Factors affecting abortion decisions amongst young couples in Nepal

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ABSTRACT

This paper examines the problem of unintended pregnancy, and explores decision making processes regarding abortion amongst young couples in Nepal. The data comprised 30 detailed case histories, together with results from a sample survey of 997 married women aged between 15 and 24 years and 499 men aged between 15 and 27 years. The results show that unintended pregnancies are quite common amongst young married couples in Nepal. One in two young women reported ever having experienced an unintended pregnancy. A considerable proportion of couples thought about abortion but the majority of them did not take any action. Some of them had attempted abortion but only few of them had succeeded. Multiple factors, including socio-cultural beliefs, affect the decision making phase, making the process dynamic and situation specific. Husbands and health service providers play a major role in decision making. The study highlights the need to scale up family planning service delivery mechanisms to young couples, emphasises the importance of involving men and service providers in public education and advocacy campaigns against unsafe abortion, and the need to enhance women's decision making capacity and control over their reproductive options.

INTRODUCTION

Early marriage and early childbearing is the social norm amongst young people in many South Asia countries, including Nepal. Over the past decade, early fertility has dropped in nearly all South Asia countries (Singh and Sumara, 1996; Singh, 1998; Adhikari, 2003; Choe *et al.*, 2004). However, due to the persistence of early marriage, pregnancy during the teenage years is still common (Bott and Jejeebhoy, 2003). The overall fertility rate in Nepal has reduced from 5.1 births per woman in 1984-86 to 4.1 births per woman for the period 1999-2001, but this is still relatively high compared with neighbouring countries. One in six women aged 15-19 years have already had at least one child, which ranks second highest amongst all Asian countries, just slightly behind Bangladesh (ESCAP, 2001). By the time women reach 24 years old, two in three have had at least one child (Ministry of Health (Nepal) *et al.*, 2002).

Despite high knowledge of modern contraceptive methods amongst ever-married couples, the use of contraception is still low. Only 39 percent of currently married women report using a modern method of contraception. Furthermore, contraceptive use amongst young women is very low compared with that reported by older women. Only nine per cent of women aged 15-19 years are currently using a modern method of contraception, compared with 52 per cent of women aged 35-39 years. The unmet need for spacing is higher amongst younger women compared with older women; this results in a high prevalence of unintended pregnancy. Amongst married young women (15-24 years), about one-third of the births are reported as being unintended (Ministry of Health (Nepal) *et al.*, 2002). A small study conducted by the Centre for Research on Environment Health and Population Activities (CREHPA) estimated that 39 per cent of all pregnancies were unintended amongst young couples aged 15-24. Another study conducted amongst married young factory workers (14-19 years) revealed that one in every four girls (26 per cent) had experienced at least one unwanted pregnancy (Puri, 2002).

Until very recently, abortion was illegal in Nepal. Therefore research on this issue has been limited in both quantity and scope; studies have been mainly hospital-based, and conducted from epidemiological and/or demographic perspectives (Tamang *et al.*, 1998; Thapa and Padhye, 2001). Studies relating the incidence of abortion to socio-demographic variables - such as age, residence, marital status and parity - have increased understanding of the characteristics of women who underwent abortion, as well as the extent.

Evidence from other countries in the region demonstrates that interpersonal relationships play a large role in abortion decisions. In India, husbands play a significant and dominant role in taking the final decision; older women who generally know how their husband will react to the suggestion of an abortion of an unintended pregnancy were found to be ready to take the authority in their own hands and decide to abort it without informing their husband (Sinha *et al.*, 1998). Another study in India found that husbands and mothers-in law were more likely to decide for younger women when living in the same house. Young women felt they had been pressured into having an abortion when they had

wanted to continue (Ganatra and Hirve, 2002). In Bangladesh, the husband is the final decision maker; however, neighbours, sisters-in-law, friends and, in some cases, health workers provided networks of informal support for those seeking abortion (Ahmed *et al.*, 1997; Khan and D'costa, 2002). In Vietnam, except for the husband, no one else was found to have had any major influence on the decision to terminate a pregnancy. In no cases were health workers or other people outside the family reported to have influenced the decisions. Parents and parents-in-law were sometime informed, but had not had any impact on the final decision (Johansson *et al.*, 1998).

The aim of this research was to explore how married young men and women decide whether or not to terminate a pregnancy. A better understanding of the processes by which decisions are made is necessary to design improved programmes that could enable couples to take timely and considered decisions and assist in reducing unsafe abortion practices. Furthermore, in the changed context of legalised abortion, information on the abortion prevalence amongst young couples, including determining factors for aborting or continuing a pregnancy, are additionally of value for monitoring future changes.

The study described here used quantitative and qualitative methods, including a survey questionnaire administered to 997 young married women and 499 married men in 2003, as well as 30 detailed case studies. After a brief summary of the methods and the findings from the survey on the prevalence of unintended pregnancy, this paper focuses on the qualitative data collected through the case histories, which illustrate the context in which young couples take decisions as to whether or not to terminate a pregnancy.

METHODS

In the quantitative study, a sample survey was conducted in 124 clusters of five districts (Ilam, Morang, Chitwan, Kakski and Lalitpur). The sample survey covered 997 young married women aged between 15 and 24 years and 499 married men aged between 15 and 27 years in the form of face-to-face personal interviews using a structured questionnaire using two-staged cluster sample design. In the qualitative study, in-depth case histories

were conducted with a purposively selected sample of 30 respondents (11 men and 19 women), who had reported having experienced an unintended pregnancy.

Altogether, 28 research assistants (18 females and 10 males) were involved in conducting the fieldwork. Interviewers were university graduates, experienced in conducting research on sensitive topics, and similar in age and sex to the respondents. They were given a one-week intensive training on sampling procedures, administration of structured questionnaires and in conducting case histories. The case studies were carried out immediately after the sample survey. Two research assistants (One male and one female) in each district conducted the case histories. They worked closely with the quantitative survey team.

