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Original Research Article

Health Prospect
Journal of Public Health

Open Access

A gap between Law and Practice: A Community's Perception of Unmarried Women's Abortion Options in Nepal

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Abstract

Background
In 2002, the Nepalese abortion law went from being highly restrictive to fully liberal. This study aimed to explore a local community's perception of the situation for unmarried Nepalese women wanting to practice their legal right to abortion.

Methods
The study comprised a cross-sectional survey and in-depth interviews with men and women above the age of 16 years living in the Makwanpur District, Nepal. The final data included 55 questionnaires and 16 interviews. The questionnaire data was univariate analysed, while a condensation of meaning analysis was carried out on the interviews.

Results
The overall awareness of abortion being legal was high, although the extent of knowledge of the specific legal grounds varied. Unmarried women were believed to have access to abortion services, although they risked stigmatisation due to their marital status. The community attitude towards these women having abortions was very negative, hence it differed from the legal acceptance of all women having the right to abortion. This was explained by societal norms on premarital sexual activity. Generally, the participants felt that changing attitudes would be difficult but possible over time.

Conclusion
A considerable gap exists between the legal acceptance of abortion and community attitudes when it comes to unmarried women as this group encounters barriers when wanting to practice their right. Therefore, these barriers need to be addressed to allow unmarried Nepalese women access to safe abortion services without the risk of being stigmatised. One possible alternative is educational initiatives such as disseminating information vigorously through mass media to create awareness.

Keywords: abortion; unmarried women; Nepal; sexual and reproductive health and rights.

Introduction
A decade has passed since the Muluki Ain 11th Amendment Bill was adopted in Nepal, which for the first time in history granted Nepalese women the right to abortion. Until 2002, abortions had been completely prohibited by the country's legal code and were equated with infanticides, other kinds of murders, or homicides, and in some cases even spontaneous abortions had been classified as crimes. However, with the introduction of the Amendment Bill in 2002, the restrictive law was changed to being fully liberal allowing all Nepalese women to have abortions on a number of specific grounds. (1,2)

According to the Amendment Bill, Nepalese women have the right to terminate a pregnancy without regard to their past or present marital status 1) up to 12 weeks of pregnancy upon request, 2) up to 18 weeks if the pregnancy is due to rape or incest, and 3) upon the advice of a medical practitioner at any time during the pregnancy if it posses a danger to the woman's life or physical or mental health, or in cases of foetal abnormality or impairment. Additionally, the bill specifies that abortion is illegal on the basis of sex selection and without the consent of the pregnant woman. (2,3)

Following the liberalisation of abortion, the Nepalese government has made a targeted effort to implement the law in practice by ensuring the availability of safe abortion services in all of the country's 75 districts.

Due to this effort, almost 500,000 women had benefitted from these services as of December 2011. (4) Furthermore, the implementation has among other things had a

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positive effect on the country's maternal health. Specifically, the maternal mortality ratio declined from 539 to 281 deaths per 100,000 live births between 1996 and 2006 (5) while abortion-related complications fell from constituting 54% to 28% of all maternal morbidities between 1999 and 2008. (6,7) Despite this considerable progress of enhancing the use of official and safe abortion services, unsafe abortions are still a major issue in Nepal as it has been estimated that they constitute half of all abortions undertaken every year. In a study from 2008, it was estimated that at least 97,400 safe abortions occurred in Nepal that year but also that "[...] the number of abortions performed by unregistered providers in 2008 was likely equal to those done by registered providers". (8) This indicated that a high number of Nepalese women still lack the opportunity to use safe abortion services in practice.

This mismatch between law and practice may be explained by a number of reasons. For example, men and women may not be aware of a woman's legal right to abortion or of the specifications in the law. The extent of this issue was illustrated by a study by the Nepalese Ministry of Health and Population, which showed that despite the urban awareness of the law doubling between 2002 and 2004, awareness only rose from 22% to 44%. This indicated that major parts of the population were unaware of the legal status of abortion. Furthermore, the study showed that knowledge of the specific legal conditions was even more limited. (9) These findings were supported by a study carried out among gynaecological patients living in Kathmandu in 2006 as it also showed that many women were unaware of the law and its specific conditions. (10) In addition, it is plausible that awareness is even lower in rural areas of Nepal as awareness levels have been linked to literacy levels, and rural areas have a higher proportion of people with low literacy. (9)

