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Service Providers' Perspective on Factors Denying Legal Abortion in Nepal

Many women are denied legal abortion care due to providers' inadequate understanding of provisions and scope of abortion law in Nepal

Background

Since abortion was conditionally legalized in 2002, Nepal government has taken important steps to include abortion as component of women's reproductive health service enabling many women to obtain safe and legal services. However, research has documented that many Nepali women are still unable to access abortion services, especially the poorest, most disadvantaged and geographically isolated women (Puri et al, 2015). A study has shown that about 26% women did not receive the abortion services they were seeking (Gerdts et al 2014). Another study has estimated 3,23,100 abortion were performed in Nepal in 2014, of them only 42% were provided legally in government approved facilities (Puri et al, 2016). Among other, women are denied abortion services may be due to providers' lack of full understanding of the scope of the existing abortion law in the country. Research has found that inadequate knowledge of the abortion law and service provisions among health care providers will pose challenges for compliance with the abortion law (Grimes et al, 2006). Though studies about women's knowledge, experiences and perceptions of abortion service are increasingly available in Nepal, abortion service providers' knowledge, experiences and attitudes in providing abortion services are not fully known. We report on the first study conducted with abortion care providers to address this information gaps in Nepal.

Objectives

In 2017, the Center for Research on Environment, Health and Population Activities (CREHPA), conducted a study with abortion care providers in Nepal.

The study aimed to assess the abortion care service provider's knowledge about the abortion law, attitudes and experiences in providing abortion services, particularly their experiences in denying abortion care (conscious objection or legal interpretation).

Methodology

We conducted a cross-sectional quantitative study with 106 abortion care providers (36 physicians and 70 non-physicians) who were working at the government approved safe abortion centers (government, private and NGO run facilities) in five districts (Kathmandu, Banke, Nawalparasi, Rammechhap and Jhapa) of Nepal. Three staged random sampling procedures was used for the selection of respondents (Figure 1).

Participants were eligible for an interview if they were working in a government approved safe abortion center, were involved in providing abortion care services and were either physicians, mid-level providers or counsellors.

The core research protocol including instruments were approved by the Nepal Health Research Council. Participants involved in the study were fully informed about the nature of the study, research objectives, and confidentiality of the data. Participants' written consent was obtained regarding their participation in the study. Descriptive analysis was carried out.

Figure 1: Method of participant's selection

Stage I

- Number of government approved safe abortion facilities by district was prepared.
- 5 districts having high concentration of approved safe abortion facilities, namely Kathmandu, Banke, Nawalparasi, Remechhap and Jhapa were selected.

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Stage II

- Based on number of facilities, 55 facilities (from large tertiary level hospital to health posts) were selected.
- Of them, 29 public, 20 private and 6 were NGO run facilities.

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Stage III

- A list of abortion care providers was prepared and 107 providers were randomly selected.
- 106 out of 107 were interviewed. Of them, 49 (46.2%) were from public, 43 (40.6%) from private and 14 (13.2%) from NGO facilities.
- One provider refused to give an interview.

कृपा CREHPA

UCSF University of California San Francisco

Key Results

Denial for abortion services is very common

Almost all providers (96%) reported that they have ever refused women for abortion service. Major reasons for denying abortion services included beyond 12 weeks of gestational age (93%), sex selective abortion (86%), and women's health problem (85%). About one in four (24%) providers said that they refused for abortion service due to lack of medical abortion drugs.

Years of experience, training on safe abortion services, and knowledge about legal provisions of abortion are associated with denial of abortion. A higher proportion of physicians than mid-level providers reported denying abortion services.

A substantial proportion of providers denied abortion service due to their personal judgment or religious or moral belief

About a third providers (30%) reported that they denied abortion because they think that women did not have valid reasons for abortion. About 3% of providers said that they refused providing abortion service due to their personal religious and moral beliefs about abortion. Almost six percent of providers said that they denied services to women who were unable to pay service fee.

Table 1: Denial for abortion services and its reasons

Ever denied abortion service	Physician (n=36)	Mid-level (n=70)	Total (N=106)
Yes	97.2	97.7	96.2
No	2.8	4.3	4.0
Total	100.0	100.0	100.0
If yes, reasons for denial (% of yes only)			
My personal religious and moral beliefs about abortion	2.8	2.8	2.8
Bulky uterus	27.2	54.3	45.3
High gestational age (above than 12 weeks)	94.4	92.9	93.4
High gestational age (above than 8 weeks)	19.4	45.7	36.8
We do not provide surgical abortion	5.6	45.7	32.1
Lack of skilled service provider in this facility	8.3	20.0	16.0
Unable to pay service fee	5.6	5.7	5.7
Woman does not have a child	16.7	27.1	23.6
Woman has health problems (abortion not safe for her)	83.3	75.7	84.9
We don't have enough medication	5.6	32.9	23.6
Woman did not have valid reason for abortion	30.6	30.0	30.2
Sex selective abortion	91.7	82.9	85.8

Most providers suggest to continue pregnancy after denial of abortion services

Though all service providers claimed that they do recommend alternatives to women after being denied abortion service, most providers (87%) stated that they recommend women to continue their pregnancy. One in 10 providers (10%) said that they refer women to private hospital for abortion.

