



# The Influence of Male Partners in Pregnancy Decision-Making and Outcomes in Nepal

## Executive Summary

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## **Background**

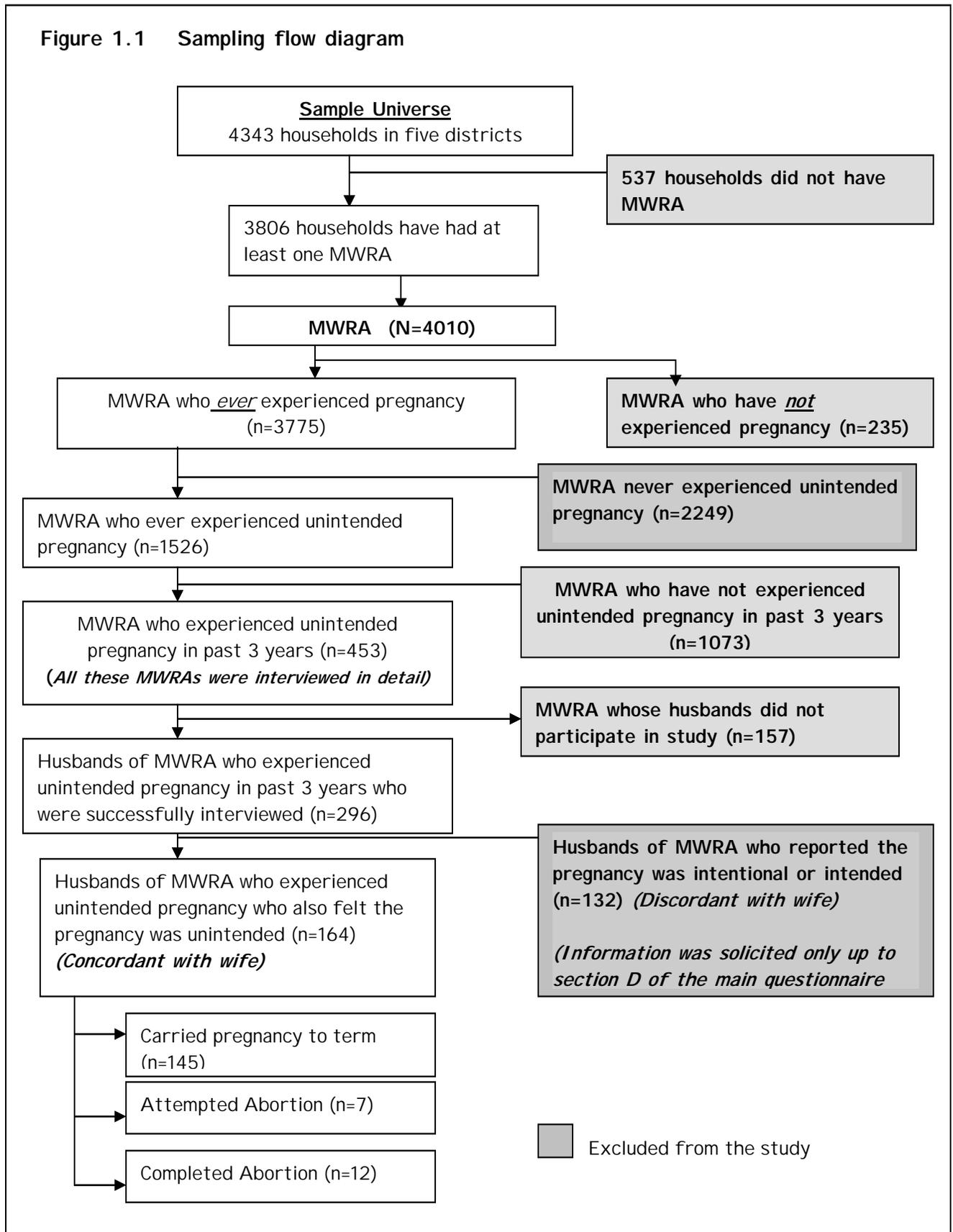
Involving men in reproductive health has been found to have a positive impact on women's health in a number of ways, including improving maternal health care utilization, preventing or reducing the transmission of sexually transmitted infections (STIs), including HIV/AIDS, and improving contraceptive use—effectiveness and continuation.<sup>1,2</sup> One study in Egypt found that husbands who received counseling at the time of their wives' abortions were more likely to be supportive during the recovery period.<sup>3</sup> However, despite the surge of interest in this area, there is a lack of consensus about what it means to involve men in reproductive health programs and uncertainty about how such involvement will affect women's health and status.<sup>4</sup> The extent of male involvement in abortion decision-making remains uncharted, yet it is important from a policy standpoint. Because existing gender inequalities between women and men have a significant influence on sexual health, male partners can play an important role in determining women's ability to access safe abortion services, from both a social and economic standpoint.

