



POSITION PAPER

Abortion and Young
People in NEPAL



RIGHT HERE
RIGHT NOW



This paper has been published with technical support of Right Here Right Now Nepal platform, which is a strategic partnership between fifteen like-minded youth-led and youth-serving organizations¹, that are advocating for enhanced experience of young people on sexual and reproductive health, focused on three thematic areas - provision of age-appropriate comprehensive sexuality education, legalization of marriage equality and provision of stigma-free, youth-friendly safe abortion services.

Visible Impact, which is a partner organization of Right Here Right Now, is a young women led organization that aims to bring visible impact on the lives of every woman, every girl and every youth by unleashing the social and economic leadership of girls, women and youth through human centered approaches.

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LIST OF ACRONYMS AND ABBREVIATIONS

AYON	Association of Youth Organizations in Nepal
BBC	Beyond Beijing Committee
BDS	Blue Diamond Society
CAC	Comprehensive Abortion Care
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CSE	Comprehensive Sexuality Education
FPAN	Family Planning Association Nepal
HUDEP	Human Development and Environment Protection Forum
ICPD	International Conference on Population and Development
MA	Medical Abortion
MVA	Manual Vacuum Aspiration
PHCC	Primary Health Care Center
PAC	Post Abortion Care
PoA	Programme of Action
RHRN	Right Here Right Now
RUWON	Rural Women's Network Nepal
SBA	Skilled Birth Attendant
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
UPR	Universal Periodic Review
WHO	World Health Organization
YAN	Youth Action Nepal
YDC	Youth Development Center

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Authors

Disclaimer

*** This position paper does not advocate for increasing or promoting abortion, but rather aims to make every abortion safe, legal and stigma free, performed by any women through "informed choice". Informed choice means that the woman is aware about the process, pros and cons of doing abortion, and chooses to do so, under unavoidable circumstances or out of choice. The autonomy over her body, and the right to make decisions independently is every women's fundamental right. This position paper and RHRN platform believes in and urges everyone, to place abortion within women's rights based perspectives.*

Safe Abortion program is a priority program of the Government of Nepal, after abortion was conditionally legalized in Nepal in 2002. Now, provision of safe abortion services by trained doctors or health workers at approved health facilities is recognized by the article 38(2) of Constitution of Nepal. Nepal has also been part of international human rights instruments that speaks for safe abortion like Beijing Platform for Action, International Conference on Population and Development Programme of Action, Convention on the Elimination of All Forms of Discrimination against Women, Universal Periodic Review and Sustainable Development Goals.

Legalization of abortion has contributed to a sharp decline in maternal mortality, which fell from 580 maternal deaths per 100,000 live births in 1995 to 190 per 100,000 in 2013. However, when it comes to accessing the services by young people, taboos and stigma still hinder thousands of young women to access the services. Barriers to accessing safe abortion include: restrictive laws, poor availability of services, high indirect cost, stigma, waiting periods, conscientious objection of health-care providers, and many more. Of the 323,000 abortions performed in Nepal in 2014, fewer than half (42%) of all abortions were provided legally in Government-approved facilities and the remainders (58%) were clandestine procedures provided by untrained or unapproved providers or induced by the pregnant woman herself. This huge percentage of unsafe abortions which are taking place accounts for the large proportion of unsafe abortion-related deaths and injuries.

Acknowledging this fact, RHRN Nepal is advocating for the provision of quality, stigma free and youth friendly safe abortion services at all public health institutions with adequate budget allocation and proper monitoring mechanisms. This paper, being a part of the advocacy processes led by RHRN Nepal, aims to highlight the need of youth friendly and stigma free safe abortion services and to persuade Government and all other concerned stakeholders to stand for abortion services that are safe, youth friendly and stigma free.