Other reasons for a mismatch between law and practice may be geographical and social barriers as these also affect women's use of safe abortion services. Despite the fact that the availability of safe abortion clinics has increased in recent years, large geographical distances may still prevent women from accessing and actually using these services. (1,5) Additionally, Nepal is often considered a somewhat patriarchal society. In relation to sexual activity, this factor may limit women's control over their own body and use of contraceptives causing them to be at particular risk of requiring an abortion due to unwanted pregnancies. (3,9) Furthermore, there are certain norms for sexual behaviour in Nepal, which may also affect the social atmosphere surrounding abortions and the use of abortion services. The act of premarital sexual activity is highly stigmatised in Nepal, despite studies showing that it is not an uncommon phenomenon. For example, a survey carried out in Kathmandu in 2001 indicated that one fifth of unmarried boys and one eight of unmarried girls were sexually active. (11) Another study carried out in Kathmandu Metropolitan City in 2011 showed that 38 % of Higher Secondary School Students reported knowing peers to be sexually active. However, almost 71 % of the same students reported to disapprove of premarital sexual activity. (12)

The issue of social disapproval seems to be particularly strong when it comes to unmarried *women*, hence they have been defined as a vulnerable group. (9) Several studies have demonstrated that this group of women may be less inclined to seek safe and public abortion services as childbearing only becomes acceptable after marriage. Therefore, unmarried women who have abortions can be subjected to strong negative perceptions. This can cause the women to feel fear, shame, and embarrassment if they fall pregnant and consider an abortion. (1,3,5,9,13) The negative attitude towards premarital sexual activity may cause unmarried women with this behaviour to be stereotyped as outsiders and considered deviants from the 'normal'. (14) This negative categorisation may not only affect these women's practice in relation to abortion but may also entail social, psychological, and physical health consequences. (15)

The aim of this study was to get a better understanding of certain barriers, which may limit unmarried women in utilising their legal right to abortion. The rationale was that exposing such barriers would help improve future strategies for utilising the limited resources available to improve maternal health in Nepal, and support the right for every woman to have a safe abortion. Specifically, the study investigated 1) a local community's knowledge about the abortion law, 2) their perception of unmarried women's access to safe abortion services, 3) their attitude towards unmarried women seeking abortion, and 4) how to harmonise attitudes with the law. Research questions 2) and 3) served as a means to investigate a potential discriminatory aspect of unmarried women's access to safe abortion services.

Methods

The study used mixed methods, which entailed the combination of a cross-sectional survey and in-depth interviews. The rationale for this choice of method was that the combination of quantitative and qualitative methods would create the best possible environment for covering the research questions.

The survey was carried out in order to estimate the level of awareness of the Nepalese abortion law while the interviews served as a means to understand the perception of unmarried women's access to safe abortion services, the communal attitudes towards these women having abortions, and how to bridge a possible gap between law and practice.

The instrument used for the survey was a structured questionnaire, which was designed personally by the researchers. The reason for this was that no existing instruments were found suiting to cover the research area. However, existing instruments did serve as guidelines in the process of developing the questionnaire.

The questionnaire was designed in English, then pretested and translated into Nepali. In order to ensure congruency between the original and the Nepali version of the questionnaire, two bilingual translators translated it from Nepali into English and vice versa. The question-

naire was designed as simple as possible with short and clear sentences. This was done in order to improve the understanding of the questions for possible low literates and thereby improve the validity of the responses. Firstly, a pre-test was conducted in Kathmandu with the help of the Nepalese NGO "Beyond Beijing Committee" (BBC). Employees, who were familiar with the norms and culture in the geographical area, in which the study was to be conducted, tested the questionnaire for unclear and sensitive phrasings and then translated the instrument into local tongue. Secondly, both the English and Nepali versions of the questionnaire were reviewed by Dr. Heera Tuladhar who had practical experience in the research area. Dr. Tuladhar had previously conducted a quantitative study at the Nepal Medical College Teaching Hospital in Kathmandu on levels of awareness of the legalisation of abortion. (10)

Prior to the data collection in the Makwanpur District a local translator was hired on the basis of a recommendation by BBC. The translator, a young female university student, translated the Nepali version of the questionnaire back into English as well as facilitated the interviews. In order to minimise the risk of translation bias, the specific study aims were not explained to the translator who was only shown the semi-structured interview guide in advance. However, she was instructed on how to act as a translator, e.g. to translate the questions as directly as possible and not add any personal views in the translation. Furthermore, two pre-tests of the interview guide were conducted at location, one with a female informant and one a male informant. Following the pre-tests the interview guide was slightly altered. In addition, due to its semi-structured nature the interview guide was continuously improved during the data collection.