For quality control, the interviewers did not conduct more than four individual interviews in one day. All the case histories were tape recorded and field notes were taken as often as possible. The expanding of field notes and transcribing the interviews were done immediately after the interviews. The principal author of this paper closely supervised the interviewers in order to control the quality of their work. Spot checks and re-administration of selected questions were carried out for the selected respondents. Only one man and three women refused to give an interview.

At the beginning of the research, an ethical committee was formed from representatives of the Government, Tribhuvan University and a national level non-profit research organisation; all aspects of the research obtained ethical approval from this committee. Participants involved in case histories and sample survey were fully informed about the nature of the study, research objectives and confidentiality of the data. Participants' full verbal consent was obtained regarding their participation in the study.

The analytic technique used to analyse the case histories was thematic analysis, a strategy for eliciting the key emerging themes from text based data. First of all, the interviews were translated from Nepali into English. After reviewing the transcript of interviews, the major themes and concepts were identified. The main themes that emerged from the data were developed into codes for organising and analysing subsequent interviews. The

development of the coding structure was an iterative process in which the author developed an initial code book based on early interviews, and this was then used in analysing in subsequent interviews. Modifications in the code book were made in cases where the existing codes were not adequate. In the next step, all the interviews were coded and linked with the background characteristics of respondents. Once the transcripts were coded, relevant quotations that illustrated emerging themes were integrated with the background characteristics of the respondents in a single report. From these reports, the range of views expressed *within* themes were explored, as well as the relationship(s) *between* themes. Charts were prepared for each of the themes, relevant quotations were extracted and, finally, interpretation was carried out. Atlas/ti, a computer software application was used to organize, search, and retrieve text by codes. For the quantitative data, frequencies and cross-tabulations were produced using STATA computer software.

RESULTS

Characteristics of respondents

Amongst the surveyed men, about half each were in the age groups 20-24 years and 25-27 years age; a very low proportion of men fell in the age group 15-19 years. However, three-quarters of the women fell into the age group of 20-24 years and one-fifth into the age group 15-19 years. The median age at first marriage was 20.9 years for men and 17.6 years for women. Slightly over one-third of the men and one-quarter of the women did not have any living children at the time of the interview. A large proportion of respondents (40 percent of men and 44 percent of women) already had one living child. The mean number of family planning methods correctly known was five for both men and women. More than half of the respondents reported that they were currently using a method of contraception; although there was considerable variation by age of the respondents and district. The dominant method reported by women was injectables followed by condom and oral pills respectively. Amongst men, condoms were the most frequently reported method, followed by injectables and the pill respectively. These discrepancies in mainly because of a tendency low reporting of condom by women

respondents. A similar result was found between men and women in condom use in Nepal Demographic and Health Survey 2001.

Sixty percent of the respondents were residing in rural areas and 40 percent in urban areas. The majority of the respondents reported belonging to the Brahmin or Chhetri ethnic community, which is the dominant group of the population in the country. Mongoloid and Terai ethnicity were the second and third most prevalent caste/ethnicity group amongst the respondents. The literacy rate was 82 percent for men and 72 percent for women. More men reported that they are engaged in non-agricultural work (57 percent) than in agricultural work (33 percent), and more than half of the women were house makers. An overwhelming majority of respondents belong to the Hindu religion. Three-quarters of the respondents mentioned that they lived in joint family structures. Overall, respondents had regular access to some form of mass media, especially television and radio. Amongst the surveyed men, three out of four usually watch television or listen to radio and about two thirds read newspapers. When it comes to the decision making power on large household purchase or fertility control issues, two-thirds of the women reported that they have no power whereas over half of the men responded they have moderate power in these areas.

As respondents covered in the case histories were a sub-sample of the survey sample, they had fairly similar characteristics. Women respondents covered in the case histories were aged between 16-24 years, from seven different ethnic groups, few had education to high school level education, and most were house makers followed by school teachers and farmers. All reported having experienced at least one unintended pregnancy. Similarly, men were aged between 20-27 years. Most of them had studied above 10 years of schooling and were working in agriculture. Their wives had experienced at least one unintended pregnancy.