This is the first major policy-focused research on men's role in abortion decision-making, conducted in Nepal by the Program for Appropriate Technology in Health (PATH), Seattle, WA, USA, and the Center for Research on Environment Health and Population Activities (CREHPA), Lalitpur, Nepal with funding support from the Policy Research Unit of the UK Department for International Development (DFID). The research contributes to the growing understanding and practical application of how male partners and other family members influence the abortion decision-making process and women's access to safe abortion care. The research findings inform the development of strategies for training providers and community outreach groups to better provide information and abortion services. From a policy standpoint, this research contributes to the body of research used to advocate policy change with respect to women's status and access to resources.

## **The study design and sample**

The study combined both quantitative (survey) and qualitative research methods and its sampling universe comprised all married couples who reported that they experienced an unintended pregnancy in the last three years preceding the date of the survey in four districts, namely Saptari, Dhanusha, Kathmandu, and Lalitpur representing the four major ethnic communities—Tharu, Yadav, Brahmin/Chhetri, and Newar respectively. Of the 3,775 married women (who were ever pregnant) interviewed, 453 women reported unintended pregnancies during the three years preceding the date of the survey. Due to migration and temporary absence at the residence, only 296 husbands were successfully interviewed. Of these, 164 husbands reported unintended pregnancies during the reference period. This summary report presents the findings from these 164 husbands and from the sub-sample of 37 out of 39 husbands who had made initial decisions to induce an abortion.

**Figure 1.1 Sampling flow diagram**



In-depth interviews with these 37 husbands and narrative focus group discussions (NFGDs) with general married men in the community having at least three children were conducted during the qualitative study phase. The key results from the in-depth interviews and NFGDs are also presented in this report.

## **Background characteristics of 164 husbands**

Over half of the respondents were aged 25 to 34 years and about one-fifth of them were under the age of 24 years (median age = 29 years). Roughly half of the husbands already had three or more living children. Four-fifths of the husbands reported having already achieved their desired family size and indicated they did not want any additional children. Literacy was high among the respondents. Almost all of the husbands belonged to the Hindu religion and lived in a joint family structure. The majority of the husbands reported that they were the main decision-makers about how their income was spent.

### **1. Factors affecting decision-making on pregnancy outcomes among men**

The factors associated with pregnancy outcomes among 164 husbands of married women who experienced an unintended pregnancy, and who also said pregnancy was unintended in the past three years before the survey (concordant with wife), were examined in the study. Although 14 relevant socio-demographic, knowledge, and attitudinal variables were included in the logistic model, only four variables—ethnicity, household well-being, awareness about legalization of abortion, and whether at least one decision-maker in the family approves of abortion—were statistically significant at a 95 percent confidence interval. The results showed that Newari respondents were less likely to terminate their unintended pregnancies (96 percent) as compared to the Brahmin/Chhetri respondents. The results also showed that respondents reporting higher wealth status were over nine times more likely to terminate an unintended pregnancy than those with low well-being status. Respondents who did not know about the legalization of abortion in the country were significantly less likely (97 percent) to seek an abortion compared to those who were aware of the law. Approval of at least one main decision-maker (father, mother, or wife) was 17 times more likely to predict termination of an unintended pregnancy.

Surprisingly, other variables such as age of respondents, number of living children, having a son or not, perception of ideal family size, level of education, occupation, and exposure to mass media were not statistically significant for terminating an unintended pregnancy in this sample. The cross-sectional nature of the data together with the small effective sample size made it difficult to ascertain whether explanatory variables cause outcomes and the extent to which the results can be generalized to the wider population.