Population of Interest

The population of interest was men and women above the age of 16 years living in the Makwanpur district of Nepal. The district was chosen for a number of reasons. Firstly, the aim of the study was to get a local community's perspective on the research questions so the semi-rural areas of Makwanpur were relevant. Secondly, no similar study had previously been conducted in the area. Thirdly, the area was also chosen on the basis of convenience as the Nepalese partner organisation, BBC, had local contacts.

The size of the total population of interest in the area was approximately 300,000 people. (17,18) Both men and women were part of the population of interest as the overall aim was to understand the local community's perception of the research area. For ethical reasons the age limit was set to 16 years and older as the topic of interest was within the field of sexual and reproductive health and rights, which could be perceived as a culturally sensitive subject for Nepalese youths.

For the survey, a non-random sampling technique in the form of convenience sampling was used to reach the respondents, while the interview informants comprised a sub-sample of the survey respondents.

Before the study was carried out, ethical clearance was provided by the partner organisation, BBC, which allowed the authors to conduct research on their behalf in the Makwanpur District. Additionally, all study participants gave verbal consent or signed a consent form prior to filling out the questionnaire and/or participating in interviews. The form clearly stated the aim of the study; that the original data would be destroyed following the termination of the study; that the participants were free to leave the study at all times if wanting to; and where the participants could receive information on the outcome of the study. For the interviews, the form further stated the use of a tape recorder, and the acceptance of use of statements in the final report of study. The consent form was cleared with BBC prior to the collection of data.

Data Collection

The data was collected in May and June 2012 at five health clinics or community centres in the Makwanpur District, specifically at Hatiya, Gaoughar, Padam Phokari, Thana Bharaing, and Basamadi. These settings were chosen as they served as communal meeting points, which meant that it was possible to get in contact with big groups of people in a rather convenient manner. A total of 96 questionnaires were handed out. Most respondents filled out the questionnaires themselves while illiterate respondents requested other respondents to read the questions out loud to them. In order to ensure confidentiality, the questionnaires were anonymous, which meant that no names were noted. Instead, each questionnaire was given a number in the order the authors received them. The questionnaires were kept in a safe briefcase once filled out, and they were all destroyed after the data was entered in Microsoft Excel.

With the help of the translator, a total of 16 interviews were carried out including two pre-tests, nine with men and seven with women. The conduction of interviews stopped once the data became saturated.

Data Analysis

The 96 questionnaires that constituted the quantitative data were firstly cleansed and coded, and secondly analysed using Microsoft Excel. Invalid responses caused 41 of the questionnaires to be excluded, which meant that only 55 questionnaires constituted the final quantitative data. These were univariate analysed, which entailed that percentage distributions within each variable (gender, age, residential area, marital status, caste/ethnicity, religion and level of education, level of awareness) were calculated. Further, the univariate analysis included a comparative analysis between the awareness level and each of the different variables. The qualitative data was analysed in two phases: Firstly, all the audiotaped data was transcribed using the online programme ExpressScribe. The work was shared between the authors and a local, professional transcriber who had previously transcribed qualitative data for both Danish and American scientists. Similar to the case of the translator, the transcriber was not explained the aim of the study in order to minimise the risk of bias.

Secondly, the transcriptions were explored through a condensation of meaning analysis where the interview sections were condensed into meaningful statements and finally divided into general themes (e.g. attitude towards unmarried women having abortions and how to bridge a gap between law and attitude).

Results

Characteristics of participants

As shown in Table 1, there were almost twice as many women (64%; n =35) as men (36%; n=20) among the survey respondents. The age span for females was 17 to 55 years of age while it for males was 18 to 64 years of age. Most of the respondents were married and lived in villages at a rural level. For the interview informants, the gender distribution was 44% (n=7) women and 56% (n=9) men. Here, the age of the women spanned between 20 and 40 years while it for men spanned between 19 to 64 years. As with the respondents, most of the informants were married and lived in villages.

Table1: Demographic characterisitics of participants

Variable	Survey
Gender	
Men	36.4% (n=20)
Women	63.6% (n=35)
Age	
≤25	34.6% (n=19)
26-45	36.4% (n=20)
≥46	16.4% (n=9)
Not disclosed	12.7% (n=7)
Marital Status	
Married	58.2% (n=32)
Unmarried	34.5% (n=19)
Divorced/Widowed	7.3% (n=4)
Residential Area	
Urban	14.5% (n=8)
Rural	85.5% (n=47)
Religion	
Hindu	70.9% (n=39)
Buddhist	25.5% (n=14)
Christian	3.6% (n=2)
Caste	
Brahmin	36.4% (n=20)
Tamang	14.5% (n=8)
Magar	7.3% (n=4)
Other	10.9% (n=6)
Not disclosed	30.9% (n=17)
Education	
No formal education	20% (n=11)
Primary Level	10.9% (n=6)
Lower Secondary Level	12.7% (n=7)
Secondary Level	18.2% (n=10)
Higher Secondary Level	21.8% (n=12)
Higher than Higher Secondary Level	16.4% (n=9)

'n' indicates the number of participants in the respective category.