Ever experienced unintended pregnancies and abortions

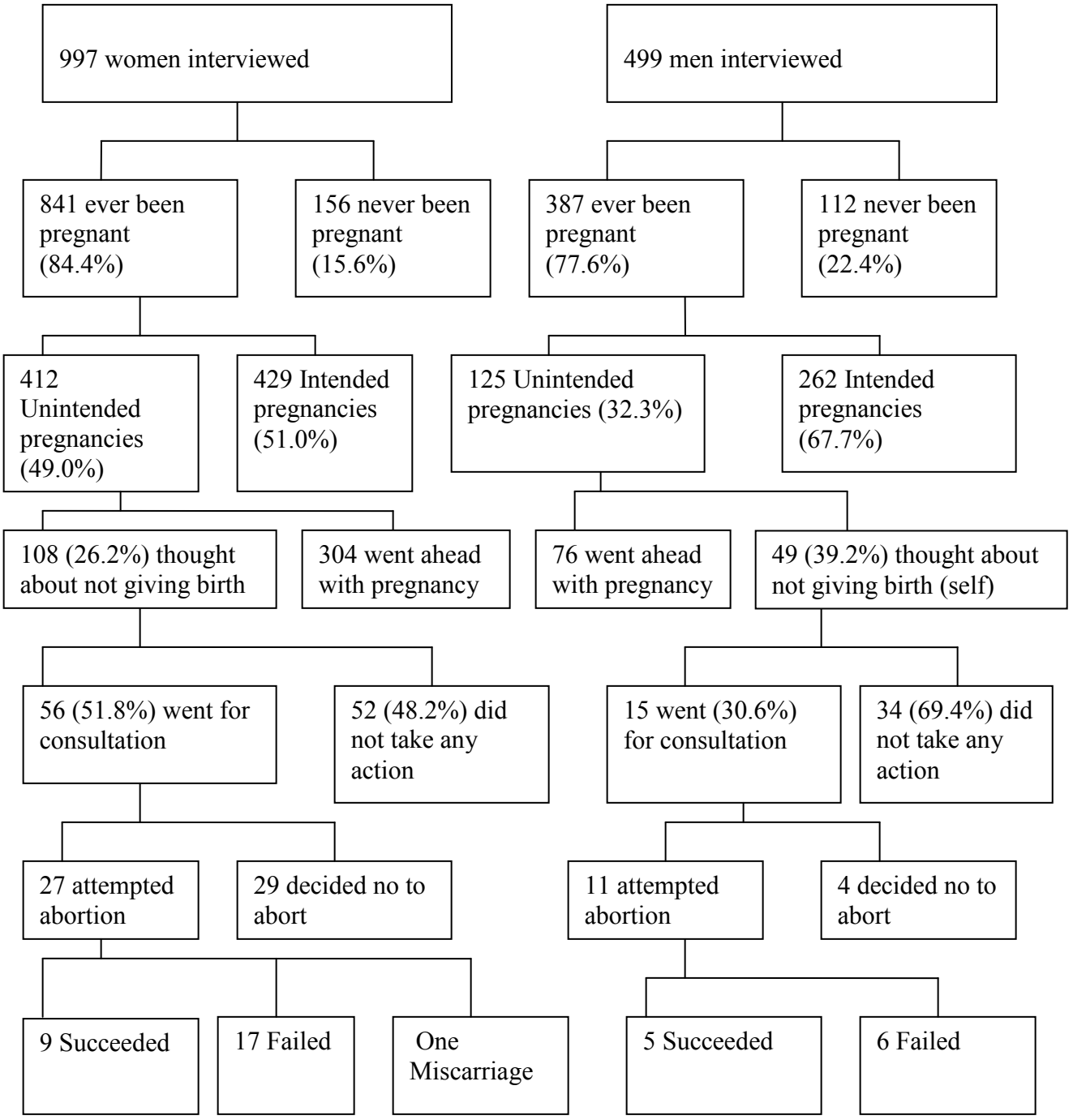
Diagram 1 presents the details of the survey respondents on their pregnancy intentions and outcomes of unintended pregnancy. As the diagram shows, about 85 percent of women had ever been pregnant and 78 percent of men reported their wife as ever having been pregnant. Of these, and using the conventional definition [1]of unintended pregnancy, about half of the women and one-third of the men reported at least one experience of unintended pregnancy in their life time.

More than half of the women and three-quarters of the men reported that their unintended pregnancies occurred within the two years preceding the time of the survey. One-quarter of the women who reported unintended pregnancy actually *thought about* not carrying the pregnancy to full term. However, only 56 of these women (52 percent) ever *discussed* with someone about having an abortion. Despite considering not continuing their pregnancy, about half of the women did not take any action. Amongst those women who did discuss their unintended pregnancies, 29 (51.8 percent) decided to continue, with 27 (48.2 percent) attempting an abortion. Finally, nine women reported terminating their pregnancies successfully whereas 17 women were not successful, and one ended in miscarriage. Women were unsuccessful in terminating pregnancy mainly because of the use of ineffective methods.

Amongst men, 39 percent of them thought about their wives not having an unintended birth, but only about a third consulted or discussed with someone about an abortion. Of those who discussed with someone, 11 attempted an abortion whereas the remaining four decided to continue the pregnancy. Five out of 11 men who prompted their wives for an abortion were successful.

[1] Pregnancy that was not wanted at the time of conception or in the future was considered as being an unintended pregnancy.