In the qualitative study, most men have identified three key reasons for considering a pregnancy unintended: 1) potential financial burden, 2) perceived maternal risk of subsequent pregnancy, and 3) fulfillment of the number of children of the desired sexes. Of these, concerns surrounding the financial burden of raising an additional child and its related *sequele*, such as a change in living style due to the need to adjust to their meager income and an increase in expenditure on children's education, were

the main reasons that men considered pregnancy termination. Likewise, the major factors influencing the decision to continue an unintended pregnancy were the high cost of abortion and the delay in seeking safe and legal abortion services.

## **2. Knowledge and attitudes about abortion law among men in Nepal**

The study found that only half of the husbands knew that abortion was legal in the country. Furthermore, only a minority knew the major conditions for a legal abortion despite the fact that most husbands reported a regular exposure to mass media. The multivariate analysis found that husbands aged 25 to 34 were 3.5 times more likely to be aware of the legalization of abortion compared with those between the ages of 17 and 24. Similarly, the respondents who were literate were 1.2 times more likely to know about the abortion law compared with those who were illiterate.

Husbands were in favor of abortion under certain circumstances only. For example, 79 percent of husbands approved abortion only for married women. Most husbands felt that the decision to seek an abortion was not one for a woman to make alone, indicating men's control in pregnancy outcomes (75 percent). Moreover, over one-third of husbands reported that they will either convince or force their wives to have an abortion in a situation where the pregnancy is perceived as unintended by the husbands but their wives want to continue the pregnancy (36 percent). Furthermore, the results demonstrated that abortion decision-making is situational and depends on many contextual factors.

## **3. Husbands' role in abortion seeking**

The husbands of a considerable proportion of wives with an unintended pregnancy initially advised their wives to have an abortion, but half of them (20 out of 39 husbands) did not take any action and changed their minds to continue the pregnancy. Of those 19 husbands who sought an abortion, only 12 of them succeeded.

Normally, husbands were the major decision-makers as to whether to terminate a pregnancy. It was found that if the husband decided to keep the unintended pregnancy to term, his wife would have few or no options to alter the decision. It was not possible in this study to assess whether women with unintended pregnancies had resorted to abortion without informing their husbands. Nevertheless, the finding indicates discordance in responses between husbands and wives regarding the final outcomes. For example, of 12 husbands who said their wives had successful abortions, 2 of these wives (of matched couples) responses did not match with their husband's responses. Similarly, among those 7 husbands who reported abortion failures, these responses matched only with 4 wives.

Husbands were not only the major decision-makers regarding abortion, they also helped their wives by bringing medicines home, identifying potential service providers, escorting them, paying the costs, and providing post-abortion care. These findings were also supported by the qualitative study where husbands played a major role in seeking information on abortion services. Most of the husbands consulted more than one person for advice. These husbands sought advice from friends, family

members, and neighbors first and then went on to seek suggestions or consultations from health-related professionals such as a faith healer, pharmacist, private doctor, village 'doctor', Auxiliary Health Worker (AHW), or someone who work in a medical setting (hospital, health post, private clinic, pharmacy, etc.). The findings revealed that the type of consultation also appears to be a factor in whether the couple decided to seek safe or unsafe abortion practices.

*“After we decided to terminate, I visited a pharmacy to take advice from the pharmacist. He gave me some medicine meant for abortion. However the medicine did not work. Afterward, we didn't seek any alternative sources as we were too embarrassed. In our community, if others come to know about the abortion, then it would be very embarrassing. Hence, we decided to continue with the pregnancy.”*

**–Husband, 30 years old, agriculture, Saptari  
unsuccessful attempt**

The quantitative study shows that the private clinic is the major source of abortion services. For example, among 12 husbands who reported a successful abortion, 7 of them reported that they had taken their wife to a private clinic. Among the 7 respondents who reported unsuccessful abortion attempts, 5 had reported taking some oral medicines from a private clinic or chemist's shop.

The following is an illustration from the qualitative study in which the attempt to terminate the pregnancy was unsuccessful.