Taking above discussions into consideration, this paper calls all the concerned stakeholders that include relevant Government bodies including Ministry of Women, Children and Senior Citizens, National Women Commission, Ministry of Health, National Youth Council to implement following recommendations:

- ◇ Safe abortion services should be promoted in a right based approach.
- ◇ The Government should include provision for stigma free and youth friendly free safe abortion and post abortion care services for all women.
- ◇ The Government should devise appropriate monitoring mechanisms to ensure non judgmental, quality and dignified abortion services are being delivered.
- ◇ The Government should increase the human resource and infrastructures for health at all levels.
- ◇ The Government should work on enhancing the factual knowledge on abortion through appropriate Comprehensive Sexuality Education.
- ◇ The Government and civil society should invest towards strengthening the capacity of central and local Government and service providers on addressing the specific needs of young people.
- ◇ The Government should regulate how pharmacies and medical stores are delivering the abortion services.
- ◇ Along with free abortion services, Government should also increase the safe abortion service delivery sites.
- ◇ The Government and civil society should work together to increase the accessibility and information regarding family planning services among young people.

INTRODUCTION

Safe abortion was legalized in Nepal in 2002, under specified conditions, that was a huge milestone to securing reproductive health and rights of many women and girls. Almost 20 years down the line, there have been improvements in the quality of service and service provider, accessibility and affordability of the services. Safe abortion program is a priority program of the Government of Nepal. However, when it comes to accessing the services by young people, taboos and stigma still hinder thousands of young women to access the services. These challenges stem from socio-cultural norms, but are fueled by gaps in policies, that are hindering young women to enjoy their right to sexual and reproductive health.

The objective of this paper is to highlight the need of youth friendly and stigma free safe abortion services and to persuade Government and all other concerned stakeholders to stand for abortion services that are safe, youth friendly and stigma free. This paper will serve as a basis to all the RHRN platform member organizations for the joint advocacy activities in achieving its aim of quality, stigma free and youth friendly safe abortion services accessible and available at all public health institutions with adequate budget allocation and proper monitoring mechanisms.

CONTEXT

Abortion is the termination of a pregnancy before the fetus has attained viability, i.e. become capable of independent extra-uterine life. Abortion can be spontaneous or induced. An induced abortion is called safe if it is performed with the consent of women, by a qualified person using correct technique in the sanitary condition.¹ World Health Organization (WHO) defines unsafe abortion as a procedure terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.

In Nepal prior to 2002, abortion was strictly illegal and women were imprisoned for undergoing abortions. This consequence was even suffered by women who had miscarriages, meanwhile many women died of complications from unsafe abortions. In the 1990s, women's rights activists launched a campaign to reform the Muluki Ain, Nepal's Civil Code, for eliminating discriminatory provisions against abortion. This campaign advocated for legitimization of abortion. In 2001, the Center for Reproductive Rights (CRR) and the Forum for Women, Law and Development (FWLD) documented the harmful impact of Nepal's criminal abortion ban. The findings were unveiled in 2002 in the report "Abortion in Nepal: Women Imprisoned". On September 26, 2002, an amendment to the Muluki Ain was signed into law, making abortion legal on broad grounds. This amendment,

which granted women greater autonomy over their reproductive lives, has been hailed as a milestone.²

The Constitution of Nepal 2015 recognizes sexual and reproductive health and rights (SRHR) as a fundamental human right of every citizen. In 2018, Safe Motherhood and Reproductive Health Act 2018, served as another landmark document in identifying safe abortion as a women's right, and revised some legal conditions for abortion addressed in Safe Abortion Policy 2002.

SAFE MOTHERHOOD AND REPRODUCTIVE HEALTH ACT (SMARHA) 2018

According to this recent Act, abortion is legal in Nepal under following conditions upon the consent of a pregnant women:

- With the consent of pregnant women, up to 12 weeks of pregnancy.
- If the pregnancy results from rape or incest, up to 28 weeks of pregnancy, with the pregnant women's consent.
- Up to 28 weeks of pregnancy, if the pregnancy poses danger to the life or physical or mental health of the pregnant woman or the chance of a birth of a severely physically deformed child as per the suggestion from certified health service provider, with the consent of the woman.
- Up to 28 weeks of pregnancy if the pregnant women suffer from HIV or any such other incurable diseases, with her consent.