Diagram 1 Pregnancy, intentions and outcome of unintended pregnancy

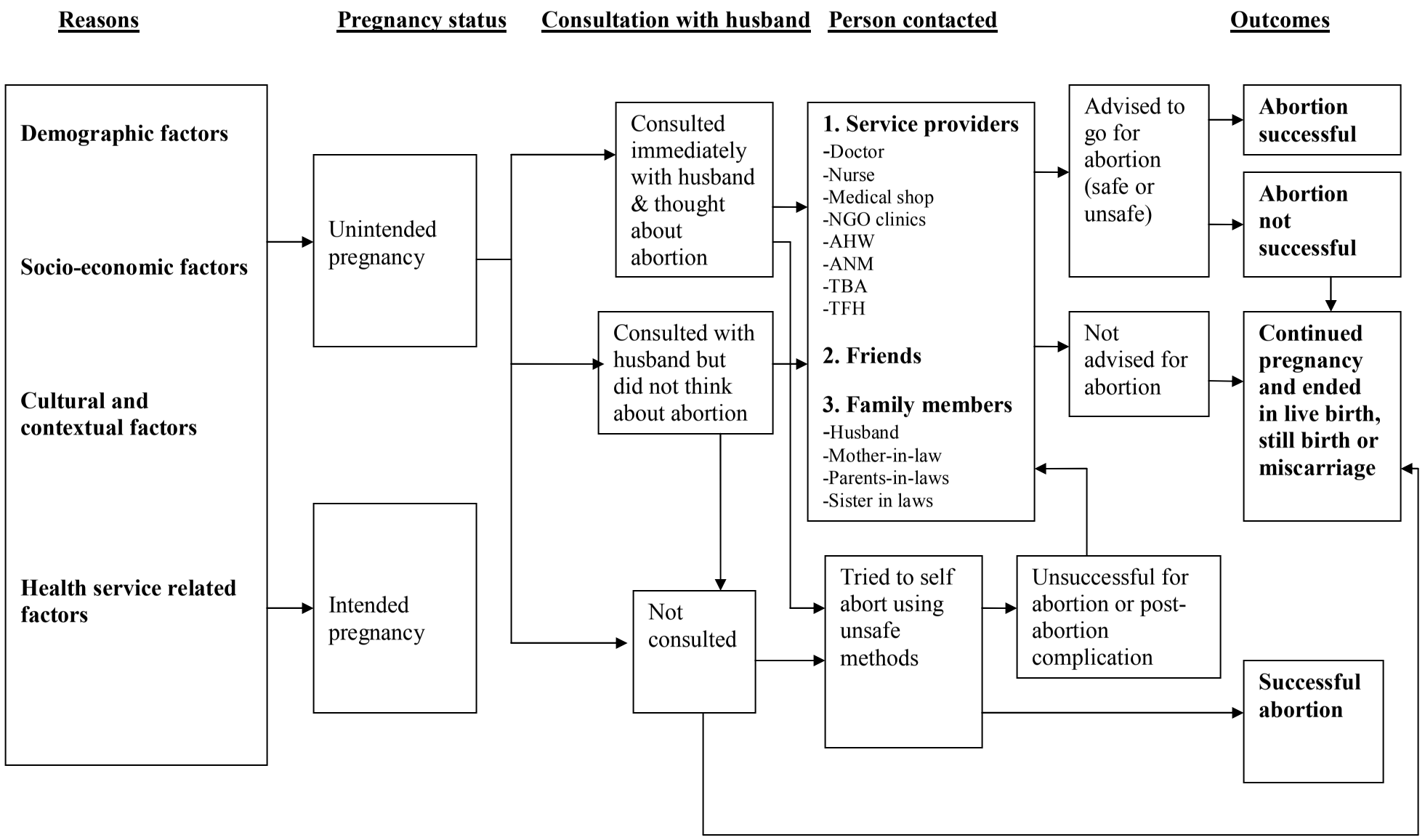


Pathways from unintended pregnancy to induced abortion

Diagram 2 shows the pathways from unintended pregnancy to induced abortion. When a woman experiences unintended pregnancy, she has the dilemma of whether or not to discuss the pregnancy with her husband or other family members. The results suggest that the majority of women do not reveal their pregnancies within the few first weeks to their family members, friends or relatives, including husbands. Despite being pregnant without intention, the majority of these women simply continued with the pregnancy. However, some of them secretly tried to self induce abortions using methods that were generally unsafe. If the woman was unsuccessful in terminating the pregnancy, or had post-abortion complications, only then she did seek advice either from health service providers, friends or other family members. In such cases, they tended to follow their suggestions either for or against abortion.

Of those who did communicate about their unintended pregnancies, generally husbands were the first person informed. After discussion with the partner, either they tried to self abort using unsafe methods or they sought help from skilled, semi-skilled or unskilled health service providers. In some situations, young men and women also contacted their friends or other family members and relatives. The health service providers consulted included both skilled - such as gynecologists, trained medical doctors and staff nurses - and unskilled - such as auxiliary heath workers (AHW), auxiliary nurse midwives (ANM), medicines sellers, traditional birth attendants (TBA) and traditional faith healers (TFH). The family members or relatives discussed by the couples included mothers-in-law, parents-in-law, sisters-in-law and aunts. Issues such as costs for abortion, the health conditions of pregnant women or the foetus, as well as their demographic and socio-cultural circumstances, all affected the eventual decision as to whether or not to go for an abortion but, interestingly, at this stage, couple’s decisions were mainly determined by the advice they received from the person they contacted.

Diagram 2 Pathways from unintended pregnancy to induced abortion



Of those case history respondents who received suggestions in favour of abortion from the people they spoke to, all of them reported that they tried either safe or unsafe abortion whereas, amongst those who did not get a specific recommendation, most decided to continue the pregnancy.

Involvement of different people in decision making

Various different people played a role in the decision making process according to circumstances and contexts; the case histories revealed that multiple factors intervene during this phase, making the process dynamic and situation specific. Decision making related to whether or not to terminate the pregnancy, choosing the service provider and the method of abortion, were mainly dependent on the role of the husband and health service providers they consulted. In some situations, however, the women themselves, mothers-in-law, family relatives and friends also played important roles in the process.

Involvement of women

The data showed that the young women themselves had very little role in decision making related to fertility intentions and abortions. Amongst the survey respondents, roughly nine in 10 women mentioned that they could not decide on their own fertility. Case histories also revealed that women could not take decisions alone regarding using contraception, the number of children to bear and whether to continue or end an unintended pregnancy. Nima, who is twenty-two years and had two years of education, typified this when she said

> *…The second pregnancy was 'nachaheko' (unintended), my second daughter was born when my first daughter was only a year old … I had planned to use contraceptives but my husband did not allow me to use …*

Most of the women who had experienced an unintended pregnancy reported that very often they were consulted, but the *final* decision to end or continue a pregnancy was mostly taken by the husbands. For example, a woman who had experienced unintended pregnancy had thought about undergoing an abortion, but her husband refused; she said

When I told my husband about my pregnancy, he said, "it's not right to have the baby" since the other one was still small. He suggested me to take the medicine. At that time, I was running on the 4th month so he told the medicine wouldn't do and I'll have to do curettage. Later we went to the doctor but she said she wouldn't do it then my husband eventually decided this time we'll deliver this one but no more after this - Poonam

In a few cases, women had initiated abortions but couldn't proceed without the consent of their husbands. Generally, women took such decisions alone in three contexts. First, if their husband told them to continue with an unintended pregnancy. Second, if they perceived that their husbands would not have consented to an abortion, or they were scared to be misunderstood (for example, there would be a suspicion that they were having extra marital relations). Finally, if there were family pressures to have a child. A 23 year old woman with 12 years of education said

No, I did not inform my husband before consulting the doctor for an abortion … because, I knew that he wouldn't be willing to abort and I feared he might think that the child might not be his …- Menu

Another woman did not report to anybody in the family (apart from her husband) about the visits to the doctor for an abortion because everybody in the family was expecting a child; she said

I didn't tell anyone besides him (husband), not even my friend, sister or mother in law. It was not possible to tell anyone because everyone was expecting a child - Sumana

Contrary to the general expectation, a woman's level of education did not appear to make any difference in making decisions on abortion. Women who had completed 10 to 12 years of education and were working as teachers were no more likely to be independent decision makers than were others with lower levels of education. They had to rely on their husbands to take the final decision regarding abortions, whereas some women with less than primary level of education decided to abort without the knowledge of their husbands. The case histories suggest that women with one or more of short birth intervals, or who suspected that their husbands mistrusted them of involvement in extra marital sexual relations, or who faced economic and family hardship, tended to take abortion decisions alone.

