"I need to terminate this pregnancy even if it will take my life": Effect of being denied legal abortion on women's lives in Nepal

Mahesh Puri[1] PhD; Divya Vohra[2], MPH; Caitlin Gerdts, PhD[2]; and Diana Greene Foster, PhD[2]

1 Center for Research on Environment Health and Population Activities, Kathmandu, Nepal

2 Advancing New Standards in Reproductive Health, University of California, San Francisco

Corresponding Author:

Dr. Mahesh Puri

Centre for Research on Environment Health and Population Activities (CREHPA), Kathmandu, Nepal

Tel: 977-1- 5546487

Fax: 977-1-5522724

Email: mahesh@crehpa.org.np

Abstract

Although abortion was legalized in Nepal in 2002, many women are not able to access legal services. Among 311 women seeking abortion services from two health centers, 26% did not receive the abortions they were seeking; 14% were turned away for advanced gestational age and12% for other reasons. We conducted interviews with 25 women two months after abortion denial. Half (12) were continuing their pregnancies, 12 illegally terminated their pregnancies and one self-induced using medication. Most women who continued their pregnancy anticipated negative consequences for their health, family relationships and wellbeing. Not recognizing pregnancy, uncertainty about how to proceed, needing time to coordinate the trip to the facility or raise money, and waiting to know the sex of fetus were the commonly cited delays. Barriers for seeking early abortion need to be addressed to reduce utilization of illegal abortion services and to improve women's health and wellbeing in Nepal.

Background

Access to safe abortion services and to post-abortion care are critical to women's ability to control their fertility and to protect their own health and the wellbeing of their families [1, 2-3]. In many countries, legal abortion is available within certain gestational limits [4], but some women do not seek care before the legal limit and, when they do arrive for care, are turned away [5-6]. Researchers have hypothesized that women who are denied abortions because of gestational age limits may go on to seek illegal abortions elsewhere [5-7], yet there have been no studies outside of the United States that documents the experiences of women who are denied abortions due to gestational limits [8]. Evidence on the risk factors for presenting later in pregnancy, predictors of seeking unsafe illegal abortion, and the health consequences of illegal abortion and childbirth after an unwanted pregnancy is needed in order to target interventions to reduce mortality and morbidity from induced abortion and unwanted childbearing [9-12].

Abortion was legalized in Nepal in 2002, and abortion services were established at almost all government hospitals, designated private hospitals and NGO clinics following the passage of the Safe Abortion Policy in 2004. The new law allows abortion up to 12 weeks of pregnancy at the request of the woman, up to 18 weeks if the pregnancy results from rape or incest, and at any time during pregnancy on the advice of a medical practitioner, if the physical or mental health or life of the woman is at risk, or the fetus is impaired or has a condition incompatible with life [13]. Previous laws did not allow abortion under any circumstances and many women who had had an abortion were imprisoned [14]. Efforts to scale up access safe abortion services quickly and effectively have allowed nearly 500,000 women to obtain safe, legal services between 2004

and 2011 [14]. However, access to such services continues to be challenging for many Nepalese women, especially those who are poor or live in geographically isolated areas [15].

Although the Nepal government initiated important steps in the last 10 years (2002-2012) to guarantee abortion as a component of women's reproductive rights, the majority of Nepalese women are unaware of the law and many do not know where to obtain to safe abortion services. The 2011 NDHS showed 62% of married women were unaware of legalization, and only 59% knew a place where safe abortion services could be obtained [16]. These numbers reflect a modest increase in knowledge from the 2006 NDHS, the first to be conducted after legalization. However, this increase has occurred largely among women who are wealthy and well educated, further highlighting the need to reach out to poor and marginalized women [17].