○ Up to 28 weeks of pregnancy if the fetus is suffering from a severely debilitating or fatal deformity, as certified by an expert physician.

Punishable under the following conditions

- Abortion without the consent of pregnant women
- Sex selective abortions
- Abortion performed outside the legally permissible conditions

Additional Considerations

- Following the legal criteria, in a certified health facility, a certified health service provider must provide safe abortion services to pregnant women.
- The service will be provided using appropriate technology and process mentioned in the Act.
- The pregnant woman seeking safe abortion service should give her consent to the certified health facility or the certified health service provider as per the format designed.
- In case the pregnant woman cannot give her consent on the very moment, is mentally incompetent or hasn't completed 18 years of age; her guardian can give their consent.
- If the service seeing pregnant woman hasn't completed 18 years of age, safe abortion service should be provided as per her optimal wellbeing.

SITUATION OF ABORTION

A. IN THE WORLD

There are currently twenty-six countries where all abortions are illegal, regardless if the pregnancy is a result of rape or incest. In 37 countries, abortion is illegal unless it saves the life of the mother and in others, it is illegal unless used to save the mother's life or preserve her health.³ Each year between 4.7% – 13.2% of maternal deaths can be attributed to unsafe abortion.⁴ Between 2010 and 2014, 56 million induced (safe and unsafe) abortions occurred worldwide each year. There were 35 induced abortions per 1000 women aged between 15–44 years. 25% of all pregnancies ended in an induced abortion. The rate of abortions was higher in developing regions than in developed regions.⁵

Also, around 25 million unsafe abortions is estimated to take place worldwide each year, almost all in developing countries, out of which around 33 percent took place in unsafe conditions. Over half of all estimated unsafe abortions globally were in Asia. Around 7 million women are admitted to hospitals every year in developing countries, as a result of unsafe abortion.^(6,7) These data depict the magnitude of the undesirable consequences due to unsafe abortions, globally and in Asian region. These context and trend is quite similar in Nepal too.

B. IN NEPAL

In Nepal, abortion was legalized in 2002, the procedural order was passed in 2003, and the first ever

Comprehensive Abortion Care (CAC) service was started at the Maternity Hospital, Kathmandu, in March 2004. Two years later (April 2006), there were 122 approved facilities (76 Governments and 46 non-Governmental organizations) located across 66 districts of Nepal. Abortion legalization has contributed to a sharp decline in maternal mortality, which fell from 580 maternal deaths per 100,000 live births in 1995 to 190 per 100,000 in 2013.

An estimated 323,000 abortions were performed in Nepal in 2014. This number translates to a rate of 42 abortions per 1,000 women aged 15–49. Nationwide, fewer than half (42%) of all abortions were provided legally in Government-approved facilities. The remainders (58%) were clandestine procedures provided by untrained or unapproved providers or induced by the pregnant woman herself.

Within Nepal, abortion rates for 2014 varied widely by development regions, from 21 per 1,000 reproductive-age women in the Far-Western development region to 59 per 1,000 in the Central development region, which includes the capital city of Kathmandu.⁸

AWARENESS ABOUT LEGALIZATION OF ABORTION

Overall, two in five (41%) women age 15–49 are aware that abortion is legal in Nepal. Those living in urban areas (43%) are more likely to be aware that abortion is legal than those living

in rural areas (36%).⁹ Awareness of the legality of abortion increases with increasing education. Those residing in Province 1 (46%) have a higher level of awareness than those residing in the other provinces. Women are most likely to be aware that abortion is legal for pregnancies up to 18 weeks' gestation in the case of rape or incest (29%) and pregnancies up to 12 weeks' gestation for any woman (23%). Women were least aware of the circumstances related to legal abortion at later stages of pregnancy. Despite the fact that the law prohibits abortion for sex selection, 3% of women reported that abortions can be performed if the fetus is a daughter.⁹

This manifests the need for Comprehensive Sexuality Education for in school and out of school young people so that they can easily deal with their life problems and can have a good decision making ability with respect to their sex, sexuality and reproductive health.