*I went to Rupani to seek advice from a private doctor. The doctor gave me some medicine (20 tablets) for my wife. She took all 20 tablets. We waited for two months, but nothing happened. We tried medicines from another pharmacist, which also did not work. Finally, the doctor from Rupani suggested that we go to Lahan. He also told us the abortion fee charged by the clinic at Lahan (Rs. 2,000–3,000) and that the treatment would take only 1–2 hours. At the clinic, the doctor told us that it was too late for an abortion and demanded higher fees for a late abortion. We tried to collect the money but we could not do so, hence we had no choice than to have the baby.*

**–Husband, 33 years old, farmer  
unsuccessful attempt**

Accessibility, good service, affordability, confidentiality, and convenient location were the main reasons for choosing an abortion provider.

Information on abortion practices in the communities was solicited from the NFGDs. The study showed that use of herbs and home remedies to induce abortion is decreasing and that clinics are growing in popularity. This perception was more pronounced among Brahmin/Chhetri and Newari men. The Yadav men mentioned that although herbs were not used anymore, medicines such as antibiotics and clot capsules were being used to terminate a pregnancy. The men from the Tharu community felt that certain home remedies were still popular in the villages for abortion.

## Policy implications and recommendations

Abortion decision-making is embedded in a broader social network of advisors such as health care providers, pharmacists, and other decision-makers in households. Therefore, any behavior change communication (BCC), public awareness, or advocacy intervention targeted to create a congenial environment for couples should also focus on other decision-makers.

Given the important role of husbands, it is clear that men should be targeted in all reproductive health and rights programs. Any future BCC program on abortion should also target men.

The findings suggest that the husbands would not be likely to provide support if they wanted to continue with the pregnancy (regardless of their wives' feelings about the pregnancy). This implies that the husbands hold strong views and are the ones who decide on pregnancy outcomes, not their wives. Therefore, BCC-related interventions such as radio drama highlighting these behaviors should be designed.

Husbands who did not know about the legalization of abortion in Nepal were significantly less likely to seek abortion compared to those who were aware of the law. The study further showed that illiterate, poor, younger men were not well informed about the abortion law and its legal conditions. Men are poorly informed about the hazards of unsafe abortion, and the meaning of gestational age limits stipulated in abortion law. Furthermore, only few men know the location of legal services or even where to go for information about the law. Therefore, future information, education, and communication (IEC) materials should include such information and should be targeted to this subgroup of the population.

It should be ensured that informational interventions include building communication skills for primary influencers of abortion decision-makers. When facing the decision to have an abortion, most men who experienced an abortion reported that their wives should make the decision—this calls for focused sensitivity training among men on the value of their wives' input.

There is a need for wider education in the community about legal abortion services, as well as for the transparent pricing of services and greater efforts to enhance women's decision-making capacities and control over their reproductive options.

The results revealed that recently legalized abortion in the country does not necessarily mean that couples in Nepal can now readily utilize the services and terminate their unintended pregnancies on demand. The wide array of socio-economic and cultural factors are associated with abortion decisions. Therefore, these issues also need to be addressed in order to increase the utilization of abortion services and support women and men in their choices.

## Areas for further research

This study raises some key research questions regarding the factors influencing men to alter their initial decision about an unintended pregnancy, and the choice of whether to use an unskilled provider or home remedies for abortion (which are rarely effective in causing an abortion and can be dangerous to a woman's health). Research is needed to explore the types of women who are resilient and exercise their right to abortion with or without the knowledge of their husbands.

Surprisingly, some of the important indicators such as age of respondents, sex of living child, level of education, number of living children, and exposure to mass media were not statistically significant for terminating an unintended pregnancy in this study. This contradicts findings from most of the previous research.<sup>5,6,7</sup> Therefore, this contradictory finding needs to be further investigated elsewhere in Nepal.

Moreover, some of the factors such as interpersonal relationships, social networks, and psychological factors are likely to be important in influencing abortion decision-making. The present study did not capture these factors in the quantitative study. Therefore, these factors should be explored in any future research in this area and are probably more suited for qualitative research methods.

Men continue to be the primary decision-makers in determining pregnancy outcomes. An operations research study aimed at testing the effectiveness of IEC/BBC interventions is required to help men create an enabling environment for women to make timely decisions for safe abortion.

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