

Women In Prison In Nepal For Abortion

**A STUDY ON IMPLICATIONS OF
RESTRICTIVE ABORTION LAW ON
WOMEN'S SOCIAL STATUS AND HEALTH**



Anand Tamang, Mahesh Puri
Binod Nepal, Mana Dahal

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ON WOMEN'S SOCIAL STATUS AND HEALTH

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Preface

Nepal is probably the only country in the world where women are imprisoned for charges of abortion. Making abortion illegal in the country and persecution of women for the act with limited options given to them to defend themselves, constitute a form of grave social violence against women, since most women fall victims to false allegations borne out of the ill will of others.

Women who are persecuted and imprisoned for abortions face serious social stigma and psychological trauma. Anecdotal evidences show that in order to settle scores with a family or individual woman, complaints are filed with the police, alleging the woman of having undergone illegal abortions. In most cases, the innocent women are unable to get adequate legal counseling and thus unjustly incarcerated in prison. Abandoned by their male partners, family and community, these women face a daunting experience in prison, deprived of their fundamental rights to justice. Abandonment by their partners, family and community impose a heavy toll on women's psyche. These women also face great uncertainty concerning their futures once they are released from prison.

The discriminatory nature of Nepalese society makes it virtually impossible for women to defend themselves from the various forms of social injustices they face in everyday life. Existing loopholes in the legal system allow male partners to escape legal prosecution under the same charges as well as the social stigma. It is not uncommon for women to languish in prison for longer than what their sentence would have been under the law as trials take a long time and access to legal aid is restricted.

Legal restrictions have not eliminated the abortion practices. On the contrary, it has widened the socio-economic and gender discrimination in our society. Legal restrictions just prevent safe abortions and turns abortions into a major killer. According to WHO estimates abortion related case fatality is estimated at 4/1000 procedures and abortion related deaths account for between 13-15% of all maternal deaths in South and South East Asia. In Nepal, it is estimated that over half of all maternal deaths are due to unsafe abortions.

The present report analyzes the circumstances, social or legal, leading to women's imprisonment following abortions including feticide and also examines the socio-economic correlates of the Nepalese women imprisoned in jails for illegal abortions. The implications of restrictive abortion laws on the extent of abortion related complications admitted to government hospitals and costs of the treatment are also analyzed. The findings of the study are useful in strengthening the policy dialogue and advocacy surrounding legalization of abortion law in Nepal.

Anand Tamang
Principal Investigator

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The prison study would not have been possible without the cooperation and support of the various government officials, Particularly, we would like to thank to the Prison Management Department of the Ministry of Home Affairs, office of the CDO and the Jail In-charges of the prisons.

The team is also highly grateful to the zonal hospitals as well as the medical professionals serving these hospitals for their cooperation and providing helpful information. Thanks are also due to the Peer Review Committee and the Project Support Unit of CREHPA for extending untiring support and guidance to the study team members during the study period.

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1.1 Background

Around the world, laws governing induced abortion range from those prohibiting abortion with no explicit exceptions to those establishing it as a right of pregnant women. Nepal is one of the few countries where abortion is legally restricted. In this country, induced abortion is a criminal act under any circumstances, even in case of rape or incest, punishable by imprisonment for both the woman undergoing an abortion and abortion service provider. The only exception is unintentional termination while undergoing medical treatment.

Despite the restrictive abortion law, every year thousands of induced abortions are performed clandestinely in the country. Most of these abortions are conducted by untrained or unqualified personnel or quacks, which adversely affect both the interests of the women and the society at large. Since most clandestine procedures either remain incomplete or they are associated with severe complications, these women have no choice but to visit hospitals in critical conditions, thereby severely straining the finite hospital resources of the country.

It is estimated that deaths due to unsafe abortion procedures account for more than half of the maternal deaths in the country¹. Because of the illegal status of abortion, a considerable proportion of Nepalese women specially from rural areas who are poor, illiterate and have low social status, frequently fall victim to exploitation and imprisoned on charges of abortion and infanticides. As the present law does not clearly differentiate between *Garbhapaat* (abortion) and *Jaatak* (infanticide), prosecutors tend to choose the latter and rarely, women accused of such acts are represented by a lawyer. Although in all circumstances abortions are motivated and carried out with the assistance of spouse or male partner, in most cases it is the women and not their spouse or male partner,

who are convicted for the crime. It is also believed that most Nepalese women who are facing long jail terms for abortions and infanticides would not have been there if the existing laws safeguarded women's reproductive rights and if they had access to safe abortion or menstrual regulation (MR) services in the country.

1.2 Objectives of the Study

The study intends to assess the factors behind women's imprisonment in Nepal with special reference to women imprisoned for abortions. More specifically, the study aims to:

- a) Examine the type or nature of offenses under which women are incarcerated in Nepal and duration of jail terms for specific offense;
- b) Assess the extent of women incarcerated due to illegal abortions in Nepal and the reasons for abortions;
- c) Assess the social, medical and legal pathways which led to their incarceration following abortion;
- d) Examine the extent to which counterpart males or service providers are incarcerated in Nepal for illegal abortions;
- e) Use the study results for policy dialogue and advocacy surrounding liberalization of abortion law in the country.

1.3 The Study Methodology

1.3.1 Coverage of Women Inmates of Prisons

The total number of prisons in the country is 73. These are located in 71 out of the 75 districts of the country. However, only 59 prisons (located in 57 districts) have provisions to keep female inmates. The present study covered all these 59 prisons in the country to interview the female inmates (*Appendix Table 1*).

The 1996 data showed, the number of female prisoners serving jail terms as compared to male prisoners was low. Out of a

total 6288 prisoners confined to different prisons of the country (as of November 1996), female prisoners comprised only 465 (7.4%) (the total excludes 14 women of foreign nationals) and the remaining 5823 were male prisoners (92.6%) (*Ministry of Home Affairs, HMG*). The total number of female inmates in the country during the periods 1992-93 to 1995-96 ranged between 409 to 430. In contrast, the male inmates were between 5379 and 5956. The number of women incarcerated due to abortion ranged between 73 to 89 per year (Table 1.1).

Table 1.1 Distribution of Male and Female Prisoners in the country

	1992/93	1993/94	1994/95	1995/96	CREHPA 1997@
Male	5956	5702	5778	5379	3747
Female	409	417	429	430	406
Total	6365	6119	6207	5809	4153
Abortion *	82	73	89	76	80 **

Source: Prison Management Division, Ministry of Home Affairs, 1997

@ Total figures for 59 prisons holding women inmates

* As per Police Headquarters' Record, Kathmandu

** Includes women convicted for infanticides

Because of the nationwide prison coverage, the survey period for the present study spread from mid-June to September 1997. During this period, altogether 406 female and 3747 male inmates were serving jail terms in 59 prisons covered by the study. All female inmates were approached for individual interviews. However, 390 women consented for the interview and sixteen women declined to be interviewed. In-depth interviews were carried out with women incarcerated due to abortion and infanticide.

A prior consent of the Ministry of Home Affairs/(MOHA) was obtained in order to have an access to the prison inmates in all the 59 prisons. In some districts, the permission of the district

authorities (District Administration Office and District Police Office) was also obtained in order to have an access to the prison inmates. Information was also obtained at each site regarding the number of persons currently held under police custody for charges of abortion and infanticide.

All ethical aspects of the research were strictly adhered to. Verbal consent for participation in the study was obtained from each and every female inmate after they were told about the purpose of the research and the confidentiality of the information solicited by them. As a token of appreciation to their participation in the study, a small gift (a pair of washing soaps) was given after a successful completion of the interviews.

1.3.2 Case Studies

Case histories of 25 women incarcerated following abortions/infanticides were conducted to obtain insights on their situation, prior knowledge about the legal sanctions on abortions, circumstances leading to imprisonment, consent from spouse or male partner including friends and relatives for pregnancy termination, alternative views on the nature of charges, future plans (after completion of jail terms), etc. The criteria for selecting participants for the case histories were: caste/ethnicity, marital status, nature of charges and duration of jail terms.

1.3.3 Coverage of Male Counterpart

In the present study, attempts were also made to interview all male inmates convicted on charges of abortion and infanticide and serving prison terms in the 59 prisons. At the time of the survey, only 7 male inmates were serving prison terms for charges of infanticide and only 5 for charges on abortion. Information was collected from these male respondents regarding their relations with the women, circumstances leading to their decision to terminate the pregnancy, conditions under which they were charged and imprisoned, duration of jail terms, etc. Information about the place of confinement (jail) of the male counterpart were also obtained from the women inmates and verified from the secondary sources.