Providing no referral to other facilities after denial of abortion service is common

About one in five providers (20%) reported that they neither provide abortion service in their facility nor refer to any other appropriate facility for services. Those who refer, about half of providers (49%) said that they do not have any formal network established for services. In regard to circumstances for referral, higher gestational age and possibility of complications were the main two situations in which providers refer women to other places. Few physicians refer women to other facilities if she cannot pay the service fee.

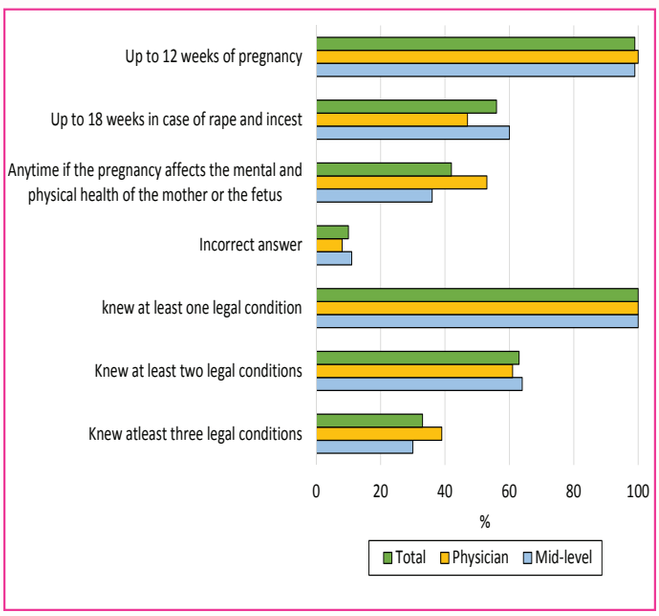
Visiting private facilities or continuing unintended pregnancy were two likely options for women after denial of abortion

Providers were not sure what women tend to do when denied abortion. Many thought that women would visit private hospitals for abortion service (78%) or that they would continue their unintended pregnancy (67%). Over a quarter of providers (28%) thought that women would visit unsafe/unlisted health facility or would buy and consume medicines haphazardly from medical shops.

Knowledge about legal provisions of abortion of provider was poor

Though all providers were aware about the first legal conditions (i.e. legal up to 12 weeks of pregnancy), only 33% of providers knew all three main legal conditions under which a woman can seek abortion legally in the country. The least known legal provisions for abortion was 'anytime of pregnancy if the pregnancy affect the mental and physical health of the mother or the fetus' (42%) (Figure 2).

Figure 2 : Knowledge about legal provisions of abortion



Poor knowledge on mental health conditions for legal abortion in second trimester

According to national protocol for providing abortion service in Nepal, if any pregnant woman has at least 3 out of 11 negative mental health conditions then she is eligible for receiving abortion even after 12 weeks of gestation age. This study shows that only 9% of providers spontaneously knew (without probing) three or more mental health conditions that make women eligible for abortion even after 12 weeks of gestation. After probing this knowledge was increased to 43%. No service providers could mention all eleven mental health conditions spontaneously. Not surprisingly, a higher proportion of physicians than mid-level providers were aware about the mental health conditions for legal abortion.

Table 2 : Knowledge about mental health conditions for legal abortion after 12 weeks of pregnancy (N=106)

Mental health conditions	Spontaneous	After probing	No/ DK
If a woman has severe difficulty falling asleep	7.5	29.2	70.8
If a woman is always sleepy or falls asleep all the time	6.6	17.9	82.1
If a woman feels lethargic and less energetic	5.7	16.0	84.0
If a woman feels guilty or worthless all the time	2.8	34.0	66.0
If a woman has problem concentrating, carefully thinking or has problem making decisions	7.5	33.0	67.0
If a woman gets excited, restless or irritated	6. 6	26.4	73.6
If a woman has hesitation participating in recreational activities	0.9	12.3	87.7
If a woman has feeling that her life has become meaningless and support less	7.5	37.7	62.3
If a woman feels she is unable to take care of her other child financially, mentally and physically	16.0	38.7	61.3
If a woman thinks that the baby will affect her education and professional career	1.9	15.1	84.9
If a woman thinks that the pregnancy is result of her extramarital affair	0.9	33.0	67.0
Knew any three or more mental health conditions (out of 11 listed above)	9.4	43.4	56.6