In addition to lack of knowledge about the law, Nepali women also face challenges in accessing legal abortion services. Abortion facilities are mostly concentrated in urban areas and at district headquarters. Despite efforts made to increase the availability of and access to abortion services in facility catchment areas [18], it is often difficult for socially marginalized and vulnerable women living in rural areas to access services [14]. In addition, abortion services come with a cost, even at government facilities. Despite the 2009 Supreme Court's Order, and a 2011 ruling that reaffirmed its commitment to ensuring that all Nepali women have access to safe abortion services, no separate fund had been created by the government to offer free abortion services to poor women. Fees can often be prohibitively expensive for these women [14]. The government has also been slow to scale up training of community-based health providers [15], although sufficient evidence exists from Nepal and elsewhere that mid-level providers such as nurses and

auxiliary nurse midwives can provide medical abortion as safely and effectively as physicians [19]. Finally, although the severity of unsafe abortion has declined over the past five years, complications due to the use of unknown or unsafe medications, often dispensed from uncertified sources, remain a major concern [20-21].

In this paper we present data from a qualitative study conducted among women who were denied legal abortion services in Nepal to examine reasons for denial of legal abortion, options considered after being denied an abortion, sources of information about illegal abortion, experiences seeking illegal abortion, as well as complications experienced and whether women sought care after illegal abortion. Such data can help identify strategies to improve abortion services in Nepal and similar settings in which abortion is legal.

Data and methods

We conducted in-depth interviews with 25 women who were denied abortion services from two health facilities in Nepal. The study sites – one clinic operated by a non-governmental organization (NGO) and one government hospital – were selected to represent a range of types of health facilities in diverse geographic settings. The NGO-operated facility was a high-volume reproductive health clinic in the Eastern region of Nepal. The government hospital was located in the capital city Kathmandu. This is a major public tertiary care center and serves substantial numbers of abortion and post-abortion patients.

After routine intake, counseling, education, screening and ultrasound procedures (if needed) at the clinic, all women who came to the clinic for abortion services were asked for their consent to

fill out a case report form that contained basic socio-demographic information. Women who met study criteria were then informed that they might be eligible to participate in a study. To be eligible for this study, women had to be between 18 and 49 years old, seeking abortion services, and denied services for any reason. Potential participants were told that they would be asked to participate in a confidential, voluntary qualitative interview two months later at their preferred place and time. In two months time, a total of 311 women sought abortion services from two sampled health facilities. Of them, 26% did not receive the abortions they were seeking; 14% were turned away for advanced gestational age and12% for other reasons.

We conducted in-depth interviews with women, who were denied abortions between September and October, 2013. Women were interviewed two months after denial of abortion services. Study staff traveled to participants' homes or another location of their preference to conduct an interview. Participants were fully informed of their options to decline the interview. Written consent or thumb print (in the case of women who could not sign their name) was obtained from all participants. Ethical approval was obtained from the Committee on Human Research, at the University of California, San Francisco, and the Nepal Health Research Council in Kathmandu, Nepal.

In-depth interviews guidelines were developed in English, translated into Nepali, and pre-tested. Topics included decision-making processes around unintended pregnancy and abortion, experiences with the clinic visit, subsequent attempts to obtain abortion (if any), future plans and impact on family life and wellbeing, knowledge about the abortion law and abortion services, and advice for others seeking abortion.

A thematic approach was used for data analysis. Interviews were digitally recorded, transcribed word by word and translated from Nepali to English. The texts were coded using an iterative process reading and naming to generate content, themes and sub-theme codes, with U.S. and Nepali research team members discussing and evaluating the codes and meaning of the data. Coding involved both inductive and deductive processes. A priori codes were first established based on the interview guide. Emergent codes were then developed based on themes and topics that arose from the data after several readings of the transcripts, as well as memos provided by interviewers. Axial codes were then used to connect codes to one another. Final coding was primarily conducted by one researcher, with an additional researcher coding a subset of seven transcripts to ensure the reliability of the coding process and clarity of the codebook. Finally, findings were summarized across themes. The computer software program Dedoose 4.5 (Los Angeles, CA) was used to analyze the transcripts.

We examine the reasons why women sought abortion and their subsequent decision-making, including the role of husbands and other family and community members. We explore the challenges that women faced once they had decided to pursue an abortion and their emotions and decisions after being denied legal services.