1.3.4 Information Update

The second component of the study involved updating previous research studies on abortion in the country. The findings from the prison study and information update are intended to facilitate conducting a series of *public education program* to initiate policy dialogue and advocacy surrounding liberalization of abortion laws in Nepal. Accordingly, the research team conducted an observation study at five regional hospitals located outside the Kathmandu valley. All abortion cases visiting the five regional hospitals for treatment of the complications of abortions during a six weeks observation period were approached for in-depth interviews. The purpose of the in-depth interviews with the women was to assess the reasons for abortions, types of service providers used for pregnancy termination, duration of complication (prior to admission to the hospital) and costs incurred in abortion.

As no separate records on induced abortion cases were maintained by these hospitals, the strategy was to screen all women with complications of abortions (including spontaneous abortions) and conduct in-depth interviews with induced abortion cases. The assistance of the clinicians of the hospitals was sought to screen/identify women with abortion complications and obtain their consent for interview. The previous research study of IIDS on "Determinant of induced abortion and subsequent reproductive behavior among women in three urban districts of Nepal" (funded by WHO, Geneva 1992-1994) had used similar study design (hospital-based) for recruitment of the subject for a prospective study.

The third component of the present study comprised of interviews with *medical professionals* of the government hospitals. The purpose of interviewing medical professionals (mainly obstetrician & gynecologists) serving at the government hospitals was to solicit their impressions on current abortion practices in the country and the implications of restrictive abortion law on women's reproductive health. Information pertaining to the extent of abortion-related complications

presenting at government hospitals, level of obstetric emergency service available at these hospitals to manage such complications, bed-occupancy by such patients, costs of treatment, etc., were also solicited from the medical professionals. Eighteen medical professionals serving at thirteen regional, zonal and district level government hospitals of the country were covered for the medical practitioners' interviews.

1.4 The Fieldwork

In view of the nation-wide coverage of the prisons (59 prisons) and the accessibility constraints especially in mountain districts, (where there are no road connections), the fieldwork was carefully planned and monitored. As many as 9 prison locations had no motorable roads even though these are located at district headquarters. These places were accessible only by air and some locations required both air travel and trekking (travel on foot) for over two to seven hours. In some cases, reaching these destinations were not predictable due to occasional flight cancellations caused by bad weather and other factors as these places are served by very few flights in a week.

Considering the accessibility factors, the fieldwork was launched in three phases. In the first phase, some of the mountain districts (where air tickets were available and flights were possible) and all the *terai* (plain) districts were covered. In the second phase, all the 32 prisons located in Hills were covered. In the third phase, those mountain districts which could not be visited in the first phase (owing to cancellation of flights and/or non-availability of the air tickets) were covered - certain locations by air, the remaining places partly by bus and mostly on foot entailing six to seven days of travel. An eight to ten-days gap between the three phases of field work was maintained to allow the field teams to prepare for the subsequent fieldwork.

Altogether 22 field researchers, supported by 4 project support unit members assisted the core research team in conducting the fieldwork for the prison study. The 22 field researchers were divided into *eleven field teams*, each team comprising of one senior supervisor and one research assistant. Each team had to cover five to six prisons. They spent 2-4 days per site to

meet the concerned Chief District Officer (who is the administrative head of the district) and the Jailer (prison In-charge) to gain access to the prisons and for motivating the women prisoners to participate in the study.

For the hospital-based study, five female research assistants were trained to conduct a six week hospital observation and interviews of women with abortion-related complications. Each of them was stationed at the five government based regional hospitals to recruit and interview abortion cases. The core research team members conducted the medical professionals' interviews. The total duration of the fieldwork (covering all the phases) was approximately 3.5 months (Mid-June to September 1997).

A *peer review committee (PRC)* consisting of nine members was formed to assist the study team especially during the initial stages of the study. Members of the PRC were legal expert/ advisor, senior gynecologist, parliamentarian, women activists and social scientists. A series of meeting was held among PRC members (both collectively and individually) to obtain their expert opinions, discuss on the fieldwork strategies, analyzing the legal and medical issues concerning abortions (including law differentiating abortions and infanticide) and actively support the team in dissemination of the results.

Condition of Jails

According to the Human Right Year Book 1996 published by INSEC, many jails in Nepal are physically dilapidated. In some of the jails, the inner cells made for torturing the prisoners are still in use. On the one hand, there is a shortage of essential facilities like drinking water, drainage, toilet, windows, etc. in the jails, and on the other, efforts for improvement and maintenance of the jails are also not going well.

Jaleswar Prison in Dilapidated Condition

MOHOTTARI, June 20 (RSS)- The historic Jaleswar prison house, one of the oldest prisons in Janakpur zone is dilapidated and in a state of utter neglect.

Constructed in 1990 Bikram Era, the 14-cell prison house has been used as a joint prison for Dhanusha and Mahottari districts.

The main prison building is so decrepit that inmates complain of large scale water leakage and seepage during the rainy season which invariably makes the condition in the cells inhospitable.

The prison currently houses a total of 154 inmates, among them women inmates are lodged in two cells while the male inmates occupy the other two cells.

According to prison warden Kashikanta Jha, the prison roof has caved in and it is not sure when it will crumble down. He says other facilities in the prison like drainage system, toilets and bathrooms are too in a very bad shape which need utmost attention.

Source: The Kathmandu Post; June 21, 1997

400 Inmates in Jail of 200 Capacity

Morang, Nov. 4 -Inmates of Morang jail complain that they are suffering from different contagious diseases and that the jail administration has not made arrangements for their treatment.

The jail has been packed with more than 400 prisoners where only 200 prisoners could be accommodated. It has been found that the prisoners are suffering from different communicable diseases like influenza, colds and tuberculosis.

Since the jail is over-congested and all the prisoners are crammed into the same area, with no consideration given to whether they are suffering from any communicable disease or not, even the healthy inmates are suffering from various diseases.

Some inmates were recently found to be suffering from Hepatitis B, but the jail administration could not segregate those infected.

There are 227 male prisoners and 195 female prisoners from Sunsari and Morang districts in Morang jail including 2 Bhutanese and 34 Indian nationals.

Source: The Kathmandu Post; Nov. 5, 2000

1.6 Law on Trial and Punishment for Crimes of Abortion and Infanticide

In ancient times, the legal provisions relating to abortion were based on religion, customs and traditions. According to the *Manusmriti*, consumption of any food item touched or served by a woman who have had an abortion was considered as a sin². In the *Kirant Era*, abortion was considered as sin, but no proper system of trial and punishment existed. In the *Lichhchhavi Era*, although no separate legal provision relating abortion existed, the act of abortion was considered to be against morality and the culprit received punishment³. In the *Malla Era*, law on trial and punishment for crimes of abortion was made quite interests of the high caste families. During that time 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 1910 B.S.⁴

The Civil Code (*Muluki Ain*) introduced in a written form for the first time in 1910, had a separate legal provision on abortion under the chapter "*Jatakmareko*" (killing of fetus). As per this provision, both the woman and the person performing the abortion could be imprisoned for one year or be released on the payment of amount equivalent to the imprisonment duration. Persons abandoning a live born child could be socially ostracized and if the abandoned child dies due to desertion and exposure, then there was a provision to imprison the accused for six years⁵.

The Sections 28 to 33 of the present *Muluki Ain 2020* (Civil Code 2020) deals with the crimes of abortion and infanticide in the chapter on *Jyan* (life) and provides for trial and punishment for these crimes in that chapter⁶.

Sec. 31 of the chapter provides for punishment for the crime of abortion. If any person performs an abortion on a pregnant woman with her consent, causing her to miscarry, both the person performing the abortion and the woman will be sentenced to between one year to one and a half years imprisonment. The duration of prison terms depends on whether the fetus is

less than six months or over six months old. However, for a person who performs an abortion on a woman without her consent, the punishment ranges from 2 years for a fetus less than 6 months to 3 years for a fetus over 6 months. Thus, Section. 31 prescribes a maximum punishment of one and a half years of prison sentence to a mother who consent to undergo an abortion and a maximum 3 years sentence to a person who causes a pregnant woman to miscarry through his act.

If a woman uses a drug procured from somebody or a device with somebody's help with the intent of aborting the pregnancy and as a result if the fetus is aborted, the maximum punishment for her is one and a half years of imprisonment. But, if a woman expels a live fetus (due to failure of abortion attempts) and it dies naturally, (as a result of the abortive drug or device used), she is accused of abandoning a live-born child and causing its death through exposure. Thus, in accordance with Sec. 18 of the Chapter, she will be convicted of murder and liable to life imprisonment plus confiscation of her entire property.

Since the present law does not clearly differentiate between abortion and infanticide or attempt infanticide through abandonment, invariably, prosecutors tend to choose the latter and rarely the women is represented by a lawyer. **Lalita Karki** (unmarried, 20 years) who has been in jail for the past 2 years is a good example to show that even when a woman aborts a five months old fetus, the court convicts her for infanticide. Similar is the case of **Leena Nepali**- an unmarried girl aged 20 years from a low caste family. She has been in prison since the past four years. During the interview, she stated that she did not know she was pregnant and had taken medicines from a health facility in her village for fever and worm. She has denied that she had tried to terminate the 6 months old pregnancy. She is convicted for infanticide and not for abortion.