The role of husbands

Normally, husbands are the major decision makers on whether or not to terminate a pregnancy. The study revealed that, in most cases, young women who had experienced an unintended pregnancy and had an abortion said that the final decision had been made by their husbands. The results showed that if the decision maker was the husband then he helped his wife not only by bringing medicines home, but also by identifying service providers, escorting them, paying the costs and providing post-abortion care. This means that, in such cases, the husband efficiently plays the role of a facilitator and caretaker. Sharada, who was a mother of one daughter and become pregnant for a second time, described how her husband decided to get an abortion.

> *... when my husband decided to get an abortion because of the fear that we will again have a daughter then he went to the medical centre nearby for suggestion. He bought the medicines from the medical nearby. He paid all the costs as well ...* - Sharada

Husbands played a major role not only in the case of terminating the pregnancy but in continuing the pregnancy as well. Case histories revealed that, in most cases, women said that the final decision to keep the baby was also made by their husbands. Menu, who is 23 years old and had 12 years of education, said

> *Only my thoughts didn't matter, I was in compulsion. I talked with him (husband), I told him I would like to abort but he denied vehemently. He told me to give birth ... I had no option ... I kept the pregnancy*

Another example, Nima, 22 years old with two daughters, who is from a poor family and working as daily wage labour in construction sites, discontinued using Depo-Provera due to side effects and, as a consequence, she become pregnant. She wanted to terminate the pregnancy but her husband was against going for an abortion. Nima tried to convince him but could not succeed and decided to continue the pregnancy. She said

> *... I had wanted to terminate the pregnancy. The staff at the medical shop told me that I can have abortion if the husband also agrees. Then I tried to convince my husband but he started insisting on having one more child and then told me to do whatever I felt like after that. So, I decided to give birth according to the wish of my husband ...*

Role of friends

The data revealed that friends did not have a strong influence on the decision of young couples related to abortion. Although six out of 30 case history respondents reported that they had discussed with their friends regarding unintended pregnancy and abortion, the latters' roles were reported as being very limited. They were contacted in situations when couples were in a dilemma as to whether or not to terminate the pregnancy, or needed information on easy methods to abort, or recommendations of places or people to visit, and/or the costs of abortion. One of the respondents, explaining the reasons for visiting a friend, said

> *It was because my wife wanted to abort and upon her request I visited a friend for suggestions. She wanted to know by asking others whether there was an easy way to abort but my friend did not suggest going for it. When I told her she too agreed to give birth …* - Ramesh

Of the six respondents who contacted their friends for suggestions, four of them were advised to have abortions. In the other two cases - both female respondents - friends discouraged them from going for an abortion. They advised against abortion saying that their husbands would remarry if they become infertile after abortion. Two respondents, who contacted their friends to get the address of an abortion service provider and an idea about costs, said

> *I had known a friend; I used to meet him every day. He said that his wife had an abortion in Pokhara from a nurse. He also told me that it was safe and it did not hamper the health. So my wife agreed to go there* - Sakti

> *At first I asked a friend of mine and he told me that I would have to go to the market for doing "curate" (curettage) and he also told me that it would cost about four to five thousand rupees* - Saurav

One couple decided not to inform any family members about her abortion but contacted only with friends. She said

> *We decided not to inform with the family members but my husband had asked for advice from his friends and they had all suggested visiting the health post* - Tamana

Role of parents and other relatives

It is commonly believed that, in the Nepalese cultural context, family members - especially mothers-in-law - play an important role in decision-making processes associated with fertility planning and abortions. This study found that, in some situations, young couples do indeed discuss with their parents and/or mother-in-law, sister-in-law, parents-in-law or other close relatives. However, they indicated that these have little say in the final decision on abortion related matters. Nevertheless, suggestions from mothers-in-law and mothers were considered seriously before making the final decision. Nine out of the 30 case history respondents had sought the advice of their parents and relatives regarding their unintended pregnancy. Five of them were discouraged from going for an abortion by parents or relatives who stressed the negative health consequences of abortion. The remaining four gave suggestions in favour of abortion. Hema, who was 22 years old and had 12 years of education, wanted to have an abortion but changed her mind after getting suggestions from her mother-in-law. She said

> *Went and told my mother in-law without my husband's knowledge. She scolded me and said that if my father-in-law comes to know then he would not spare us. She even told me that if I aborted the baby now then I would not be able to conceive later. That time I didn't know the consequences of abortion. I told my husband that if I aborted the baby I would not be able to conceive again. I convinced him saying that we have to bear child sooner or later. He got convinced and we dropped the idea of terminating the pregnancy*

In some cases, the mother plays the role of getting information about the practicalities of abortion, especially if she was in favor of abortion and advised the daughter accordingly. In such situations, the young women tended to follow the suggestions of their mothers. Sujana, a 16 years old woman who discussed abortion with her mother and decided to terminate a pregnancy, said

> *I told my mother …she was worried about how I was going to give birth at such a young age. My mother even discussed with a neighbour whom we call 'masterni didi' (local school teacher) … My mother was asking her what to do as I was young and my mother was very worried and I am the only daughter in the family … She asked me to abort the pregnancy … I aborted.*

The study found that family members, including mothers-in-laws, generally were in favour of abortion where pregnancies occurred due to method failure, or if there was risk for the mother or future child; otherwise, they were not generally in favour. For example, Binita's family members, including her mother-in-law, supported her for an abortion because the pregnancy was due to the failure of contraceptive pills and the doctor had suspected that she might have pregnancy complications if she continued. Binita said