Results

Profile of study participants and pregnancy outcomes

All 25 women who were recruited for in-depth interviews consented to participate. The women ranged in age from 18 to 40 and had an average of 2 children (with a range from 0 to 6; 3 women

were nulliparous). None had completed any post-secondary education. Eight women were illiterate or reported only knowing how to write their own name. The majority (13) were housewives; others worked in business, agriculture, or did daily wage labor.

Of the 25 women interviewed, 12 were continuing with their pregnancy. Of the remaining 13 women, 12 illegally terminated their pregnancies after being denied legal services. The remaining woman reported that she experienced a miscarriage one week after attempting to self-induce with medication.

Reasons for considering abortion

Women gave multiple reasons for seeking an abortion. These included financial constraints, the need to look after other children, maternal age (either too young or too old), health concerns and the sex of the fetus. Some women emphasized the desperate nature of their situations as they discussed their reasons for wanting an abortion. For example, a woman gave several reasons for wanting to end the pregnancy (she had grown up children and thus felt she was too old to have a baby, and she was very concerned about their precarious financial situation). She said:

> *"I did not have money to go to the doctor for abortion. How was it possible without money? I was unable to go for check-up as I had taken loan and I could not use that money. Later I was really tensed thinking how I would do it. Living…I was in a state where it was impossible for me to live*."(ID, 15)

Sex selection (specifically a preference for a male child) was cited as a primary reason for seeking an abortion for four women. Of the four participants who focused on sex selection, one woman (ID18), decided to continue her pregnancy when she learned she was having a son:

> *I: What did your husband say when they said it was a son after the check-up?*
> *R: My husband was happy, we have 3 daughters and we needed a son. Everyone would have dominated us if we did not have a son that is why my husband is very happy.*

The other three participants (ID01, ID12, and ID25) wanted to terminate their pregnancies once they learned they were having girls; two were successful (ID12 and ID25). A participant summarized why she based the decision to terminate on the sex of the fetus:

> *"My mother in law…used to tell me that my brother in law had two sons. Son is a son, what is the point of having a daughter because we love them for 2 days and after marriage they will go to another house... I already had two daughters and I do not want another. If I gave birth to another daughter then I would have 3 daughters and having three daughters would be hard for us. What if we can't raise her and educate her properly. That's why we went for an abortion as everybody else was doing it"*. (ID 12)

Decision-making process

The majority of women were clear about how they felt about the pregnancy and what they wanted to do about it at the time they were interviewed, but the process of arriving at their decision to terminate could often be complicated. Some originally considered continuing the pregnancy, then changed their minds. For example, two participants woman said:

> *"I felt like I should keep it when other people started to shout at me saying it would be a sin to [abort]. After that I kept thinking about it and my child lost weight because she was unable to drink my milk and then I thought would I be able to educate them as it would be difficult to educate them. We have to educate daughters more than sons because I had to face so many hardships as I was not educated. So I thought I would not be able to educate them and I also felt like what we would do with 3 children"*. (ID05)

*"But somewhere in my heart I wanted to deliver that baby and I wanted to have a daughter also. Whenever I see other's daughters even I wish to have a daughter. My husband has three siblings but all of them don't have daughter so I had wished like if that baby was a girl. But later on I started to feel like I am old and [giving birth] was life threatening too so…." (*ID07)

A few women reported that they had difficulty making decision to terminate the pregnancy. For example, a woman said:

"It was really difficult to make that decision. I kept on thinking for a long time. I sat in that Thapathali Temple and thought for a long time. I thought like if I gave birth to that baby then other kids would face problems for their whole life. Nowadays it is very difficult to earn money. I have brought up my kids and they are studying. I have been experiencing all that. Even that wish to have a new kid would make my children to doubt on me. My sons still scold me saying 'you shameless old woman! Why did you give birth to this sister when you already had two grown up sons?' They keep on scolding me for having a daughter. They ask me why I needed three kids. For that I tell them like that is my wish. That is over now. But in terms of that baby, how could I deliver that kid as I already have sons and daughter! We have to think about others as well. Only one's desire doesn't work". (ID06)