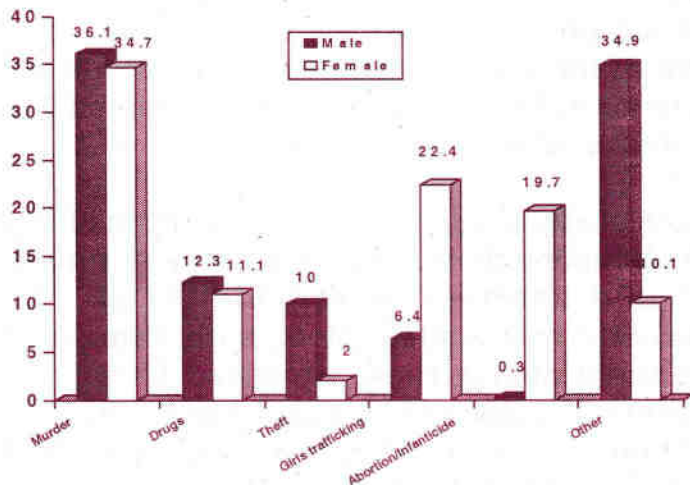
RESULTS

2.1 Characteristics of Women in Prisons

A total of 406 female inmates were found serving prison terms during the study period. Of them, the number of women accused for “murder” was the largest, (141 women or 34.7%), followed by women convicted for girl trafficking (91 women or 22.4%). The number of women convicted for infanticide/abortion was 80 (62 women imprisoned for infanticide and 15 for abortion plus 2 women under custody for charges of abortion and 1 woman for infanticide). As many as 45 women were serving prison terms on charges of drug trafficking and another 44 women were imprisoned for other crimes (*Appendix Table 2*).

Among the five development regions of the country, the proportion of women prisoners convicted for abortion and infanticide to the total female inmates was relatively the highest in the Eastern Development Region (46%) followed by the Far-Western Region (32%), the Western Region (31%) and the Mid Western Region (11%). The Central Development Region had only 7 percent of the total women inmates convicted for charges of abortion and infanticide.

Figure 2.1 Percentage Distribution of Male and Female Inmates by Nature of Crime



In 13 out of 59 women prisons of the country, the number of female inmates who were convicted for abortion and infanticide comprise 50 percent or over. However, the number of female inmates imprisoned in those 13 districts is very few and ranges between 2 to 10 inmates per cell.

2.1.1 Demographic Characteristics

A large majority of the female inmates (62%) were young, i.e. under 35 years of age. Adolescents (14-19 years of age) comprised one-tenth of the total female inmates (Table 2.1). In terms of the nature of the crimes, the proportion of female inmates convicted for charges of prostitution were very high among the 20-24 age group (62%) followed by adolescents (31%). Likewise, 42 percent of the women convicted for girls trafficking were between 25-34 years of age. One in six women convicted for abortion/infanticide was an adolescent.

Over half to more than two-thirds of the female inmates were married. One-sixth of them was a widow and one in eight was a single (unmarried) woman. The proportion of unmarried women was the highest among those convicted for prostitution (37%) followed by abortion/infanticide (26%). On the other hand, a significant proportion of widows was serving prison terms on charges of murder (28%), drug trafficking (17%) and abortion/infanticide (12%).

Figure 2.1 Percentage Distribution of Male and Female Inmates by Nature of Crime

Most of the female inmates especially those convicted for charges of murder (80%), girl trafficking (73%), abortion/infanticide (70%) and prostitution (69%) were illiterate. Between 13 to 30 percent of them were educated up to secondary level and very few women (11% or less) have had attained higher secondary level of education.

In terms of ethnicity/caste, the proportion of Brahmin/Chhetri was high among those convicted for prostitution (62%), murder (40%) and abortion/infanticide (37%). They were also significantly represented (along with Tamang, Magar, Sherpa and Bhutia) among those convicted for girl trafficking. The proportion of women belonging to Rai, Limbu, Gurung, Newar hill ethnic groups was high among those accused for drug trafficking (Table 2.1).

Table 2.1: Percentage Distribution of Women Prisoners by Their Demographic Characteristics

	Murder	Girl Trafficking	Drug Trafficking	Prostitution	Abortion/ Infanticide	Other	Total
1. Age							
14-19	6.6	3.5	11.1	31.3	15.0	19.4	10.3
20-24	13.9	15.3	5.6	62.5	28.8	19.4	19.0
25-34	28.5	42.4	30.6	6.3	32.5	41.7	32.8
35-49	26.3	29.4	30.6	-	23.8	13.9	24.6
50 +	24.1	8.2	22.2	-	-	5.6	12.8
Not stated	0.7	1.2	-	-	-	-	0.5
2. Marital status							
Unmarried	4.4	4.7	16.7	37.5	26.3	22.2	13.1
Married	67.9	69.4	66.7	56.3	56.3	69.4	65.4
Divorced	-	14.1	-	6.3	5.0	5.6	4.9
Widow	27.7	11.8	16.7	-	12.5	2.8	16.7
3. Type of family							
Nuclear	51.1	63.5	66.7	75.0	52.5	41.7	55.6
Joint	48.9	35.3	33.3	25.0	47.5	58.3	44.1
Not stated	-	1.2	-	-	-	-	0.3
4. Education							
Illiterate	80.3	72.9	61.1	68.8	70.0	58.3	72.3
Non-formal	5.8	5.9	5.6	-	5.0	2.8	13.6
Primary (1-5 std)	7.3	16.5	19.4	25.0	17.5	11.1	5.9
Secondary (6-10)	5.8	2.4	11.1	-	3.7	16.7	3.1
SLC pass & above	0.7	2.4	2.8	6.3	3.8	11.1	5.1
5. Ethnicity							
Hill Brahmin/Chhetri	40.2	27.0	11.1	62.5	37.5	41.6	35.1
Rai/Limbu/Gurung/Newar	12.4	10.7	33.3	12.6	23.7	25.0	17.7
Tamang/Magar/ Sherpa/Bhutia	11.7	24.7	30.6	25.0	15.1	25.0	19.5
Lower Caste	18.1	25.9	8.0	-	15.0	5.6	16.4
Terai ethnicity/caste	10.9	7.1	14.0	-	8.6	-	9.2
Other	6.6	4.7	2.8	-	-	2.8	2.1
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	137	85	36	16	80	36	390

Source : CREHPA, 1997

2.1.2 Occupation

A large percentage of the female inmates imprisoned for crimes like murder (75%), abortion/ infanticide (65%) and prostitution (50%) were not engaged in any income generating activities. On the other hand, 31 percent of the women accused of drug trafficking and 27 percent accused of girls trafficking were involved in running some business activities of their own such as tea stalls, sale of vegetables/fruits/clothes, etc. Interestingly, daily wage laborers, service holders and those working in handicraft/cottage industries such as carpet and garment factories were high amongst the women convicted for prostitution. Moreover, one in eight women convicted for prostitution had been working as a domestic servant (Table 2.2).

Table 2.2: Percentage Distribution of Women Prisoners by the Type of Gainful Work They Were Involved in for Supporting Their Family

Nature of Employment	Murder	Girl Trafficking	Drug Trafficking	Prostitution	Abortion/ Infanticide	Other	Total
Not employed	75.2	47.1	44.4	50.0	65.0	69.4	62.6
Business	3.6	27.1	30.6	-	12.5	5.6	13.1
Daily wage labor	8.0	9.4	13.9	18.8	8.8	5.6	9.2
Service	2.2	5.9	-	18.8	2.5	11.1	4.4
Agriculture /Livestock	8.8	2.4	8.3	-	6.3	5.6	6.2
Handicraft/ Cottage Industry	1.5	7.1	2.8	-	2.5	-	2.8
Domestic Servant	0.7	-	-	12.5	2.6	2.8	1.5
Not Specified	-	1.2	-	-	-	-	0.3
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	137	85	36	16	80	36	390

Source: CREHPA 1997

2.2 Women in Prison for Abortion and Infanticide

Despite the law prohibiting abortion, most induced abortions performed even under unsafe abortion procedures in the villages go undetected. Usually such acts have prior consent or support from their spouse, male partners and/or relatives. Safe abortions are easily accessible in towns at a price to those who can afford them or across the border in India where abortion is legal. Women relying upon traditional abortionists in the villages for pregnancy termination and experience *septic* or *incomplete* abortion can easily undergo *evacuation* procedure (Dilatation & Curettage) and other treatment safely at any government hospitals without any fear of prosecution. However, utmost care is taken by such patients not to reveal the fact but to register themselves as spontaneous miscarriage⁷ (Tamang et al. 1994). Even though it is always easy for the clinicians at the hospitals to distinguish between induced abortions and miscarriages, no attempt is made to specify the nature of pregnancy termination in the hospital register. It is only those who are careless, ignorant, poor and unlucky who get caught for abortion and infanticide and prosecuted under the law.