KNOWLEDGE ABOUT SAFE ABORTION SITES AND MEDICINE

48% of women aged 15–49 reported knowing a place where a safe abortion can be obtained. Knowledge of a source for a safe abortion is higher among urban, educated, and wealthy women than among their counterparts. Knowledge of a safe abortion place is slightly higher in the Terai (southern belt, often associated with higher population and socio cultural taboos) zone than in the hill or mountain zone. Women who reported knowing places for safe abortion are more likely to mention the Government sector (79%) than the private sector (46%) or the non-Government sector (18%).⁹

Case Story

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“I have heard about family planning, but never used it because my husband does not allow me to do so. I cannot do family planning because my husband thinks that it will free me to sleep with other men when he is not at home. Also, family planning will make me weaker to do the household chores. For him, he is hesitant to use condoms as it disrupts the sexual pleasure, and does not want to do vasectomy as it will make him weak. So, the only alternative we have is not to use any device and abort children” shared a 28 years old woman of Sindhuli. This shows that the women still do not have control over decisions regarding family planning or other aspects of SRHR.¹⁰

The percentage of pregnancies ending in abortion is higher in urban than in rural areas (11% and 7%, respectively). Province 4 has the highest proportion of pregnancies (15%) ending in abortion, while Province 2 has the lowest (5%). Nineteen percent received services from a pharmacist or medical shop. Women from rural areas (23%) were more likely to visit pharmacists or medical shops than their urban counterparts (17%), which might be probably due to inaccessible surgical abortion delivery sites. In last five years, over one-fourth (27%) of women had their abortion at home.⁹

UNMET NEED FOR FAMILY PLANNING LEADING TO UNSAFE ABORTIONS

Unmet need for family planning is one of the major pre cursor of abortion. Despite Nepal Government's priority program, there are still gaps in making family planning accessible and affordable for all, and this has been found to be linked with abortion decision. In 2014, the unintended pregnancy rate for Nepal was 68 per 1,000 women of reproductive age which ranged from 47 per 1,000 women in the Far-Western region to 85 per 1,000 in the Central region. Unintended pregnancies occur mostly due to lack of adequate information, trust issues with contraceptives, unavailability of services, etc. Half of all pregnancies were unintended belonging to either mistimed or unwanted and 31% of all pregnancies ended in abortion.⁸

The decision to choose whether to have a baby or not, and if yes, how many and when to do so is the right of a woman. However, due to patriarchal social structure, many women rely on their husband for this decision.

So, instead of stigmatizing women for choosing abortion, it is important to focus on orienting their husbands, and other gatekeepers, to allow every woman to enjoy her rights to choose and make decision over her body.

CAPACITY OF SERVICE SITE

Comprehensive abortion care, Manual Vacuum Aspiration (MVA) and Medical Abortion (MA) are available in all 75 districts hospitals and over 50 percent of Primary Health Care Center (PHCCs).¹¹ Additionally, second trimester abortion services are available in 24 hospitals where Comprehensive Emergency Obstetric and Neonatal Care (CEONC) services are also available and medical abortion services are being expanded in Health posts through additional training of Skilled Birth Attendants (SBAs). Up to the end of 2015/16, 466 health facilities were listed for providing MA services and 538 health facilities were listed as MVA service sites.¹¹

The individual capacity of the each service sites varies relative to the place, circumstances and their state of affairs. For e.g. Mugu has very limited infrastructure providing counseling, abortion and delivery services from a single room. It is not because the medical personnel are not aware about the need for separate space for separate services, but they are compelled to do it because of lack of proper infrastructure. In Sunsari health post, a separate room was allocated for abortion services, while in Sindhuli district hospital, a separate building was allocated for abortion services, with separate registration, waiting, counseling and abortion rooms, with the ability to maintain confidentiality.¹⁰

Case Story

I am only 27 years old can you believe it?" Santa Kumari (Name Changed) of Mugu asked us. She had wrinkles all over her face, had lean and thin body and looked virtually a woman in her forties. 5 live births and 6 abortions over a period of 10 years have caused serious consequences to her body and she looks much aged. Now she complains of body ache, dizziness, irritation and weakness. 6 abortions out of which 4 were medical and remaining 2 surgical caused her financial, mental and physical problems.