Similarly, another participant felt differently about having an abortion when she learned how far along she was in her pregnancy:

"When they told us that the baby has already developed and grown I had a different feeling. I felt like it has already grown and in second thoughts I also felt that if it is possible to abort then I should. But when they said it was not possible I was okay with it". (ID 02)

Although many participants reported receiving advice from a variety of sources (health providers, family members, friends), the process of decision-making was often strongly influenced by women's husbands. Several women indicated that the decision was actually up to her husband, and was not her own. For example, two participants said"

"I will have to do whatever my husband says," (ID18),

"It was [my husband's] decision, not mine" (ID19)).

No other family members were reported to have so much control over a woman's decision to abort. When women told other people about their pregnancy, they often received advice from friends and family members, much of it unsolicited. The vast majority of this advice came from husbands (who were often the only person that a woman had told about her pregnancy). Husbands gave a range of counsel– some wanted their wives to terminate the pregnancy, as described above, but others wanted them to continue it.

The other common source of advice came from sisters, sisters-in-law, cousins, neighbors, friends, or even nurses or social workers. Regardless, as a broad category, "sisters" could be very influential. Like husbands, "sisters" tended to have many strong opinions about what a woman should do about her pregnancy. Unlike husbands, these women were often also a source of practical information about where a woman could obtain an abortion, what methods could be used, and the perceived safety and efficacy of certain methods. Some examples:

I: Who suggested you to go to Thapathali Hospital?

R: I talked about that with my sister, the one with whom I had talked over phone earlier[...]She is my third sister. She told me that she had visited that hospital when she hadn't been able to deliver her baby. She said that it was easier there. (ID 09)

I: before making a decision regarding abortion did you talk to anyone?

R: No….While I was returning back from school I asked a social worker, while returning back there is an aunt who is a social worker so I went inside and asked her what would happen if I did such things and she said if I did it through good doctors then it would be good. That was the only suggestion that I got.

> *I: What else did the social worker say?*
>
> *R: She said if I wanted to do it then I should go to a good doctor and do it safely. If I take medicines that are available in the shops then something could happen in the future. Then I asked her, won't it be helpful if I go to a good doctor? And she said that I should not be very scared, just a little.* (ID 20)

Most women reported only telling their husbands about their pregnancies, though some had also talked to other close family members. A few women said that they were worried to tell their husbands. Two women in particular (ID16 and ID25), lied to their husbands and told them they'd miscarried. For example:

> *"I did it [abortion] with my own wish and my husband doesn't even know about it. I have told my husband that I had a miscarriage and he believes me, after that he has never asked me about it".* (ID16)

Similarly, many women said that they'd never heard of anyone else having an abortion, an issue that might explain their own reluctance to talk to anyone about their abortion and has the potential to exacerbate feelings of loneliness or isolation. For example, a woman (ID 13), who got an abortion, had this to say about her community:

> *I: How many women you know might have had an abortion?*
>
> *R: Who would talk about such problems? No, in our village they go to the doctor for such problems and when the doctor says it cannot be done they come back home and give birth to the baby.*

A few women had personal connections to other women who had terminated pregnancies, who provided advice (see the section above). Others had only heard about other people getting abortions, for example:

> *I: How many women you know have had an abortion?*
>
> *R: I heard that one sister's sister-in-law did the same thing there. But I have not seen it with my own eyes. I heard she went there and did it* (ID 15).