At the time of the prison survey, altogether 3,747 men and only 406 women were in prisons for different crimes. Of them, 80 women (20%) were convicted for abortion (17 women including 2 women under police custody) and infanticide (63 including one under police custody). Nearly one-third of them were in the prisons since past 3-5 years or even more. Court cases were pending for a majority of these women (56%). All these women were illiterate and from poor families. Complaints were failed about illegal abortions and infanticides against the women either by their family members, spouse or villagers. From the prospective of these women, the charges levied against them were false, usually by neighbors seeking opportunities and vying for revenge and some of them were pressured to confess their crime to the police. In a considerable number of cases, the statements given in police custody, statements in the court and those narrated to the interviewers at the time of the survey are found to differ widely.

Table 2.3 presents the duration of imprisonment for women convicted for abortion and infanticide and the proportion of women whose appeals were pending in courts at the time of the survey.

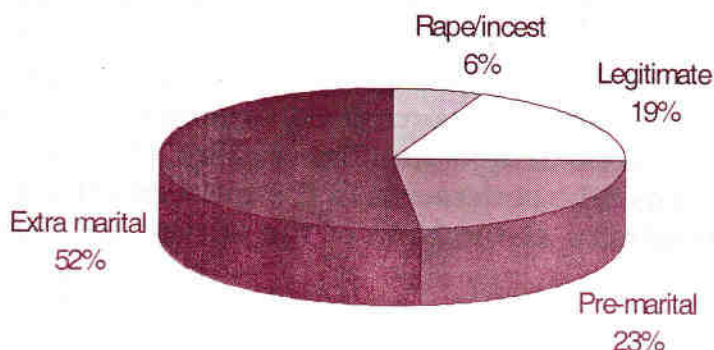
Table 2.3: Percentage Distribution of Women Imprisoned for Abortion and Infanticide by Duration of Jail Term Served at the Time of the Survey

	Abortion	Infanticide
A. Duration of jail term served		
Less than 6 months	23.5	11.1
6 months to less than 1 year	29.4	14.3
1-2 years	23.5	41.3
3-4 years	23.5	22.2
5 years or more	-	9.5
No response	-	1.6
B. Is the case going on ?		
Yes	82.4	49.2
No	17.6	50.8
Percent	100.0	100.0
N	17	63

Source : CREHPA 1997

The pregnancy for nearly one-fifth of the women incarcerated for abortion/infanticide was a legitimate one. For about six percent of the cases, it was due to rape/incest. However, for over half of the women (51%), the pregnancy was due to extra-marital relationships. For nearly one-fourth, it was due to pre-marital relationships (Figure 2.2).

Figure 2.2 Legitimacy of Pregnancy Among Women



At the time of the prison survey, over three-fourths of the women inmates (76%) convicted for abortion denied that they have actually attempted to terminate the pregnancy even though it was due to illicit relationship. Perhaps, such a statement was made by the women with a hope that they might be awarded with lesser penalties. Most of them argued that the pregnancy got miscarried either as a result of falling from stairs, taking medicines while they were ill or due to heavy workload. Likewise, a large majority of the women convicted for infanticide stated that it was the case of a still birth and they actually wanted to have the baby and as such there was no intention to kill the baby.

There are instances where women found themselves cheated by their partner who after making them pregnant, had persuaded them to take oral medicines without informing that the medicines lead to abortion. In some cases, false allegations of induced abortion was charged against the woman by her husband or her in-laws to take revenge even though the woman claimed to have experienced spontaneous miscarriage or a case of irregular menstruation cycle. The case of **Jamuna Devi** (widow, aged 36 years) exemplifies false charges registered by her relative. She strongly denies that she was ever pregnant and resorted to illegal abortion. She argued, saying:

“How can I become pregnant when I had no illicit relationship at all? I use to experience delayed menstruation for 2-3 months. To take revenge, my nephew complained that I had aborted the pregnancy. The District Court asked for Rs. 9,000 as Jarimana (fine). Since I could not afford to pay such a huge amount of money as penalty, I am serving the jail sentence since past one year. I am going to be free shortly after completing the one year jail term”.

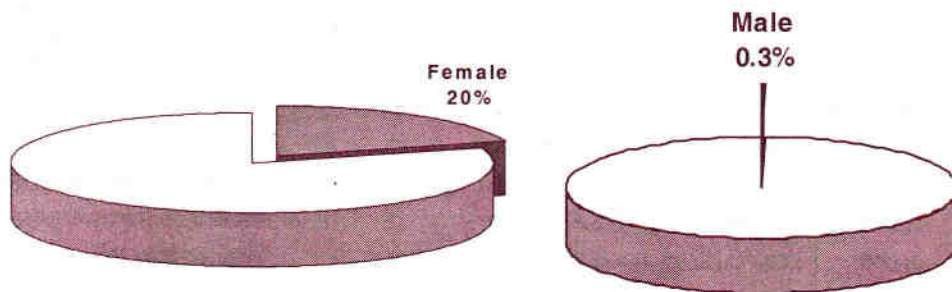
The case of family jealousy (from co-wife) landed **Ganga Khadka** (25 years, illiterate) to prison where she has already spent nine months. Her case is still being heard in the district court. Her explanation is:

“The six month conception was through my husband which was miscarried spontaneously. I did not abort the pregnancy. I have two sons and I could afford to have another child. As my husband already has another wife, this Santa (co-wife) who hates me a lot made this false allegation”.

2.4 Extent of Male Partners Incarcerated for Abortion and Infanticide

Although in all circumstances abortions are motivated and carried out with the assistance of spouse or male partner, in most cases it is the women and not their spouse or male partner, who are convicted for the crime. Male partners normally escape jail sentences as they are in a position to deny accepting the pregnancy or their direct involvement in the crime. Moreover, unlike women counterparts, men generally receive necessary support of their family and relatives. They are also in a position to pay *Dharauti* (deposits) or *Jarimana* (fine) fixed by the court for the crimes. The amount specified by the court ranges between Rs. 5,000 to Rs. 9,000 (US \$ 79- US \$ 142). Even some male partners bribe the police while under custody and escape prison sentences.

Figure 2.3: Proportion of Women and Men Incarcerated for Abortion/Infanticide



At the time of the prison survey, only 6 men were in prisons for charges of abortion and 8 men for charges of infanticide in contrast to 17 women and 63 women for abortion and infanticide respectively. One of the five men imprisoned for abortion charges was an unqualified abortionist (from Chitwan district) who was responsible for the death of a woman caused by an unsafe abortion procedure.

Out of the 17 women convicted for abortion, only three women (18%) have stated that their male partner was also serving jail terms. In the case of others, their male partner either ran away (to India) after knowing about the pregnancy (24%) or escaped jail sentence after paying the amount of deposit specified by the court (29%). In only one case, the male partner (as reported by the woman) accepted the pregnancy to be his responsibility but denied that he had asked the woman to terminate the pregnancy. This man was under police custody for 10 days and released subsequently.

All the 63 women inmates convicted for *infanticide* was asked if they had ever attempted to terminate the pregnancy immediately after realizing that they were pregnant. It is evident from the Table 2.4 below that, only in 44 percent of the cases, the women had wanted to have the baby irrespective of the circumstances in which the pregnancy was conceived. On the contrary, a large proportion of women would have had successful abortions if they had prior knowledge about abortion procedures (30%); their partner had disagreed for abortion and but given false promise of marriage (13%); or if he was around to assist the woman for an abortion (9%). Moreover, in one out of twenty cases, the women had actually tried to abort her unintended pregnancy but failed.

Table 2.4: Percentage Distribution of Women According to the Reasons for Not Resorting to an Abortion: Women Convicted for Infanticide

Reasons for not attempting an Abortion by Women Committing Infanticide	Percent
Wanted to have the baby	44.5
No knowledge about abortion/No such advice received	30.2
Wanted abortion but partner disagreed and promised to marry	12.7
Partner had advised for abortion but he was not around	9.5
Realized very late about the pregnancy	6.3
Attempted abortion but not successful	6.3
Partner ran away after giving false hope of marrying	4.8
Other	3.2

Percentage total exceeds hundred due to multiple responses.