Knowledge of the Abortion Law

Overall, the survey showed that the local community was well aware of abortion being legal in Nepal as none of the respondents reported the procedure to be completely unlawful. However, awareness of the specific legal conditions varied (see Figure 1). The most well-known conditions were the two under which abortion is illegal: 89.1% of the respondents were aware of the condition stating that abortion is illegal on the basis of sex selection while 81.8% knew about abortion being illegal without the consent of the pregnant woman. (Figure 1)

The study further showed that the level of awareness of the law seemed to be impacted by demographic conditions. When knowledge of the law was stratified by marital status, the status seemed to have an impact on the level of awareness as almost 70% of the unmarried women knew less than five legal conditions, while this was only the case for approximately 50% of the married women. However, when knowledge of the law was stratified by age, eight out of nine respondents belonging to the youngest age group knew less than five legal conditions. Of these eight respondents, seven were unmarried, which indicated that young age might be a more appropriate indicator of limited awareness of the abortion law than marital status.

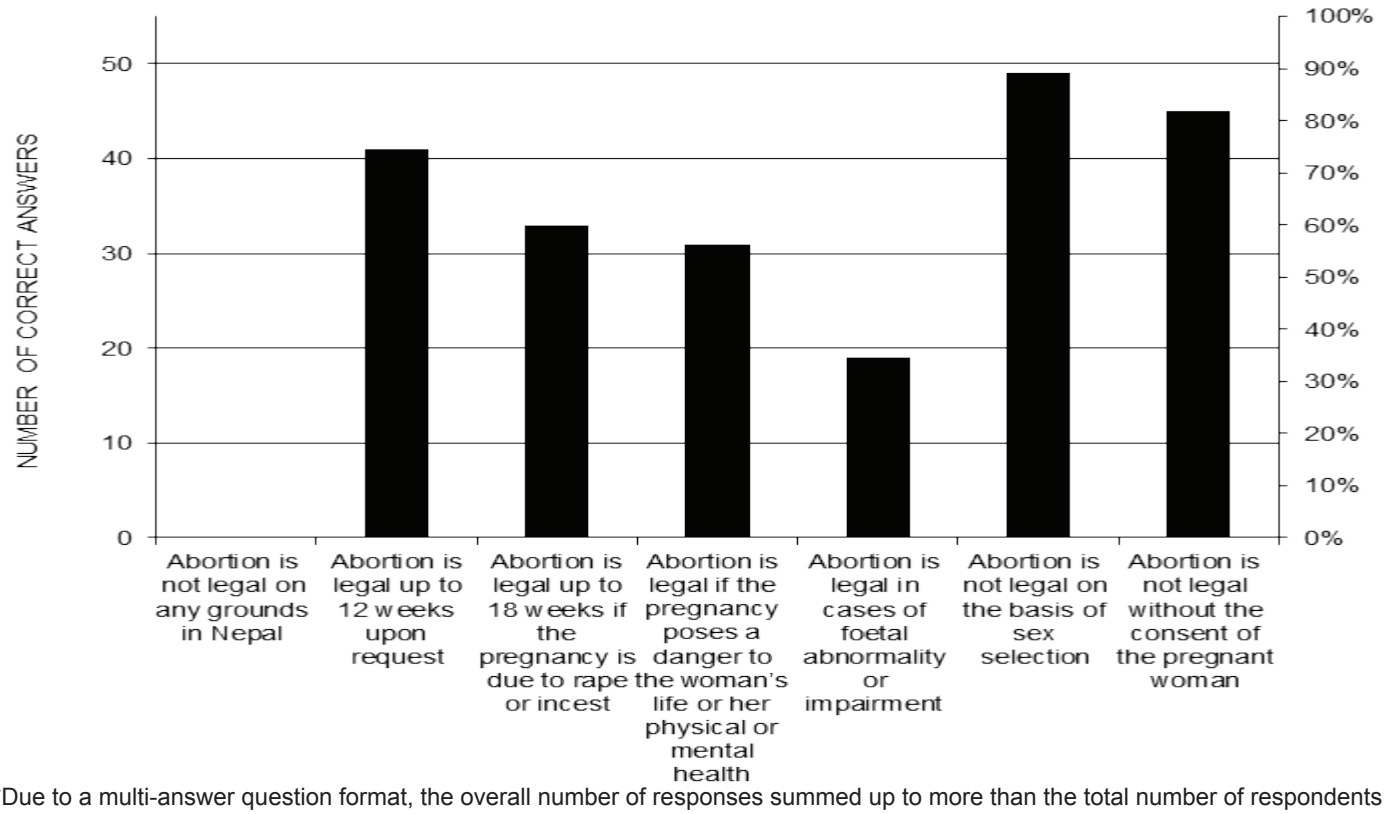
Unmarried Women's Access to Safe Abortion Services