"After each abortion, I can feel how much my health has deteriorated, but I don't have other options. My husband does not want to use contraceptive, nor allows me to use it. I have no other option than to become pregnant and later abort. Every time I go to the health post for abortion, the medical officer insists that I use family planning, and it is embarrassing for me already. I wish my husband would be understanding to allow me to use contraceptive or use it himself" she shared.¹⁰

INTERNATIONAL HUMAN RIGHTS INSTRUMENTS THAT SPEAKS ABOUT SRHR INCLUDING SAFE ABORTION

I. BEIJING PLATFORM FOR ACTION

Beijing Platform for Action, Paragraph 92 states to secure women's right to the enjoyment of the highest standard of health throughout the whole lifecycle in equality with men.

Paragraph 106(c) states to remove all barriers to women's health services and provide a broad range of health-care services. Paragraph 106(f) states to design health information, services and training for health workers so that they are gender-sensitive and affirm the user's right to privacy and confidentiality. Similarly, according to Paragraph 107(e) to provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care.

II. INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD) PROGRAMME OF ACTION

Nepal, as a co-signatory in 1994 to the Plan of Action of the ICPD, has committed itself to ensure women's universal access to reproductive health as well as equal access to all other health services.

It is also clearly stated in paragraph 7.3 of the ICPD PoA as "Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."

ICPD PoA, Paragraph 7.45 states "Countries must ensure that the programs and attitudes of health care providers do not restrict the access of adolescents to appropriate services and information they need, including on sexually transmitted diseases and sexual abuse. Services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs."

Paragraph 7.46 states that "Countries, with the support of international community should protect and promote the rights of adolescents to reproductive health education, information and care and greatly

reduce the number of adolescent pregnancies”

Chapter 4 of ICPD PoA states “Advancing gender equality and equity and the empowerment of women” is remarkable in the recognition that the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are cornerstones of population and development related programmes.

In the ICPD+25 Nairobi Summit, Nepal has committed to reduce maternal morbidity and deaths by the provision of legal abortion and post-abortion services that are safe, accessible, affordable and good quality.¹²

III. CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) CONCLUDING RECOMMENDATIONS TO NEPAL

As per the concluding observation of Nepal’s 6th periodic review (2018), the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW) committee recommends Nepal Government to: “Amend the safe motherhood and reproductive health rights act to fully decriminalize abortion in all cases, to legalize it at least in case of risk to the health of pregnant women, additionally to the cases of rape, incest, severe fetal impairment, and risk to the life of pregnant women that are already legalized, and allocate sufficient resources to raise awareness on safe abortion clinics and services.”¹³

IV. UNIVERSAL PERIODIC REVIEW (UPR) CONCLUDING RECOMMENDATIONS TO NEPAL

In the second cycle of UPR of Nepal, New Zealand recommended Nepal to continue to implement measures to ensure all women and girls have equal access to quality sexual and reproductive healthcare which was accepted by Nepal.

V. THE 2030 AGENDA AND UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

Target 3.7 of Goal 3 of Sustainable Development Goals (SDGs) states as: By 2030, ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Similarly, the 2030 agenda has the target 5.6 of Goal 5 as: Ensure Universal access to Sexual and reproductive Health and sexual and reproductive rights as agreed in accordance with the Programme of Action of the ICPD and the Beijing Platform for Action and the outcome documents of their review conferences.

WHY STIGMA-FREE YOUTH FRIENDLY SAFE ABORTION SERVICES FOR YOUNG WOMEN?

Every woman has the right to safe reproductive health choices, including safe abortion care and the provision of abortion services to young women is founded in basic human rights namely women's right to bodily integrity and autonomy.¹⁴

But in a country where childbearing is defined by social norms, women's right to decide whether she wants to have a child or wishes to terminate it remains a theoretical rather than a practical right. Women with unwanted pregnancies are facing a number of barriers and challenges that limit their access to, and use of, safe abortion care, and the situation is more intense for young people. With young unmarried women, abortion is harder to access and more stigmatized in the community.