Source : CREHPA, 1997

2.4 Pathways to Incarceration following Abortion and Infanticide

Unlike educated urban women who seek safe abortion services at early stages of pregnancy, (Tamang et al. 1994) illiterate women seek the assistance of untrained persons for abortion or intend to abort the pregnancy through self attempts and that too at later stages⁸. The abortions for most of the prison women covered in the present study were carried out at a very late stage of pregnancy (five months and over) and through dangerous abortion procedures. Moreover, no adequate measures were taken by these women and their accomplice to ensure that the product of the conception is disposed of safely. Due to factors like illiteracy, ignorance (about safe abortion practices), lack of access to safe abortion services, lack of spouse or family support, fear of legal and social sanctions, etc., the majority of these women have resorted to abortion at a very late stage of pregnancy or allowed the unwanted pregnancy to a full term and then abandon or kill the newborn. Few women interviewed in the present prison survey have made a number of unsuccessful attempts to terminate the pregnancy by taking abortifacient drugs or even undergoing physical tortures like pressing the abdomen with a heavy grinding stone to kill the baby inside the womb. As mentioned earlier, only those unfortunate women who fail to get the support of their spouse, male partner or their relatives and those who fall victim to exploitation and family jealousy are exposed and imprisoned. Only in very few cases, the male partner have confessed the crime and also been imprisoned.

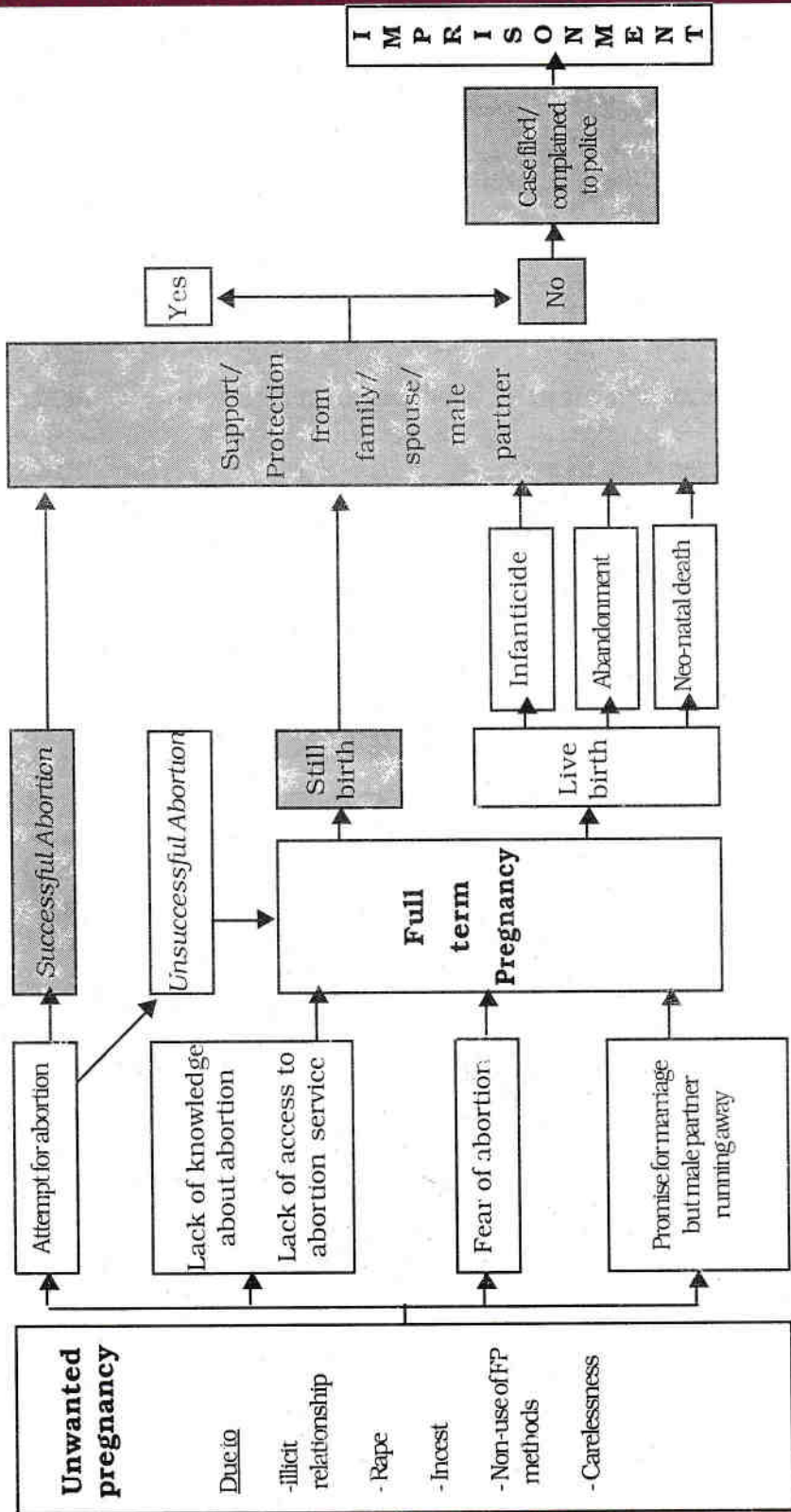
The case of **Sarita Sherpa** is a typical example in this respect. Due to the fear of being caught, she and her partner had used traditional methods of abortion and could not find any safe place to dispose of the fetus. Their action got exposed once the domestic cat pulled out the fetus that they had buried inside the house. Both the woman and her male partner are serving prison terms.

While working as a domestic servant, **Indu Kamat**, (widow and mother of four children) was seduced by a man. He promised to marry her and made her pregnant. After knowing about her

pregnancy he gave her some medicines which helped in expelling the fetus. Unfortunately, this woman had told every thing about the abortion to a girl who then informed the community. In this way she was imprisoned and sentenced by the court to life imprisonment (20 years). Indu questions the duration of the jail term since she insisted on saying that the pregnancy was only three months old. According to her, the male partner had bribed the police during his custody and got himself free.

Shanta Devi is a young married woman, aged 20 years. While her husband had gone out for work and she was alone at home, her brother-in-law (elder brother of her husband) had raped her. After six months she realized that she was pregnant. When she confided about the pregnancy to her brother-in-law, he threatened her not to tell anyone about it. She had no knowledge about abortion. According to her, after she had given birth, her brother-in-law took the child away from her. Later, when she inquired about the child, he replied saying that she had a stillborn child and he had buried the child in the field. After that he confined her to the room for three days and gave her turmeric mixture to drink in order to dry the breast-milk. It was only after she was taken to the district police office (three days later), she came to know that her brother-in-law had murdered the child. She said. *"I could not imagine that my brother-in-law could go to the extent of murdering my child"*. Both Santa and her brother-in-law are convicted for infanticide and imprisoned.

Pathways to Incarceration Following Abortion/Infanticide



3.1 Implications of Existing Abortion Law on Women's Health

The safety of abortion care available to a woman has a direct impact on her health. Because of the legal restrictions, the majority of the women are forced to seek clandestine abortion services from unskilled personnel in their locality. Such service providers subject their abortion clients to serious physical injury, sterility or chronic disability or even death. Previous studies on abortion⁷ (Tamang et al. 1994) showed that many unqualified service providers adopted dangerous and often barbaric procedures for pregnancy termination. For example, they inserted sticks pasted with cow-dung, herbal mixtures or a rubber catheter dipped in some unknown medicines, etc., into the uterus and sometimes injected unknown medicines or herbal mixtures into the uterus. As none of the procedures adopted by untrained service providers were safe and complete, eventually these women landed up in the hospitals in critical conditions, requiring blood transfusions and higher doses of antibiotics. They had to spend considerable amounts of money for the treatment also. Moreover, majority of these women complained of post-abortion side-effects such as abdominal pains, painful burning of bowels, loss of sleep, irregular menstrual cycles, loss of weight, headache, excessive bleeding, weakness, etc., which continued to trouble them even after three or four months of abortion.

The Maternity Hospital (an apex hospital), located in the heart of Kathmandu, is generally over burdened by a large flow of female patients presenting themselves with abortion-related complications, some of which are a result of unsafe abortions procedures. To overcome the high patient flow, the hospital established a post abortion care services unit or the "Manual Vacuum Aspiration (MVA) unit" within the hospital premises in May 1995. MVA unit is also established in the Kaski Zonal Hospital, Pokhara.

The present study has shown that roughly every tenth woman admitted as an obstetric & gynecological patient at the five zonal/regional hospitals located outside the Kathmandu valley is an abortion complication case. The flow of abortion related complication cases admitted at the regional hospitals was

observed to be quite high in Lumbini Zonal Hospital, Butwal (33.7%), Narayani Zonal Hospital, Birgunj (19%) and at Bheri Zonal Hospital, Nepalgunj (18.4%).

About 98 percent of the women visiting these hospitals for treatment of abortion complications were married and from poor economic background. Women who could afford to pay the high fees for abortions are found visiting the private clinics available in these towns.