One woman specifically sought an abortion at a health clinic because she was concerned that taking medicines at home would reveal that she had had an abortion:

> *"I just had thought of visiting private centers and taking the medicine to end my pregnancy. But then I realized that such medicine would cause bleeding and if I bled a lot then others would know about the abortion. So I wanted to do that secretly*". (ID10)

Pursuing abortion

Women commonly cited many reasons for seeking an abortion later in pregnancy, near the legal gestational age limit: not realizing they were pregnant, uncertainty about how to proceed, needing time to coordinate the trip to the hospital and/or money to pay for services, and, for those who specifically wanted a son, waiting to know the sex before deciding about termination. An example of a delay due to financial constraints:

> *I: How did you first realize that you were pregnant?*
>
> *R: When my menstruation stopped and I started to vomit I realized that I was pregnant and it was already a month. When I was sure about it then I told [the Female Community Health Volunteer]. I didn't have much money for abortion, without money it wasn't possible for me. I didn't have any source, so I worked for a whole month and collected money for abortion then only it was possible….I collected 2500 Rupees and I also had to arrange food for some time as labor work wouldn't be possible after abortion. I needed two months of complete bed rest because of weakness. You know how delicate we ladies are".* (ID14)

Similarly, an explanation for why some women waited to find health services even though they already knew they were pregnant:

> *"I had thought of going for the check up but then sometimes I had to go to cut grass for the cattle and sometimes I had to graze them. In that way time simply flew away. On top of that the health center is not near here.* (ID11)

Many women had already visited at least one other health facility and had been turned away before arriving at one of the two facilities where they were recruited for this study. It seems that

women most commonly went to private clinics or lower-level government facilities, and when those facilities couldn't or wouldn't provide the abortion, they were instructed to go either to the NGO clinic or to the regional level hospital. Some women, like ID10, visited multiple public and private health facilities before arriving at one of the two facilities where they were recruited for this study.

Three women unsuccessfully tried to use medicines to self-induce (ID11, ID 21, and ID 24) before seeking abortions through the health system. All three seemed to have similar experiences: they took the medicines they were given and thought they had successfully ended their pregnancies, but then they missed a period, went to the doctor, and were told they were still pregnant. A woman explains:

> *I: Before you told us that you took medicine, what had happened after you took the medicine?*
>
> *R: I don't remember, after taking the medicine I was bleeding for three days and then it stopped.*
>
> *I: What happen after that, can you remember and tell us?*
>
> *R: My husband was also sure that the pregnancy was terminated when it started bleeding; we thought it was over...*
>
> *I: When did you know that you were still pregnant?*
> *R: When menstruation stopped.* (ID24)

A woman (ID11) went on to get an abortion at a private clinic. Another woman (ID24) is continuing her pregnancy. The third woman (ID21) reported that she and her husband decided to continue the pregnancy after learning that their medications were unsuccessful and that the fetus was apparently healthy, but she then miscarried:

"My husband also said that if the baby was fine we should give birth. He said whatever mistakes we made, now we should give birth, which is why we went for the check-up. One week after taking the medicines I started to have a stomachache. The next day we went to Thapathali hospital early in the morning and I just had a miscarriage". (ID 21)

Actions and emotions upon being turned away

The most common reason for being turned away was advanced gestational age. Most women reported this reason when they were asked why they thought they had been turned away. Some were not entirely certain if this was the only reason they were turned away, but they all knew that gestational age must have played a role. Only two women said that they don't know why they were turned away. One of these, one woman (ID 07) said that she was made to believe that the doctor would perform the abortion, but when she returned the next day with sufficient money to pay for the abortion, she was turned away:

R: The doctor was ready to terminate my pregnancy but then I didn't have money so I asked him if I could visit him on the next day. Then he said 'ok' so [...] on the next day I went there with my brother-in-law but then he said that the baby couldn't be aborted. I was disappointed then...

I: You are saying that you had your video x-ray done on the first day and got your report too.

R: Yes. And [the doctor] had agreed to abort the baby. But on the next day it seemed like pregnancy had crossed its time. On the next day, the doctor told me that they could terminate the pregnancy below 12 weeks. But on that day my mine had crossed 12 weeks. Then I felt sad...". (ID 07)

Despite probing, many women seemed to find it difficult to express their feelings upon being turned away. When women did talk about their feelings, they commonly expressed fear, anger, or acceptance. Many women were angry or upset when they were denied abortion services. One participant (ID04) was told that performing an abortion at her current gestational age would be dangerous, which made her angry because she felt they were not accurately weighing this danger against the danger of giving birth:

> *"I got really angry as the doctor had said all this and later what would become of me when I had to give birth. The only thing that I keep thinking of is how I will give birth to the baby later".* (ID 04)

Others, like ID14, felt scared and desperate: She said

> *"I felt very scared when the doctor told me it wasn't possible. When they said 'no', I felt like where am I going to go and how would I survive in this state. I felt like crying and I cried too. I told her I needed to terminate this pregnancy even if it will take my life. I told her [Female Community Health Volunteer] that I was ready [for an abortion]".* (ID 14)

But many participants trusted the judgment of the doctors and accepted that they would not be receiving the services they wanted: For example:

> *R: I just thought that they really couldn't abort the baby so they had sent me back....if something is not possible then how can we force them to do that?*(ID06)

> *I: How did you feel when you did not get the services at the hospital?*
>
> *R: I felt as if it was their wish to do it or not.* (ID17)

Upon being denied abortion services, women typically received some advice from the health provider. Remarkably, health providers at the facilities where women were turned away were often the ones to suggest private hospitals that would provide the abortion, although these referrals were often accompanied by judgment or warnings that the procedures may not be safe. For example:

> *I: What did they say?*
>
> *R: They said if I [abort] now then some people also suffer from cancer because of it.*
>
> *I: Why?*
> *R: If one [aborts] too much then one can get cancer.*
>
> *I: Had you done it before as well?*

> *R: No, I have not they just said that if one [aborts]t oo much then cancer can happen and they also said that I was too weak and yet if I wanted to [abort]then I could go to another place somewhere in Bagbazaar.* (ID05)

Providers who did not offer suggestions for where to obtain an abortion typically advised women to continue the pregnancy and raise the child. Adoption was not discussed in any of the interviews.

Successful abortion after being turned away

Twelve women successfully obtained the abortions they were seeking after being turned away. The process of obtaining these abortions could often be quite complicated; many women visited several private health facilities before finding a suitable one.

Women most commonly paid between 10,000 and 15,000 Nepali rupees (US$ 100 and US $ 150) for abortion services. Some women reported that the cost increased with gestational age. The most that anyone paid was 26,000 Nepali Rupees (ID10, US$ 260) and the least was 2,500 Nepali Rupees (ID14, US $ 25, who got a low price because a Female Community Health Volunteer negotiated on her behalf and told the doctor that she was very poor).

All women received their abortions in private clinics. These are sometimes described as “hospitals,” or as “medical shops” (which typically refer to pharmacies, but these pharmacies can sometimes have exam rooms attached).

Women described receiving medicines and having surgical procedures, but most did not have a clear memory of exactly how the process went and were not provided with much information from the health providers. A few examples:

> *R: They fed me medicine. They way they aborted the baby was…they placed [medicine].*
>
> *I: How many medicines did you take?*
>
> *R: They might have kept two in the [vagina]. I ate some as well.* (ID11)

> *R: They did it by using their hands and a machine. There were two nurses. With the help of the machine the doctor finished my abortion. One of the nurses was always with me thinking I might get scared. She began asking me where I work, why my teeth's are black, to which caste my husband belongs from and I told her he is Shah. I had a stomach pain at that time and she put hot water bag on my stomach and gently massaged over my stomach. They let me rest on the bed for 20 minutes. Then the doctor told me to walk slowly and leave. I bought vitamins worth 150 rupees and I felt better. I also ate meat soup that made me stronger.*(ID14)

Complications and overall experiences with illegal abortion

The vast majority of women who were interviewed reported that they had no knowledge of abortion-related laws in Nepal. Many knew that health facilities typically did not perform abortions after 12 weeks, but women did not necessarily recognize this as a legal restriction. For example, a woman said that neither she nor her husband had heard of the laws regarding abortion, but reported that the following information was given to her at Thapathali:

> *"What they said was that to abort pregnancies that have exceeded 12 weeks either the baby has to be weak while in the womb then only abortion can be done or else it can't be done".* (ID 04)