About one fifth of the total population of Nepal comprises youth (between the ages of 15-24).¹⁵ While a majority of adolescents (64 %) have their first sexual intercourse between 15 to 17 years of age, only 4.5 percent of adolescent women use a modern form of contraception.¹⁶ With a trivial proportion of youth using contraceptives, there is a higher chance of unwanted teenage pregnancy. With this, young people either choose to continue their unwanted pregnancy or go for abortion. But for young women, it is harder to access safe abortion services despite the presence of liberal abortion laws in Nepal. Barriers to accessing safe abortion include: restrictive laws, poor availability of services, high cost, stigma, mandatory waiting periods, conscientious objection of health-care providers, third-party authorization and many more.¹⁶ The abortion services being more stigmatized, inaccessible and unaffordable to the young people, many unsafe abortions are taking place accounting for the large proportion of unsafe abortion-related deaths and injuries.¹⁷

UNACCEPTABILITY

The major barrier for young women to take safe abortion service is the ingrained fear and stigma surrounding abortion. Our society stereotype discriminate women and girls, especially young unmarried girls. If they are found undertaking abortion services before their marriage she is considered wrong and dishonorable. Because of the stigma, young women were mostly found to be choosing medical abortions, since they can do it in private and the

only one person that needs to be dealt with is the pharmacist. Young people also perceive health service providers as judgmental and raise concerns about lack of confidentiality.¹⁰

UNAFFORDABILITY

Since 2017, free abortion services have been rolled out throughout Nepal. Though the direct cost is free, there are several indirect costs that are still unaffordable for many young people. Young women are unable to pay for the expenses to receive the abortion care they need particularly if they are located in rural areas and they are hesitant to ask for help from their parents as well. Also, due to the prevalent stigma, women are found to be going to the health facilities far from their residing district or place so that they won't be recognized by anybody. Those who can pay for the transportation and the service cost travel to other cities, go to private hospitals and undertake services, while the poor ones who cannot afford the travel cost, continue the unwanted pregnancy or terminate their pregnancy by unskilled persons.

INACCESSIBILITY

Young women are unlikely to have time off from their educational institutes for having abortions. Also, particularly in the rural areas there are a very few service outlets from where safe abortion services can be accessed and there are no means of transportation as well. In Mugu (a rural district of Nepal), in average a woman walks for 2 days before she can access the service point, and that can go up to 5 days for some woman. Others who go to Jumla, the adjoining district, in search of better care and

confidentiality, have to allocate at least 3-4 days for the entire trip. This creates a huge discrepancy for young women in accessing safe abortion services.¹⁰

Faced with a number of barriers, young women often resorting themselves to unsafe abortion practices, may experience a range of consequences that affect their quality of life and well-being, with some women experiencing life-threatening complications. The major life-threatening complications resulting from the unsafe abortions are incomplete abortion, hemorrhage, infection, and injury to the genital tract and internal organs through the insertion of dangerous objects such as sticks, knitting needles, or broken glass into the vagina or anus. Deaths and injuries are higher when unsafe abortion is performed later in pregnancy.¹⁷

Young unmarried women are also more likely to commit suicides if they cannot have access to abortion services or have no idea where they can safely terminate their pregnancy.¹⁸ Even if she gives birth to the child, young motherhood could possibly be associated with an adverse psychosocial environment, inadequate child-rearing practices, and consequently long-term socio-economic problems, which can exacerbate the risk of the offspring's mental ill-health and risk of suicidal behavior.¹⁹ And in some cases, teenage mothers give birth and stab their child to death or leave them in the public places as they are not able to support the child economically, physically and psychologically.