> *My husband was with me at the clinic so he knew from the doctor and I told about it to the mother in law at home … the family members including the mother in law advised me for abortion so we went for it*

Interestingly, the study revealed that those women who discussed with family members or relatives did so with females only. None of the women interviewed in-depth reported that they discussed with male relatives, apart from husbands. The main reason cited for not discussing with other males was embarrassment. One of the respondents, who discussed about her intention to abort to sister-in-law and aunt but not with her father, said

> *My husband and I talked about it and then we told the family members. We also told bhauju (sister-in-law) and phupu (aunt) as they have also aborted a lot of pregnancies, which occurred by mistake … but we did not tell my father … how can we tell such things to our father … it is embarrassing* - Saileja

In most cases, women did not discus consult with family members or close relatives in circumstances where couples knew that they were against abortion. For example, Geeta, who took abortificient medicine without informing any family members, said

> *They would have definitely shouted to me if I had I said anything. They didn't realize I was taking medicine or anything else* - Geeta

Role of health service providers

The study showed that health service providers play an important role either in encouraging or discouraging couples to continue or end an unintended pregnancy. More than half of the survey respondents who had ever experienced unintended pregnancy and thought about an abortion mentioned that they had sought advice either from a doctor at

the private nursing home or a government hospital. Interestingly, most health personnel advised young couples to carry on with the pregnancy, explaining the health risks they would have to face in the future and risks involved in late termination of pregnancy. In almost all of the cases, the couple adhered to the doctor's advice. Shakti was a 26 year old man whose wife got pregnant for the second time who wanted to abort the pregnancy but, after consulting with a doctor, decided to keep the baby. He said

> *The doctor had suggested that abortion would make her physically weak; it was the second pregnancy so it would better to give birth. He said that mother's health would be affected if you go for abortion. So I decided to keep the pregnancy*

Similarly, another respondent whose wife was pregnant at the time of the interview consulted a doctor for an abortion but changed his mind after consultation, said

> *I told him (doctor) I wanted to abort because of the age difference between the two children. The doctor suggested that it would make things difficult. It was better to have two children, and then use permanently methods ... I thought of keeping it* - Ramesh

The following are some excerpts from case histories which show the importance of health service providers in decision making regarding abortion.

> *I had gone to Pokhara to check at ... Joshi (name of pharmacist). I told her that I was studying and it was an unwanted pregnancy, so was it possible to abort or not, if it could be disposed with medicines I was willing, but she replied that the medicines would make me weak and I should not be doing as such with the first baby. Then I carried on with the pregnancy* - Menu

> *Along with my wife I went to Choudary Medical. There was a senior doctor. I've heard of abortion taking place there. I told the doctor about our problem and the doctor agreed to do it in NRs. 2000. I gave him Rs.2000 and he checked my wife. Then he informed that the baby was already of 3 months so it could be unsafe for the mother. If abortion is carried out so don't do it and he returned my money* - Bikash

> *The doctor said since it's your first baby, aborting is not a good idea because it can cause problems like not having a baby in future. That's why we carried on with the pregnancy* - Saroj

> *The doctor advised against abortion as it was our first child it would be better not to abort. He added more that if the first one was aborted then there would be the chances of not conceiving the second time* - Kumari

Even my husband agreed with me and had made everything ready so we went to the hospital and consulted the doctor who told us that it would adversely affect the health and the womb as well. Later the womb will be incapable to carry child, rather give birth to this one and so the two will together grow up. So we decided to continue the pregnancy - Poonam

The doctors' suggestions were important not only for continuing pregnancies but were also crucial for terminating pregnancies as well. Couples felt comfortable when a doctor accepted their request to terminate an unintended pregnancy. Binita became pregnant while using the oral contraceptive pill. She consulted a doctor about her unintended pregnancy and was advised to terminate her pregnancy. She said

The doctor told me … 'in my opinion it will be good to terminate this pregnancy. It is because pills might have a bad effect on the fetus in the womb so to avoid any problem later you think about terminating it now'

In another case, a woman who had experienced an unintended pregnancy for the second time while using the withdrawal method indicated that she opted for abortion after consulting with a doctor. The doctor advised her to go for an abortion citing medical reasons after she had explained family and economical problems. Another respondent, Monika, 19 years old who had a similar story, said

I went to Dr … XX's clinic. I told her all my problems and I believe that even doctors can understand our problems. Although abortion is not allowed here in Nepal and a woman can abort only if she has a lot of problems. The doctor told me that it is was okay … you can do it since your pregnancy is only two months

Despite visiting qualified doctors, a few respondents also consulted unskilled health personnel at NGO clinics, health and sub-health posts, medical shops including traditional birth attendants, and faith healers to discuss their unintended pregnancy. The most common reasons for consulting these personnel were to get an idea about the possibilities of obtaining abortions and/or to obtain easy medicines to get rid of the pregnancy. On most occasions, these providers either recommended somewhere else, or tried unsafe abortion.