Overall providers had positive attitudes towards abortion

Providers' attitude was assessed by using 12 abortion related statements i.e. six positive and six negative attitudinal statements regarding safe abortion service. Overall service providers were in favor of safe abortion service but a substantial proportions of providers had mixed attitude or negative attitude towards certain statements related to safe abortion service. For example, all providers agreed to the statement "The needs of a patient are more important than the beliefs of a clinician" and "Every woman has the right to access safe abortion to the full extent of the law". However, one in seven providers agreed with the statement 'the later the gestational age, the more sinful the abortion'. Similarly, one in twenty providers agreed to the statement 'I feel guilty about providing abortion' and ' I feel that providing abortion is morally wrong'. There was no major difference in opinions on abortion services by types of providers.

Table 3 : Belief and attitudes towards abortion services (% of agree)

Statements	Physician (n=36)	Mid-level (n=70)	Total (n=106)
The needs of a patient are more important than the beliefs of a clinician	100	94	96
Clinicians have a responsibility to counsel patients against having an abortion	3	3	3
Every woman has the right to access safe abortion to the full extent of the law	100	99	99
Providing abortions is a positive contribution to society	89	77	81
I feel that providing abortions is morally wrong	3	4	4
I feel guilty about providing abortions	6	6	6
I do/would worry about telling people that I provide abortions	6	-	2
A woman who has had an abortion brings shame to her family	-	1	1
Women have abortions to take better care of the children they already have	67	83	77
The later the gestational age, the more sinful the abortion	11	16	14
I would continue to be friends with someone if I found out that they had an abortion	92	91	92
Most abortions could be provided under the legal ground of mental health	58	57	58

Lack of adequate trained providers, and irregular supply of medical abortion drugs were two main institutional barriers to quality abortion services

Over 60% of providers thought that they experienced barriers to provide quality abortion services. About a quarter of service providers (24%) felt that lack of trained provider, irregular supply of medical abortion drugs (24%), lack of separate room for providing abortion service (21%) were the major institutional barriers to provide quality abortion service from their health facility. Comparatively, a higher percentage of mid-level providers than the physicians thought that the lack of trained providers and irregular supply of medical abortion drugs were barriers to abortion services.

Conclusions

Our findings represent the first effort to study the knowledge, attitudes and experiences of providing abortion services among legal abortion care providers in Nepal. This study gives further evidence that many Nepali women are not able to access to legal abortion in spite of liberal abortion law in Nepal. Denial of abortion service is associated with providers' lack of full understanding of legal provisions especially mental health conditions and, to a lesser extent, their judgment, and moral and religious beliefs. Though most providers claimed that they refer women to other places after denying abortion service, about half of them do not have any formal network established for services indicating weak referral systems between the facilities. Moreover, most providers stated that they recommend women to continue their unintended pregnancy. These findings were consistent with previous studies (Puri et al 2015; Gerdts et al 2014).

Many providers highlighted both supply as well as demand-side barriers in providing quality abortion services. Shortages in trained providers, supply of medical abortion drugs, and facility space were the major barriers to providing services. These findings clearly suggest that these barriers are preventing many women from receiving legal abortion services even within the first 12 weeks of pregnancy when abortion is available on request in Nepal. More work must be done in order to ensure safe, and legal abortion service to all women.

Recommendations

- Organize training of providers (or refresher training to those who are already trained) at all levels to provide comprehensive knowledge about abortion law and provisions. Emphasis must be given on increasing their knowledge on mental health conditions for second trimester abortion.

- Train providers to assess legal eligibility for abortion services and provide counselling and refer women to other facilities where they can obtain service. Since some providers are denying abortion service due to their personal and moral beliefs, any training to providers should further stress on value clarifications.

- Make referral network establishment mandatory for all health facilities if they are not able to provide abortion services, especially for those women who come to the facility in their second trimester and have negative mental health conditions.

- Improve the supply of medical abortion drugs and information education and communication/behavior change communication materials.

- Implement recently announced policy of free abortion services in public facility and consider expanding this policy to cover NGO and private facilities as well.

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For more information contact:

Dr. Mahesh Puri, Associate Director

Center for Research on Environment Health and Population Activities (CREHPA)

Kathmandu, Nepal Phone: 977-1-5193087, Email: mahesh@crehpa.org.np