Despite of being a health issue, abortion is more often taken as a moral problem. The effect of the stigma regarding abortion on the young teens in their high school and colleges is detrimentally huge. Many young women in high school or college who got pregnant must choose between continuing the education and dropping out to have a child. Due to the prevalent social stigma regarding teenage pregnancy and abortion, young people resort themselves to unsafe abortion services resulting in the drastically high absent days in their educational institutions. Moreover, the effect it has on self esteem, judgmental perception of society and parents leading to stigma, results in poor academic performance and students slowly distance themselves from their studies.

For a young woman, to access abortion as any other health services, it is very essential to de-stigmatize abortion and make abortion services safe and youth friendly. Youth friendly stigma free abortion services will help young women to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries.

Case Story

Sanu Maya (name changed), aged 24, from Sindhuli already had 2 daughters and a son. One day when she found out she was pregnant again, she was worried. She was already facing difficulties in feeding and providing proper education to the existing children. She realized another child would be a burden to her family. So she decided to terminate the pregnancy, but she was afraid to go to the health facility due to fear of stigma. So, she took a gulp of 5/6 painkillers at home. She claims that it did the job and she bled for 10 days then. Sanu said she is aware that this abortion might lead to health problems, but she is still afraid to go to the health facility due to stigma. Even though Nepal has progressive and liberal abortion laws, the way abortion stigma manifests in silence and a lack of knowledge leads young women to seek unsafe abortion. Had it not been for that stigma, this woman might have chosen to walk into a health facility to seek safe and legal abortion care.¹⁰

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Karuna Shahi, 26 years woman from Mugu, never went to school. 3 years ago, she took abortion service because she had 4 daughters already. She decided to choose abortion in another city, assuming there is better service. In total, she paid 12500 directly to the hospital, and in total 80,000 NPR including other indirect costs. When she returned home after abortion, bleeding still continued for 3 months. In the beginning, she tried the herbs found locally, but that did not work. Only after 3 months, she decided to go for post abortion care, but then her bleeding stopped and she decided not to go. However, if she had to go to Nepalgunj again, she would have to spend another 80,000 again. Since farming is the only occupation, she had to borrow money from others, and could pay the debt only in 2 years.¹⁰



RIGHT HERE RIGHT NOW (RHRN) NEPAL'S CALL TO ACTION


Right Here Right Now, which is a platform of youth serving and youth led fifteen organization in Nepal who are advocating at the national, regional and international level to ensure that, quality, stigma free and youth friendly safe abortion services are accessible and available at all public health institutions.

This paper calls on the concerned stakeholders, that includes relevant Government bodies including Ministry of Women, Children and Senior Citizen, National Women Commission, Ministry of Health, National Youth Council, to make abortion service stigma free and youth friendly that is available and accessible to all young women, and relevant development actors such as NGOs, CSOs, youth activists, advocates and young people to urge and support decision makers to do so.

- Safe abortion services should be promoted in a right based approach, and all the actors should work together to ensure that all women can enjoy their right to choose abortion.
- The Government should include provision for stigma free and youth friendly free safe abortion and post abortion care services for all women and their respective implementation strategies in the Reproductive Health directives to national and provincial level.

Along with delivery of quality services, the Government should also devise appropriate monitoring mechanisms to ensure nonjudgmental, quality and dignified abortion services are being delivered.

- The Government should increase the human resource and infrastructures for health at all levels, expanding the services on abortion and post abortion care services like increasing the number of listed service sites, investing in training and sensitization of service providers, to make the service accessible for all.
- The Government should work on enhancing the factual knowledge on abortion through appropriate



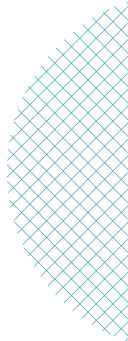
Comprehensive Sexuality Education. Civil society should support Government in raising the awareness of women regarding safe abortion services and sites, so that they can take informed decisions.

○ The Government and civil society should invest towards strengthening the capacity of central and local Government and service providers on addressing the specific needs of young people like maintaining privacy and confidentiality, avoiding waiting period, being non-judgmental, quality assurance and so on, so that the services can be youth friendly and stigma free.

○ The Government should regulate how pharmacies and medical stores are delivering the abortion services without registration, by equipping them with appropriate training and registration provision, so that they can serve to increase the outreach of safe abortion services.