Others were fairly certain that abortion is illegal in Nepal:

> *R: People say it is illegal so I am scared.*
>
> *I: What did you know about abortion? Is it legal or illegal?*

R: It is illegal. (ID11)

R: The police will arrest you if they know about it and in such a situation the nurse involved in abortion will also be arrested. (ID24)

All of the women who obtained an illegal abortion after being turned away from the recruiting sites were beyond the legal gestational age limit, and at facilities that were unlikely to have been certified to legally provide abortion services. However, only one woman (ID13), explicitly identified her abortion as illegal. As previously mentioned, women rarely knew whether abortions were ever legal, or under what circumstances they could be considered legal; some believed that seeking an abortion came with significant legal risks, in addition to social or medical risks. Yet, all of these women felt that their need for an abortion was worth these risks. For example, a woman (ID 06) describes obtaining an abortion even after learning that she was beyond the legal gestational limit and was warned of health risks:

I: What did you hear?

R: Abortion is not possible after 12 weeks of pregnancy [...] Even the clinic people said 'no' but we told them our problems and made them to do that. They told us not to complain afterwards if anything went wrong. (ID 06)

Some women were treated poorly at the private clinics where they received their abortions. For example:

"It is difficult when a person is uneducated. Had we been educated and known how to speak they would have treated us nicely". (ID13)

Another woman (ID 05) also points out that women seeking antenatal care are treated very differently from those seeking abortions:

> *"[The nurses] said we give birth to many children and then do many abortions. Woman who gave birth were treated well because when I was in the other ward nobody said anything to me. I went there for operation twice and it was like staying at home with the nurses and doctors. [...] but on the other side they shout at us. I did not like the abortion ward, they were a little rude. We don't go for abortion purposely to risk our lives, it happens unknowingly. When husband and wife live together then such things happen and some people don't know about it. [...] But the sisters on the other side treated me better."* (ID 05)

Two women (ID13 and ID16) experienced significant complications after their abortions. One woman (ID13) bled for 6 weeks after her abortion but did not want to return to the facility for additional treatment because of her negative experience there. Instead, she tried to treat herself:

> *I: Did you go anywhere for the treatment of that problem?*
>
> *R: I did not go anywhere; I just took the medicine available in the village and stayed. I bought the medicine from the grocery store in the village, [ibuprofen] which I use to take two each every day. I took it for 6 days, I cannot do heavy work as my stomach pains. When I do household work or even when I work in the field I have to rest for a while.* (ID 13)

Another woman (ID16) bled for one month after her procedure, but she returned to the facility for additional treatment, which resolved the issue:

> *I: What did you after going there?*
>
> *R: They looked at it and said small parts had remained inside. Small bones and parts of it had remained inside which is why it was bleeding so they said they would clean it again and did it. 5-6 days after that everything was fine.* (ID 16)

Experiences with self-induction

Although many women had heard of self-induction, especially with the use of medicines, only three had ever attempted these themselves. Another woman was interested in trying it but was unable to obtain the medicines:

> *"I went to medical shop and asked how much it would cost for the medicine and they said it would cost 1500 rupees. They asked me how many months and when I told them they said it was not possible there as I had exceeded the pregnancy period. Even they were*

> *scared that they might get arrested. As I had exceeded so many months and the abortion could risk my life, they didn't agree to give me the medicine".* (ID14)

Others who had heard that it was possible to self-induce said that they didn't attempt it because it seemed dangerous or unlikely to work, or because they didn't know what medicines they needed or where to get them.

