medications that are unnamed and whose dosages are unknown (6). However, despite the legalization of abortion and improvements in access to safe services, one study showed that of the 300,000 abortions done in Nepal in 2014, nearly 60% were illegal (7). Fear of stigmatization also prevents some women from seeking abortion services. Many such women do not go for abortion services for an unintended pregnancy due to several factors, including partners, family influences, social stigma, and limited socioeconomic resources (8). Knowledge about legislation on abortion and the conditions of abortion law is low among female youth. Awareness programs should target these youth and adolescents as they are more likely to be sexually active.(9)

Way forward

For equitable access as ordered by the Supreme Court decision, safe abortion services should be reassured as a woman's fundamental right. To do so, policymakers/ government must start by including abortion on the package of essential health care services and incorporating safe abortion services into the continuum of reproductive healthcare (6). One study suggests that there should be an increased focus on early pregnancy detection and access to safe abortion services early in pregnancy in order to prevent possible life-threatening complications. Antibiotic administration is important to decrease the morbidity associated with suspected sepsis, but only 29% of women who presented with suspected sepsis received antibiotics. Training should highlight the importance of the universal use of antibiotics for the treatment of abortion complications (10).

Case 1: Choice vs. Need

A nineteen-year-old lady came to the emergency department with a history of bleeding due to multiple hesitant cut injuries on her left wrist. Those injuries were suicidal. She was kept under observation after emergency management. Due to a recurrent lower abdominal pain complaint, she was planned for an ultrasound evaluation.

During ultrasound evaluation, there was a live fetus of 11 weeks and three days (crown-rump length) in the uterus. She broke into tears when we disclosed about pregnancy status. We consoled her and took her to the counseling room. She unfolded her story as she was engaged to a guy, and they were supposed to get married in the following months. However, the groom's family suddenly called their engagement off as he got selected in the British Gorkha army and left her with no choice but to attempt suicide.

We explained to her about the safe abortion service and its legal aspect. She got MVA service after her consent which was uneventful.

Case 2: Decision Making

Thirty-five years old lady was presented at OPD with a history of amenorrhea for two months. After initial examination and investigation, she was found pregnant at eight weeks and six days. She was happy about her pregnancy. She was prescribed folic acid and advised to have regular ANC checkups. She also shared that she had conceived after ten years of their marriage, and she was her husband's second wife. Her husband had three children with another wife already.

She presented at our OPD with her husband three days later with a sad face. Her husband said they want to terminate the pregnancy as they cannot raise another child with their current financial status. We refused it as we thought her wife wanted to continue the pregnancy. We counseled her separately as she was happy with her pregnancy and went through all necessary ANC checkups in the previous visit just two days ago. Nevertheless, she said we had to obey and respect his husband's decision as he was economically active in the family. We again counseled them together and advised them to continue the pregnancy. Her husband left OPD in agony, but she was happy.

There is also evidence of denial of service for minors and the unprivileged. The denial of legal abortion services may have severe consequences for the health and well-being of women and their families (11). A focus on family planning and post-abortion counseling may be welcomed by providers concerned about multiple abortions.

Some negative judgments of women held by providers could be tempered through values-clarification training so that women are supported and comfortable sharing their abortion history, improving the quality of post-abortion treatment of complications (7).

Conclusion

The socio-demographic profile and its impact on abortion clients in Nepal have remained similar over the years since its legalization. We need to address the accessibility and availability of safe abortion care services along with other safe motherhood programs like contraception to make sure of access to safe abortion and post-abortion care to all groups of women, especially underprivileged, unmarried and young, and also women's education regarding contraception to avoid repeated abortions or unwanted pregnancy in the future. Social awareness regarding stigma related to it should also be addressed.

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A week later, she presented at emergency with a history of PV bleeding for three days following medical abortion service from a local medical shop. She said, "I could not go against my husband, Sir." She was in tears.

Case 3: Prestige

Forty-four years old lady accompanied by her brother-in-law presented at OPD with a history of fever associated with chills and rigor and sudden onset of diffused abdominal pain. While the ultrasound evaluation, she had intrauterine pregnancy of 6 weeks and four days (gestational sac). While disclosing her pregnancy status, she was in tears. She asked us to terminate the pregnancy. She said her husband is in a foreign country for employment and is about to return home next month. She regretted her wrongdoing and asked us not to disclose this to her brother-in-law as her family relationship was hanging by a thread.

We assured her privacy and advised her to come back for a follow-up. We prescribed her medicine for her current medical condition (enteric fever). She came back on follow-up and took Medical Abortion Service. Post MA period was uneventful.

Discussion

Observations in Nepal are similar to other developing countries with high maternal mortality and restricted access to safe abortion care. In Nepal, limited health care infrastructure, challenging geography, and political instability presented significant challenges for abortion care implementation and services (2). It is critical that the unsafe provision of medical abortion through pharmacies and sex-selective abortion should be investigated and that strategies should be formulated to ensure the cultural, reproductive, and sexual health and rights of Nepali women (3). Intimate partner violence is strongly associated with abortion in Nepal. It is crucial that effective implementation of IPV-preventive measures through the promotion of appropriate social and policy actions can help reduce abortion in Nepal (4). While comparing marital status and abortion, never-married women expected more negative responses from having an abortion than ever-married women (5).

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