Underlying reasons for continuing pregnancy

For many young men and women, more than one factor contributed to their decisions for or against abortion. In such situations, it is difficult to identify a single factor as the most important one; case histories revealed multiple reasons alongside their socio-economic and cultural context. In analysing the reasons for choosing not to terminate unintended pregnancies, six main issues emerged. They were:

Abortion is 'sinful'

Considering abortion as 'sin' was one of the main reasons for not going for an abortion when young couples experienced unintended pregnancies. Amongst the survey respondents with an unintended pregnancy, one-third of men and one-quarter of women reported that they did not go for abortion for this reason. This result also gains support from the findings from the case histories. For example, a friend of Sita discouraged her from using contraceptive methods and conceived unwillingly. She reported that a pregnancy was unintended and her husband wanted to have an abortion, but she did not. She did not obey the instructions of her husband and decided to continue the pregnancy to term. She thought that abortion was a sinful act and also a social crime. Explaining her opinion said

> *I'd already conceived, although it was unwanted, I couldn't throw it since it would be a sin … so we decided on giving birth. I do not feel good about aborting a child who is already in the womb. Of course there are necessary conditions about abortion but I do not feel good about hampering one's health and killing the child. I feel no one should do it … I feel that is a societal crime. A child is innocent; it does not know anything, why should it die for others. I don't feel good that it should die for no reasons of its own* -Sita

In some cases, women changed their decision to have an abortion when they saw on a scan the moving child in their womb. A woman who wanted to have an abortion but later changed her decision after seeing the report of amniocentesis[2] said

[2] Amniocentesis is a common prenatal test in which a small sample of the amniotic fluid surrounding the foetus is removed and examined. The test is most commonly done when a woman is between 15 and 18 weeks pregnant to determine whether the baby has genetic or chromosomal abnormalities.

No, I didn't [go for abortion] *because in video X-ray we saw the baby moving and even after seeing all this if I'll eat different medicines I thought that I would be committing sin* - Geena

Health concerns: physically weak and can't conceive

Unexpectedly, among the survey respondents with an unintended pregnancy reported that mother's health concerns were not the main reason for not going for abortions (12 percent amongst men and four percent amongst women) but the case histories revealed that it is one of the more important issues. The case histories showed that young couples strongly believed that abortion makes women physically weak and infertile, and that there is even a chance of cutting the intestine and causing death while undergoing dilation and curettage (D and C). The following are selected excerpts from the case histories

If we aborted then my wife's health would be at risk, she would be weak, after all we would however need a child later, so we decided not to abort after all - Ramesh

Both of us agreed to abort. I was the one who was more assertive when my wife believed that one more would not be of much problem. I thought twice and realized that abortion would have negative impact upon her health so I agreed with her - Hakti

They told me if you abort this baby and if in case you cannot conceive later then your husband will re-marry. I too thought their notion was quite logical - Sanu

Had no money

Another major barrier for not opting for abortion amongst young couples was the cost for the services. In the case histories, it was common to hear that *... my financial status was weak ... we didn't have money...* and so on, for one of the reasons for not seeking abortion services. Gopal was a student when his wife got pregnant. He felt unhappy and downcast when he knew that his wife had conceived. He consulted with a doctor about the possibility of an abortion. The doctor told him that abortion would cost him about four to five thousand Nepalese Rupees[3] (roughly 54 to 68 US$ at time of writing). He could not

[3] The per capita income of Nepalese people is US$ 210; more than half of the population survives on less than one dollar a day.

afford the costs so decided to continue the pregnancy. Saurav and Sharada had similar reasons as Gopal. They said

> *It (abortion) would cost about four to five thousands rupees. At that time I had no money and was afraid to ask for it and feared whether my parents would beat and throw me out of the family. So I did not ask for the money and it remained as it was* - Saurav

> *It cost about four thousand so I did not want to abort at such an expense* - Sharada

Did not know where to go

Lack of knowledge about where to go and who could be contacted for termination of a pregnancy was cited as one of the reasons for not aborting their unintended pregnancy. For example, Gopal, who is 26 years old and has completed ten years of education, said that he and his wife had talked about not giving birth but they continued the pregnancy because he did not know much about abortion. He said

> *We didn't know much about abortion, I was studying, and my wife was more ignorant ... we accepted the conception and decided on giving birth*

Basanti and Tamana had similar experiences to those reported by Gopal. They experienced unintended pregnancies and thought about having abortions, but they were compelled to continue the pregnancy either because they were ignorant about the location of abortion services or they did not have a close person to consult or discuss. They said

> *I did not even want a child then. But when it happened how could I throw it? I did not know anything about disposing the foetus ... I did not know anything about abortion. Once I had felt like aborting, but I did not know how to do it, with whom and there was no one to suggest* - Basanti

> *I was ignorant of the places where they did abortion. That's why I couldn't go. Another problem was after the third day of the medicine taking my husband went abroad and I had no one to consult with. So I did not consult with anyone* - Tamana

Social stigma; we have to live in the society

Social stigma was reported as another barrier for not going for an abortion amongst young couples. Young men and women felt that abortion was against socio-cultural expectations so that if they went one then they would lose prestige in the community. Therefore, a few couples were reluctant to seek an abortion even if they did not want to give birth. For example, Gyani wanted to have an abortion but, due to the fear of society, she decided to continue the pregnancy. She said

> *I tried to comfort myself saying whatever happened, happened for the good. I felt in the society we've to live in accordance to other so I gave birth to a daughter … I was afraid of anyone shouting at me so I finally decided to give birth* - Gyani

Sharada, who could not have an abortion due to the fear of family members, said

> *If the family members came to know of it they will think of bad of me so I told my husband that we would give birth to this one after which we would use the permanent device. He agreed and so we have a daughter now - Sharada*

Family pressure and distrust

Some respondents mentioned that family pressures for having a child and the possibility of distrust from husband also hindered their efforts in obtaining abortions. Amongst the women surveyed, a few said that they did not have an abortion due to the pressure to keep the child by family members. One in ten women and one in twenty men reported that mothers-in-law opposed abortions of their most recent unintended pregnancies. Menu and Devendra are good examples of this.

Menu became pregnant two months after her marriage. She did not want a baby at that time but her husband and in-laws had desired one. She had completed her intermediate in education and wanted to study further. She had talked about aborting the baby with her husband but he refused vehemently. She continued the pregnancy to term and gave birth.