○ Along with free abortion services, Government should also increase the safe abortion service delivery sites, so that abortion service becomes affordable and accessible. The information that abortion service is free, should be communicated to the public adequately.

○ The Government and civil society should work together to increase the accessibility and information regarding family planning services among young people, so as to decrease unsafe abortion and unwanted pregnancies. There is a need to orient male regarding family planning to make them supportive of their spouse's right to choice. Provision of family planning services after abortion should be strengthened.



REFERENCE

- ¹ World Health Organization. Unsafe abortion Nepal country Profile. Ministry of Health and Population; 2006.
- ² Centre for Reproductive Rights. Reproductive Rights in Nepal [Internet]. Center for Reproductive Rights; Available from: <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/RR%20in%20Nepal%20Factsheet%20FINAL.pdf>
- ³ Countries Where Abortion Is Illegal Population. (2019-09-27). Retrieved 2019-11-04, from <http://worldpopulationreview.com/countries/countries-where-abortion-is-illegal/>
- ⁴ Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, Gülmezoglu AM, Temmerman M, Alkema L. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014 Jun; 2(6):e323-33
- ⁵ World Health Organization. Preventing unsafe abortion [Internet]. World Health Organization; 2018 Jan. Available from: <http://www.who.int/mediacentre/factsheets/fs388/en/>
- ⁶ Ganatra B, Gerds C, Rossier C, Johnson Jr B R, Tunçalp Ö, Assifi A, Sedgh G, Singh S, Bankole A, Popinchalk A, Bearak J, Kang Z, Alkema L. Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model. *The Lancet*. 2017 Sep
- ⁷ Singh S, Maddow-Zimet I. Facility-based treatment for medical complications resulting from unsafe pregnancy termination in the developing world, 2012: a review of evidence from 26 countries, 2015.
- ⁸ Puri M, Singh S, Sundaram A, Hussain R, Tamang A, Crowell M. Abortion Incidence and Unintended Pregnancy in Nepal. *International Perspectives on Sexual and Reproductive Health*. 2016 Dec 1;42(4):197-209.
- ⁹ Ministry of Health, Nepal; New ERA; and ICF. 2017. Nepal Demographic and Health Survey 2016. Kathmandu, Nepal: Ministry of Health, Nepal.
- ¹⁰ Visible Impact. A study on Young people's experience with abortion services in Nepal, 2018
- ¹¹ Sagun Paudel. Safe Abortion Services in Nepal [Internet]. Sagun's Blog; 2017 Sep 28. Available from: <https://publichealthupdate.com/safe-abortion-services-in-nepal/>
- ¹² The Nairobi Summit on ICPD25. Commitments. Ending Preventable Maternal Deaths. 2019. Available from: <https://www.nairobisummiticpd.org/commitment/ending-preventable-maternal-deaths>
- ¹³ CEDAW. Concluding observations on the sixth periodic report of Nepal. 2018.
- ¹⁴ https://www.ippf.org/sites/default/files/ippf_youth_and_abortion_guidelines_2014.pdf
- ¹⁵ CBS . National Population and Housing Census, 2011 (National Report) Kathmandu: Government of Nepal. National Planning Commission Secretariat, Central Bureau of Statistics; 2012.
- ¹⁶ WHO . Safe Abortion: Technical and Policy Guidance for Health Systems. Geneva: World Health Organization; 2004
- ¹⁷ Andersen KL, Khanal RC, Teixeira A, Neupane S, Sharma S, Acre VN, Gallo MF. Marital status and abortion among young women in Rupandehi, Nepal. *BMC women's health*. 2015 Dec; 15(1):17.
- ¹⁸ Frautschi, S., Cerulli, A. and Maine, D., 1994. Suicide during pregnancy and its neglect as a component of maternal mortality. *International Journal of Gynecology & Obstetrics*, 47(3), pp. 275-284.
- ¹⁹ Hoskins DH. Consequences of parenting on adolescent outcomes. *Societies*. 2014 Sep 18;4(3):506-31.