Over 70 percent of the women had to undergo evacuation (D&C). Moreover, nearly three-fourths of the women (74%) required high antibiotic doses. Because of severe blood loss, over half (54%) of the induced cases required immediate blood transfusions at the hospitals. Laparotomy operations had to be performed for nearly one-sixth of the patients with complications of induced abortions (Table 3.1).

Table 3.1 Percentage Distribution of Women with Abortion Complications by Extent of Treatment Required at the 5 Zonal Hospitals of Nepal

Type of treatment received	Spontaneous abortion	Induced abortion	All
Evacuation (D &C / E)	71.4	68.2	70.7
Blood Transfusion	26.4	54.5	32.3
Laparotomy	3.9	15.6	6.1
I.V. drips	11.7	4.5	10.1
Higher dose of antibiotics	74.0	72.7	73.7

The duration of hospitalization for a majority of the induced abortion cases (54%) range from four to six days or even more. The cost of treatment of complications arising from induced abortions (which includes costs of medicines/antibiotics, I.V., blood transfusion, bed charge, operation or surgical expenses, etc.) for over one-fourth of the cases (27%) ranged between Rs. 5,000 to Rs. 10,000 or even more. The average costs is Rs. 3,918 (US \$ 62) which is very high. The above costs do not include the costs of medicines and fees charged by the unqualified abortions while attempting to terminate the pregnancy (Table 3.2).

Table 3.2 Percentage Distribution of Women Presenting with Complications of Induced Abortion by Duration of Hospitalization and Cost of Treatment at 5 Zonal Hospitals

<u>No. of days hospitalized</u>	<u>Percent</u>
Up to 3 days	45.4
4-6 days	40.9
One week or more	13.7
Total	100.0
<u>Cost of treatment</u>	
Up to Rs. 1,500	36.4
Rs. 1,501-3,000	27.2
Rs. 3,001 - 5,000	18.2
Rs. 10,000 & above	9.1
Total	100.0
Average cost of treatment	Rs. 3918.00

Source: CREHPA, 1997

4.1 Medical Practitioners' Perspectives

Altogether 18 medical practitioners (Obs.& Gyne.) serving at the zonal and district level government hospitals located at Biratnagar, Butwal, Baglung, Bharatpur, Bhadrapur, Bhaktapur, Dharan, Gorkha, Janakpur, Kathmandu, Lalitpur, Nepalgunj and Pokhara were interviewed in-depth, in order to understand their perceptions regarding the nature of abortion related complications admitted in their hospitals, facilities available in the hospitals for management of abortion complications and their opinions on legalizing abortions in the country.

According to the doctors, the proportion of abortion-related complication cases admitted to the hospitals comprise between 10 to 40 percent of the total women admitted as obstetric emergency cases. A large majority of these women visit the hospital at late stages or when serious complications arise. The main complications presented by these women as mentioned by the doctors were heavy blood loss/hemorrhage (83%), sepsis (67%) and high fever (56%). Other complications include

abdominal pain (28%) and incomplete abortion (28%) associated with either severe anemia, infection, or state of shock or unconsciousness (17% each). Women with uterine perforation injury, pelvic peritonitis, pelvic inflammation, obstructions, renal failure due to abortions were also admitted in the hospitals. Because of heavy blood loss and severe anemia, the majority of these women required blood transfusions and longer treatment. Women with septic abortions required high dose of antibiotics and prolonged hospitalization. In some cases, laparotomy operations had to be performed (Table 4.1).

Table 4.1 Percentage of Doctors Who Reported the Particular Types of Treatments Commonly Required by Patients with Abortion Related Complications

<i>Types of treatment required</i>	<i>% Doctors Reporting (N=18)</i>
Blood Transfusion	77.8
D & C/E	55.6
4-5 days hospitalization	33.3
High dose of antibiotics	27.8
Evacuation	22.2
Saline I.V.	5.6
Oxygen	5.6
Laparotomy	5.6

Percentages total exceed hundred due to multiple responses *Source: CREHPA, 1997*

4.1.1 Doctors' Opinion on Liberalization of Abortion Laws

Almost all the doctors (17 out of 18) interviewed in the present study were in favor of legalizing the abortion law. Most of them (89%) perceived that by legalizing abortions, maternal mortality would be drastically reduced in the country. A large majority of them (55%) also believed that the incidence of unsafe abortions through unqualified personnel or quacks would be reduced once abortion is made legal in the country.

Other advantages of legalizing abortions as perceived by the doctors include control of unwanted births (33%), reduction in the costs of abortion services in private nursing homes (33%), reduction in population growth (17%) and reduction in

admission of abortion-related emergency cases coming to the hospitals (11%).

The perceived disadvantages include misuse of abortion rights (39%), carelessness in using contraceptives (28%), increase in pre-marital sexual relations and difficulty for girls to marry (28%), social corruption (22%), increase in pressure in hospitals for abortion (17%), rise in repeat abortion (17%), etc. (Table 4.2)

Table 4.2 Percentage Distribution of Doctors According to Their Perceptions About Legalizing Abortion, Its Advantages and Disadvantages

	Percent
<i>In favor of legalizing abortion (N=18)</i>	
Yes	94.4
No	5.6
Total	100.0
<i>Perceived Advantages of legalizing abortions (N=18)</i>	
Reduces maternal mortality	88.8
Reduces unsafe abortion practice by/quacks	55.5
Control of unwanted births	33.3
Minimize the cost of abortions	33.3
Reduce the rate of population growth	16.7
Reduce emergency cases in the hospital	11.1
<i>Perceived Disadvantages of legalizing abortions (N=18)</i>	
Misuse of Abortion Rights	38.9
Carelessness in using FP methods	27.8
Increase in pre-marital sex and difficulty for girls marriage	27.8
Social corruption	22.2
Increase in pressure in hospital	16.7
Increase in repeated abortion	16.7
Use of abortion as FP method	11.1

Percentages total exceed hundred due to multiple responses Source: CREHPA, 1997

4.2 Existing Facilities in the Hospitals

About two thirds of the doctors serving the government hospitals felt that they have sufficient skills and facilities at their hospitals to handle all types of abortion related complications. The remaining one-third considered that complications requiring surgical procedures including laparotomy, renal failure, perforation of the uterus or intestine, cases of severe anemia or blood losses, gangrene, etc., are not usually attended by their hospital. Such cases are referred to higher referral centers.

Less than half of the doctors interviewed (44%) mentioned that their hospitals have all the three essential equipments such as Manual Vacuum Aspirator (MVA), Vacuum Aspirator (VA) and metal curettage (D&C sets) which are used for management of incomplete abortions. A similar proportion of doctors (44%) said that their hospital is equipped with D&C set only and they do not have the suction machines. About one-sixth of the doctors (17%) said that their hospitals do not have any access to a blood bank. Six percent of them mentioned that their hospitals lacked ambulance service.

Demand for menstrual regulation (MR) and/or medical termination of pregnancy (MTP) services is likely to increase in the government hospitals following the liberalization of the abortion law. In this context, the available resources will fall short of the demand. The information obtained from the doctors suggests that additional support staff, space and equipment will be the prime requirement in almost all the hospitals. They would also require a separate unit for MR/MTP.

Table 4.3 presents the types of equipments and skills required by the hospitals according to the doctors serving these hospitals.

Table 4.3 Types of Additional Support to be Required in the Different Zonal Hospitals

Types of additional support needed	MZH	WRH	BMH	DHC	DHG	BDH	LZH	JZH	KZH	BZH	PH	TH	BH	Total
D&C set	*	*	-	-	-	*	*	-	-	-	*	-	-	5
Suction Machine	*	*	-	-	-	*	*	-	*	-	-	-	-	5
Indoor Bed	*	-	-	-	-	-	-	-	-	-	*	*	-	2
Separate Unit	*	-	*	*	*	-	-	*	*	*	*	-	-	8
Support Staff	*	*	*	*	-	*	*	*	*	*	*	*	*	12
Infrastructure	-	*	-	-	-	-	*	-	*	*	-	*	*	6
Training	-	-	-	-	*	*	-	-	-	-	-	-	-	2

Source: CREHPA, 1997

* Required

MZH= Mechi Zonal Hospital, Jhapa ; WRH= Western Regional Hospital, Pokhara; BMH= B.P Medical Hospital, Dharan; DHC= District Hospital, Chitwan; DHG= District Hospital, Gorkha; BDH= Baglung District Hospital, Baglung; LZH= Lumbini Zonal Hospital, Butwal; JZH= Janakpur Zonal Hospital, Janakpur; KZH= Koshi Zonal Hospital, Biratnagar; BZH= Bheri Zonal Hospital, Nepalgunj; PH= Patan Hospital, Lalitpur; TH=Teaching Hospital, Kathmandu; BH= Bhaktapur Hospital.