Devendra and his wife wanted to postpone their first pregnancy. After failing to fall pregnant after one and half years of marriage, his mother-in-law pressurised his wife to

become pregnant. After she did so, Devendra wanted to abort but his wife did not agree. He said

> *My wife's family had threatened her saying it's been one and half years and still you don't have a baby now your husband will leave you. It's a female nature so she immediately got worried and she pressured me for the baby. I felt a bit fumed after she conceived and even discussed with her to abort it but she refused* - Devendra

In some cases, women felt reluctant to abort because family members - including the husband - suspected that the pregnancy was not from the current husband. So, even if they did not want to they are compelled to give birth. Basanti was a typical example of this; she narrates her story

> *I could not talk to my elders at home because my husband was the suspicious type. On top of that my pregnancy occurred soon after marriage. That was why I could not talk to anyone about abortion. I felt they would suspect me of carrying someone else's baby and they would deride me. My village is an orthodox society; the environment was not suitable to discuss such matters with anyone. First of all the pregnancy was unwanted so the tension left me diffident. I always used to be afraid. The family might think negatively about me, I never talked to my husband. Had I talked to him he would have been more suspicious. That was I never talked to anyone. Later, I gave birth to a son* - Basanti

DISCUSSION AND CONCLUSIONS

International attention on young people's sexual activity tends to focus on premarital sex and unintended pregnancy. However, in Nepal sexual debut and unintended pregnancy amongst young people occurs largely within marriage. Although recent evidence suggest that the marriage patterns of Nepalese young people are changing, still a large proportion of Nepalese young females marry early and begin to have children before the age of 20 (Choe *et al.*, 2004).

Our study reveals that unintended pregnancies amongst married couples are common. Given the circumstances – in which young women have relatively less power than men in fertility decision making, and are often pressured by their mothers-in-law or other relatives to get pregnant immediately after marriage to secure their marital relationship or to avoid

marital breakdown - this finding is not surprising. Rather, it suggests that the socio-cultural context compels Nepalese young couples to go though with childbearing, even when the conception was unintended.

Despite a considerable proportion of couples having thought about abortion, only a few of them actually discussed this option with anybody within or outside the family. Of those who did discuss, very few followed through with abortions. There are no existing population estimates available for the country, so it is difficult to know to what extent the estimates derived from the present study are accurate. Given the sensitive nature of the topic, and the context of the previous illegality, most abortion prevalence studies have had to deal with problems of underreporting. This present study is no exception to this problem; however, the mix of qualitative and quantitative methods, good supervision and well trained interviewers used in this study hopefully will have minimised this potential bias. It is possible that some clandestine abortions, particularly amongst those who never informed their husbands or other family members, may still have been missed. One of the explanations for the low prevalence of abortion in the study may be that respondents were young people, so most of them wanted to *postpone* childbearing, rather than *limit*. Therefore, despite considering them to be unintended, many young couples decided to continue their pregnancies even in cases where this may have affected the woman's educational and employment opportunities.

We found that young couple's social networks (including partners, parents, family members, friends, and health personnel) and the socio-economic and legal circumstances play a major role in decision making. However, we found that the role of friends, family members (other than husbands) was not decisive with regards to decision making regarding abortion. The pathways from unintended pregnancy to abortion suggest that multiple factors intervene during the decision making stage, making the process dynamic and situation specific. In most cases, husbands were the sole decision makers. Husbands not only played the major role in the decision itself, but were also involved in the steps for carrying out the decision if the decision was taken by them. In some situations, women had initiated an abortion but they could not proceed without the consent of their

husbands. Very few women took the decision alone, in nearly all cases when a woman thought that the husband would not consent to terminate a pregnancy. Contrary to earlier research findings in other countries, women's age and level of education did not appear to influence decisions regarding abortion. Instead, women experiencing pregnancies with one or more short birth intervals, and/or who were mistrusted by their husbands in relation to suspected extra marital sexual relationship and/or were facing other hardships, were the ones who made the decision independently.

Health service providers also play an important role in the decision making process regarding termination of pregnancy. They also play an important role in steering towards safe or unsafe methods of abortion, or they entirely change the couple's mind to continue undesired pregnancies. Therefore, health service providers should be informed adequately with accurate information on safe and unsafe abortion so that they can refer their clients to where they can obtain safe abortion services.

The study revealed that some women discussed with their mothers-in-laws, sisters-in-laws, parents and other close relatives regarding abortion but these have little power in the final decision on such matters. In some situations, such as when they have a dilemma or need information about easy methods of self induced abortion or where to locate abortion service providers, the young men and women contacted their friends. However, friends do not seem to have a major influence on the eventual decision making.

For most couples, economic issues played a central role in the decision making phase, both in terms of the costs of raising a child and the costs of an abortion. Safe procedures were too expensive for some young couples, which forced them to continue a pregnancy or seek less skilled providers or undergo a self induced procedure. Religious or cultural beliefs such as that abortion is a 'sinful act' and 'pressure from the family' also intervened during the decision making process. In addition, social stigmatisation concerning abortion, and the fear of sterility or other possible ill-health consequences impeded young couples from terminating an unintended pregnancy. One of the striking findings is that respondents did not cite the fear of the abortion law as a major barrier to seeking an abortion. This suggests that abortion services were available despite being illegal in the country at that time. A few

earlier studies have found that abortion was quite common even when it was illegal (Tamang *et al.*, 2000; Upreti *et al.*, 2002).

The findings suggest a need to scale up the family planning service delivery mechanisms as well as a need to target young couples who wish to postpone the childbearing. Although changing deep-rooted socio-cultural beliefs and practices takes time, efforts should be continued. The results also suggest the need to enhance women's decision making capacity regarding their reproductive rights. The study revealed the important role of husbands, indicating that men should be targeted in programmes, such as public education and advocacy campaigns against unsafe abortion. Recently legalised abortion in the country does not necessarily mean that young women can utilise the services and terminate their unintended pregnancy. The wide array of other socio-cultural and health factors associated with abortion decisions need to be addressed in order to increase the utilisation of abortion services by young couples. The study pointed to the need to re-think how young couples seeking an abortion should be treated and the kind of information they need to be given in order to truly address their reproductive needs and support them in their choices.

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