> *I: Your friends had told you that abortion can be done by taking medicines as well so didn't you try those suggestions?*
>
> *R: [...] I doubted if abortion could be done by taking medicines. I had also heard from someone that it does not work.* (ID01)

Women who had heard of methods of self-induction knew that pharmacies sold the necessary medicines. Other common methods of self-induction that women had heard of included herbal medicines, massage (or "squeezing"), and sticks or thin pipes. For example:

> *R: Well...some people did something with sticks and some squeeze it with their hands.*
>
> *I: What to do with the stick?*
>
> *R: I don't know maybe poke with the sticks.* (ID03)

> *I: How did you know that abortion can be done through medication?*
>
> *R: A woman nearby our house had done that. She had terminated 2 months old pregnancy. She said that it was not that difficult.* (ID10)

Emotions, concerns, and reflections

Women who received their abortions typically reported being happy, relieved, and satisfied with the services they'd received. Women who were continuing their pregnancies reported a broader range of emotions than those who obtained an abortion. Many women reported feeling "ok" or

not having strong feelings one way or the other. But some were happy or relieved that they were continuing their pregnancy:

When women who were continuing their pregnancies were asked specifically about whether this would affect their relationships with other family members, most said no or that they had not considered this possibility. A small minority thought that a new baby would cause conflict in their marriages. One woman said:

> *"I told him [my husband] I will keep the child although he doesn't want it. I also told him that I will live by myself even if he doesn't look after me".* (ID 03)

One woman thought that the new baby would improve her relationship with her in-laws, who had not wanted her to pursue an abortion:

> *"Even they tell me to give birth and they tell us who will look after us and raise the children later. If you give birth then we are here and they tell me that will look after the child and support us".* (ID23)

When asked more specifically about any worries or concerns about raising a new child, women who were continuing their pregnancies often reported being worried about finances and resources:

> *"Economically, raising two children is so hard and adding another is harder. Physically also it would affect as I already delivered two children through caesarean. Again I have to deliver the third child by operation it's going to be more difficult. I am worried all the time about raising my small children".* (ID02)

> *"It will highly affect me. For 3 or 4 years I will not get to go out as I will have to look after him/her. We don't get food without working but I will have to be with the baby. I will have to live that way. What to do?"* (ID09)

Discussion and conclusions

Our findings represent the first effort to study the experiences of women who are denied legal abortion services in Nepal. Understanding the process of pursuing an abortion, being denied legal services, and making decisions about subsequent options will help to better inform the delivery of abortion services and the implementation of the law in Nepal.

Half of all women in our sample obtained an illegal abortion after being denied legal services. This finding highlights the relative frequency with which illegal abortions are performed in Nepal, despite the legal status of abortion, and suggests that many women are not receiving the abortion services they need under the existing law. The many reasons why women delay seeking care, coupled with limited or no knowledge of the limits of abortion law, prevent many from receiving legal abortion services. Illegal abortions, often performed in seemingly safe conditions at private health facilities, represent the only available option for these women to terminate their pregnancies.

In addition to legal barriers, participants in this study faced many other obstacles when they seek abortion services. Women reported fear of judgment or stigma from family members, community members, and health providers, as well as financial and logistical barriers to obtaining services. The fact that women overcame or overlooked these barriers to pursue abortion services illustrates how much they were willing to risk to obtain these services. However, these risks can often be significant: at least two women in our sample experienced significant complications after their procedures, an issue that highlights the potential for illegal abortions to result in serious injury or death. The social and financial costs of seeking and obtaining an abortion have also been detailed

here and serve as an important reminder of the challenges many women who seek abortions face, even beyond legal limitations in Nepal.

While our data shed light on important issues related to abortion access in Nepal, our small sample size, purposive sampling strategy, and qualitative data limit the generalizability of our findings. Women were selected for interviews based in part on their geographic proximity to the recruitment sites and the perceived likelihood that they would participate in an interview at the scheduled time, which may help to explain the study staff's success with interviewing most of the women who were recruited. Women who lived farther away or were otherwise harder to reach were likely to have had very different experiences seeking and obtaining abortion services, but these experiences are not well documented. Similarly, we were not able to examine the experiences of women who only sought unsafe or illegal abortions and never presented at one of the two legal abortion facilities which recruited for this study.

This study provides new and important information about the experiences of women who seek abortion services in Nepal. Our findings point to a need for more systematic, quantitative data collection to better understand how women decide to pursue abortion services, where they learn about such services, and the health and socioeconomic consequences of legal abortion, illegal abortion, and childbirth.

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