5.1 Discussions and Conclusions

Legal restrictions and bureaucratic or other barriers often force women with unwanted pregnancy to seek abortion from unqualified providers and that too, usually at a late stage of pregnancy which pose a great risk to their lives. Most women are also prepared to undertake a great deal of risks to get rid of the unintended pregnancy without knowing the health consequences of such practices, for example, sterility or chronic disability or even death. Moreover, lack of knowledge about abortion or unsuccessful attempt for abortion compelled majority of the women to keep an unintended pregnancy to full term and then try to kill the newborn baby or discard the baby. The socio-psychological impacts of such acts are always devastating to a woman.

Several studies have documented the high incidence of abortion-related deaths in countries where abortion is illegal. In Nepal, due to restrictive abortion law which equates abortion with infanticide and punishable by imprisonment, many women are often victimized by vengeful families or by their in-laws. Fear from legal sanctions have also compelled women with unwanted pregnancies to induce an abortion by using traditional abortifacient or seek the assistance of unqualified practitioners.

Though the existing legal provisions are highly restrictive to all abortion practices, on practical grounds, only those poor, illiterate and 'voiceless' women from the villages are found to be imprisoned. Those who obtain services from private clinics or the private practitioners themselves often go unnoticed and they are seldom punished. Family support or lack of it is a critical factor in this context. It is evident from the present study that the 'male partner in crime' can easily escape imprisonment even if he is responsible for causing the pregnancy due to incest or rape. The ways in which complaints are filed at the police station and the system of prosecution for such crimes are always faulty - thanks to the law which equated abortion with infanticide.

The legislative efforts to amend the law on abortion have been ongoing since 1994. In 1997, a bill for amendment of *Mulki Ain* (Civil Code) addressing a number of issues relating to women's

rights including property inheritance, child marriage, polygamy, rape and the proposed amendment of the abortion law was introduced. Parliamentary consideration of this amendment was impeded by several political crisis followed by change of government. The bill has been reintroduced in the summer session of the parliament in 2000. The currently proposed amendment of *Mulki Ain* (Civil Code) would legalize abortion for married women in the first trimester pregnancy, with the consent of the husband. Where pregnancy results from rape and incest, abortion would be permissible for all women in the first and second trimesters. At any time during the pregnancy, with the recommendation of an authorized medical practitioner, abortion would be permissible if the life of the mother were at risk, if her physical or mental health were at risk or if the fetus was deformed. The bill is pending in the Law and Social Justice Committee of the Parliament.

In order to influence various political parties and parliamentarians and gain their support to pass the Women's Rights Bill, a two days interactive seminar entitled "*Existing Law on Women's Rights and Need for Amendments*" was organized by the Social Justice Committee of the Rastriya Sabha (Legislative Assembly) and UNDP at Godavari Resort, near Lalitpur. The participants (including over 60 parliamentarians) discussed pros and cons of the Bill and necessary modifications in the Bill have been suggested for amendments.

The opinion poll survey results on "Abortion Rights for Women" conducted by CREHPA in 1996 have clearly indicated that urban society in Nepal are in favor of legalizing abortion in the country⁹. The conditions laid down by them for a woman to have the right to abortion were in line with the conditions specified in the proposed abortion bill. Almost all the Obstetric & Gynecologists and majorities of parliamentarians^{10, 11} were also in favor of liberalizing abortion laws in the country.

The findings of this study suggest that liberalization of the existing abortion law alone is not a solution in a country like Nepal. It is equally important for the government to educate the community, the traditional practitioners, outreach health

workers and the local opinion leaders about “safe abortion”, contraception, the possible health risk of abortion (be it safe or unsafe) and institutions where one can have access to safe abortion services. Majority of the women opted for abortion out of a sense of desperation, as they do not wish to be burdened by more children. The family planning programme has either not reached them or failed to be effective and safe. Communities, particularly women, need to know where one can terminate unintended pregnancy safely and maintain confidentiality of the act.

The community-based organizations (CBOs) and local level non-government organizations (NGOs) can play crucial roles in creating awareness among the target population about contraception, safe abortion, the danger of unsafe abortion practices, by integrating abortion in their RH intervention programs.

There is also a need to strengthen the skill of the medical professionals and clinicians, improve infrastructure and resources of the existing medical institutions or hospitals to deal with clients requesting for abortion services.

Provisions should also be made for pre as well as post abortion counseling for women who choose to abort unwanted pregnancies. It is vital to the woman's mental and physical health that she be well prepared for such a traumatic experience. Post-abortion counseling should also ensure that the woman is able to take care of herself properly following the abortion so as not to face any future health complications due to the abortion procedures.

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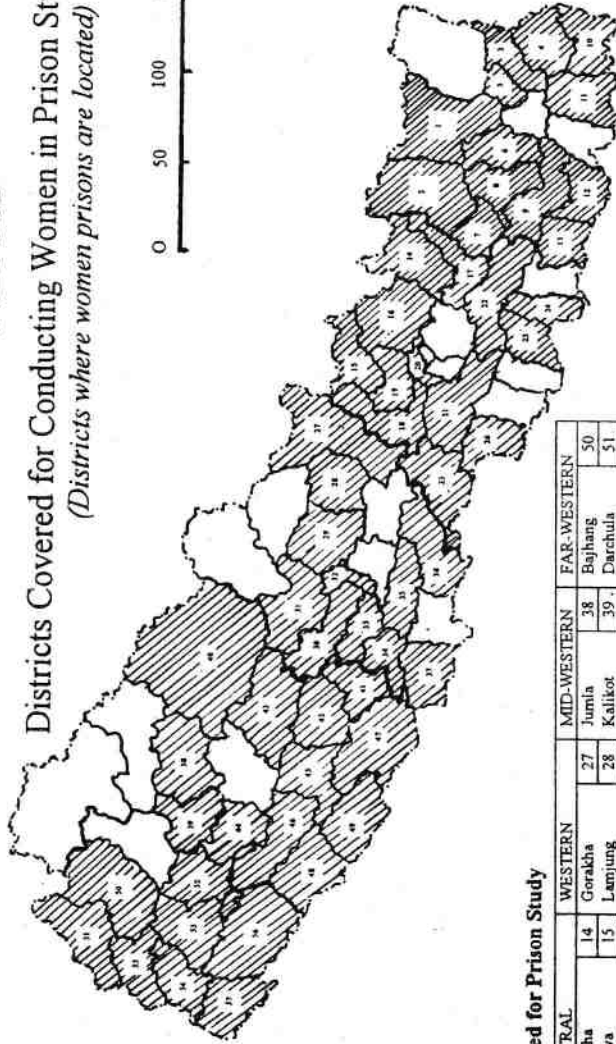
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Reproductive Health Expert
Social Scientist

NEPAL

Districts Covered for Conducting Women in Prison Study : CREHPA
(Districts where women prisons are located)



List of 57 Districts covered for Prison Study

EASTERN		CENTRAL		WESTERN		MID-WESTERN		FAR-WESTERN	
1	Sankhuwasabha	14	Gorakha	27	Jumla	38	Bajhang	50	
2	Solukhumbu	15	Lamjung	28	Kailot	39	Darchula	51	
3	Panchthar	16	Kaski	29	Dolpa	40	Accbham	52	
4	Ilam	17	Baglung	30	Pyuthan	41	Doti	53	
5	Terahum	18	Myagdi	31	Rolpa	42	Dadeldhura	54	
6	Bhojpur	19	Purbot	32	Rukum	43	Baitadi	55	
7	Okhaldhunga	20	Gulmi	33	Dalekh	44	Kailali	56	
8	Khotaang	21	Arghakhanchi	34	Salyan	45	Kanchanpur	57	
9	Udaypur	22	Palpa	35	Surkhet	46			
10	Jhapa	23	Nawalparasi	36	Dang	47			
11	Morang	24	Kapilbasu	37	Bardiya	48			
12	Saptari	25			Banke	49			
13	Siraha	26							

Appendix Table 1 Distribution of Women Prisons Across Five Development Regions and Three Ecological Zones in Nepal

Ecological zone	Development Regions					Total Districts	Total Prisons
	Eastern	Central	Western	Mid-western	Far-western		
<i>Mountain</i>	1. Sankhuwasabha 2. Solukhumbu	1. Dolkha 2. Rasuwa 3. Sindhupalchowk	-	1. Jumla 2. Kalikot 3. Dolpa	1. Bajhang 2. Darchula	10	10
<i>Hill</i>	1. Panchthar 2. Ilam 3. Terathum 4. Bhojpur 5. Okhaldhunga 6. Khotang 7. Udaypur	1. Ramechhap 2. Dhading 3. Nuwakot 4. Kathmandu-I Kathmandu-II 5. Makwanpur 6. Sindhuli	1. Gorkha 2. Lamjung 3. Kaski 4. Baglung 5. Myagdi 6. Parbat 7. Gulmi 8. Arghakhanchi 9. Palpa	1. Pyuthan 2. Rolpa 3. Rukum 4. Dailekh 5. Salyan 6. Surkhet	1. Acchlam 2. Doti 3. Dadedhura 4. Baitadi	32	33
<i>Terai</i>	1. Jhapa 2. Morang 3. Saptari 4. Siraha	1. Chitwan 2. Mahottari 3. Sarlahi 4. Parsa	1. Nawalparasi 2. Kapilbastu	1. Dang-I Dang-II 2. Bardiya 3. Banke	1. Kailali 2. Kanchanpur	15	16
TOTAL DISTRICTS	13	13	11	12	8	57	59
TOTAL PRISONS	13	14	11	13	8	59	59

Kathmandu-I = Sadarkhor; Dang-I = Ghorahi
Kathmandu-II = Central Jail; Dang-II = Tulsiapur

Appendix Table 2. Total Number of Males and Females Serving Jail Terms by Nature of Crimes in 59 Prisons having Female Cells (as of September, 1997)

Dev. Regions	Ecological zone	Location of prison	Murder		Infanticide		Abortion		Women trafficking		Drugs		Theft		Others		Total			Grand total	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	Infants*	M	F		
Eastern Dev. Region	Mountain	1. Shankhuwasabha	20	5	1	1	4	1	4	1	4	4	3	14	-	3	-	44	10	57	
		2. Solukhumbu	8	2	2	1	3	-	3	-	6	2	-	18	9	27	-	18	9	27	
	Hill	3. Panchthar	13	1	-	-	1	4	-	-	-	-	-	5	-	-	-	22	2	24	
		4. Ilam	35	-	-	3	-	4	1	-	-	-	2	28	-	-	-	69	4	73	
		5. Terathum	12	1	-	4	-	-	-	-	1	-	2	4	-	-	-	19	5	24	
		6. Bhojpur	25	4	-	1	1	-	-	-	-	-	1	5	-	-	3	32	6	41	
		7. Okhaldhunga	20	1	-	3	1	1	-	-	-	-	-	1	-	-	-	21	6	27	
	Terai	8. Khotang	19	3	-	2	-	1	-	-	-	-	-	7	-	-	-	30	5	35	
		9. Udaypur	18	1	-	-	-	-	-	-	-	-	-	13	-	-	-	32	1	33	
		10. Jhapa	73	8	1	1	-	11	4	21	46	22	5	174	14	189	1	174	14	189	
	Central Dev. Region	Mountain	11. Morang	61	6	1	3	-	28	6	95	12	56	177	5	-	-	418	33	451	
			12. Saptari	46	7	-	-	-	5	-	3	9	8	-	71	7	78	-	71	7	78
			13. Siraha	31	4	-	1	-	1	-	1	25	5	-	40	-	-	1	102	6	109
Total			381	43	3	21	4	13	55	11	149	12	131	329	8	8	1052	108	1168		
14. Dolkha			38	3	1	1	-	-	-	-	-	-	2	2	-	-	4	43	4	51	
Hill	15. Rasthwa	3	-	-	-	-	2	2	-	-	-	1	1	-	-	-	7	2	9		
	16. Sindhupalchowk	27	1	-	-	-	10	-	-	-	-	2	10	-	-	-	49	1	50		
	17. Ramechhap	18	5	-	-	-	1	-	-	-	-	-	5	-	-	24	5	29			
	18. Dhading	5	1	-	-	-	1	-	7	1	1	14	-	-	-	28	2	30			
	19. Nuwakot	2	-	-	-	-	11	-	-	-	1	1	-	-	-	15	-	15			
	20. Kathmandu 1	38	1	1	2	-	26	7	59	7	42	1	89	-	-	255	18	274			
	21. Kathmandu 2	-	29	-	7	-	-	29	9	-	1	-	22	12	-	97	109	109			
	22. Makwanpur	6	-	-	1	-	-	10	4	10	20	-	31	1	1	77	6	84			
	23. Sindhuli	7	1	-	-	-	-	-	-	-	-	-	15	1	-	22	2	24			
	Terai	24. Chitawan	11	-	1	2	1	15	6	10	-	19	45	1	3	102	9	114			
25. Mahottari		75	2	-	-	-	8	1	11	-	8	63	-	-	165	3	168				
26. Sarlahi		31	1	-	-	-	4	3	2	2	8	24	-	-	69	4	73				
27. Parsa		180	8	-	-	-	36	9	65	4	20	151	-	-	452	21	473				
Total	441	52	3	13	1	124	61	164	21	124	2	451	25	21	1308	174	1503				

Appendix Table 2 (Cont'd)

Dev. Regions	Ecological zone	Location of prison	Murder		Infanticide		Abortion		Women trafficking		Drugs		Theft		Others		Total			Grand total
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	Infants*	M	F	
Western Dev. Region	Mountain Hill	28. Gorkha	28	1	-	2	-	-	-	-	-	-	-	3	8	-	-	36	6	42
		29. Lamjung	8	-	-	2	-	-	-	-	-	-	-	2	2	-	-	12	2	14
		30. Kaski	23	1	-	4	1	-	4	-	9	-	23	1	24	-	-	83	7	90
		31. Baglung	13	2	-	3	-	-	-	2	-	5	-	-	5	-	-	22	5	27
		32. Myagdi	9	-	-	-	-	-	-	-	-	5	-	2	-	-	-	16	-	16
		33. Parbat	7	-	-	-	-	-	-	-	-	3	-	1	-	-	-	11	-	11
		34. Gulmi	4	3	-	2	-	-	-	-	-	-	-	3	32	-	1	36	5	42
		35. Arghakhanchi	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
		36. Palpa	69	4	-	3	-	-	-	22	9	11	1	5	38	1	2	145	19	166
		37. Nawalparasi	9	-	-	-	-	-	-	8	3	10	1	2	34	6	2	63	9	74
38. Kapilbastu	14	-	-	-	-	-	-	2	-	29	1	4	10	-	-	59	2	61		
		Total	184	12	16	1	1	36	12	61	2	46	5	156	7	5	483	55	543	
Mid-western Dev. Region	Mountain Hill	39. Jumla	9	1	-	-	-	-	-	-	-	-	1	3	-	-	13	1	14	
		40. Kalikot	9	-	-	-	-	-	-	-	-	-	5	-	-	-	14	-	14	
		41. Dolpa	1	-	-	-	-	-	-	-	-	-	-	2	-	-	3	-	3	
		42. Pyuthan	6	-	-	-	-	-	-	-	8	5	1	-	1	-	-	16	6	22
		43. Rolpa	33	4	-	-	-	-	-	-	3	-	4	1	39	1	4	79	6	89
Hill	Hill	44. Rukum	37	1	1	1	-	-	-	-	-	13	-	4	-	-	1	55	2	58
		45. Dailekh	15	1	-	1	-	-	-	-	-	-	1	-	4	-	-	20	2	23
		46. Salyan	19	1	-	-	-	-	-	-	12	1	-	-	2	-	-	33	1	34
		47. Surkhet	15	-	-	-	-	-	-	1	-	5	-	3	7	-	-	31	-	31
		48. Dang 1	8	-	-	1	-	-	-	1	-	30	-	1	9	-	-	49	1	50
Terai	Terai	49. Dang 2	73	6	-	-	-	-	10	1	2	16	-	15	2	5	114	11	130	
		50. Bardhya	32	5	-	1	-	-	4	1	11	8	-	8	21	1	-	76	8	84
		51. Banke	1	2	-	-	-	-	6	2	17	2	3	-	31	-	2	60	6	66
		Total	258	20	1	4	1	1	22	4	86	10	56	1	138	4	13	561	44	618
		52. Bajhang	18	1	-	2	-	-	-	-	-	-	-	-	11	-	-	11	2	13
Far-western Dev. Region	Mountain Hill	53. Darchula	8	3	-	2	-	-	-	-	-	3	-	1	-	-	22	1	23	
		54. Acchham	27	-	-	2	-	-	-	-	-	-	3	2	-	-	13	5	18	
		55. Doti	12	-	-	-	-	-	-	-	-	-	4	1	-	-	32	-	32	
		56. Daideldhura	25	1	-	2	-	-	4	-	1	-	3	-	2	-	20	2	22	
		57. Baitadi	66	6	-	1	-	-	-	7	3	1	18	-	21	-	-	113	9	122
Terai	Terai	58. Kailali	44	3	-	1	-	-	4	-	9	-	26	22	-	-	105	4	109	
		59. Kanchanpur	200	14	-	8	-	-	15	3	11	-	59	58	-	1	343	25	369	
		Total	1464	141	7	62	5	15	252	91	471	45	416	8	1132	44	48	3747	406	4201

Kathmandu 1 = Sularkhor; Kathmandu 2 = Central jail; Dang 1 = Ghorahi; Dang 2 = Tulsiapur

* Dependent infants of prisoners in the prison.