The interviews showed that both male and female informants overall believed that unmarried women could access safe abortion services. For example, it was stated by a male informant that, "[…] whatever the woman – either that is married, unmarried, old, young, whatever – they [health personnel] will give equal treatment" (Unmarried male, 19 years old) while another male explained how, "it is possible for both married and unmarried women to do an abortion" (Unmarried male, 25 years old). However, some of the informants also believed that doctors would question only unmarried women for their reasons for abortion. The informants stated among other things that, "[…] they [health personnel] will ask [...], "what is the reason that you become pregnant?"; "what is the reason for doing an abortion?"" (Married woman, 26 years old). These findings therefore suggested that unmarried women to some degree risked being judged by health personnel and thereby received a more negative treatment experience merely as a result of their marital status.

Attitudes Towards Unmarried Women Seeking Abortions

The interviews further showed that among both women and men, the attitude towards unmarried women having abortions was very negative as these women were seen as having no character. It was notable that especially men had particularly negative attitudes towards this group of women. For example, male informants described an unmarried woman who had an abortion as a 'chada' (street dog) or a 'beshya' (prostitute) (Married man, 32 years old & unmarried male, 25 years old). Such a woman was generally thought of as being challenged on her social survival in the community as only "the spoilt girls do abortion" (Married man, 31 years old). One informant further stated, "[…] when they [unmarried women] reach to the final stage of getting spoilt, they abandon their houses and there is every chance of losing one's life by committing suicide out of fear and shyness. For some of them

Figure 1: Awareness of Legal Conditions



*Due to a multi-answer question format, the overall number of responses summed up to more than the total number of respondents

[…] they just hang themselves to death while others lose their life by taking poison. I have heard such cases" (Married man, 31 years old). These findings provided a clear picture of abortion being so unacceptable for unmarried women in the community that the procedure not only had a range of social consequences for these women but in worst cases also led to self-harm. This could be seen as an indicator for the existence of a clear discrepancy between unmarried women's legal right to abortion and the local community's attitude to them having abortions.

How to Harmonise Attitudes and the Abortion Law

Due to the discrepancy between attitudes and law, it was further explored through interviews what the local community believed could be done in order for attitudes to harmonise better with the law.

Overall, informants believed it to be very difficult to change the community's attitude towards unmarried women having abortions as these women were seen as "connected to the outside people" and as having 'spoiled' identities (Married woman, 22 years old & married man, 30 years old). One male phrased it this way: "Women are like the pots made of clay. Once it is broken it is [...] hardly possible to repair […]" (Married man, 31 years old). The informant used the metaphor to illustrate how women were seen as containing a fragile and irreparable innocence, which was very easily ruined by misbehaviour, such as sex prior to marriage.

Despite it being difficult to change attitudes, the local community stated that if change were to happen, education on abortion should be provided to the whole community: "The culture do not allow [abortion], but education, […] knowledge, skills can be provided to the people so that [unmarried women] can freely talk about abortion everywhere they go" (Unmarried woman, 20 years old). It was suggested that meetings should be held for all population groups, either as general community meetings or for one particular group at the time. Furthermore, a recommendation from several of the informants was that information about abortion could be given through media such as television and radio, and that educated people who knew about abortion should be the ones to teach all groups in the community about it.

Discussion

Study findings and reflections

Eleven years ago, the Nepalese abortion law was changed from being one of the most restrictive in the world to being fully liberal. Therefore, all women now have a right to have a safe abortion on a number of legal grounds. Despite the legal right to abortion, this study showed that unmarried women living in the Makwanpur District face a number of challenges, which may hinder them in actually practising their right. Specifically, important findings were that local awareness of the abortion law and access to safe abortion services seemed to constitute only minor barriers for these women. This is supported by several studies, which show an overall rise in awareness of the legalisation of abortion as well as an upscale of safe abortion services. (3,10,13)

Another important finding was that negative social attitudes – especially among men – towards unmarried women's abortion behaviour were a predominant barrier. Not only did the local community seem to label unmarried women as deviants from the norm in society but the negative attitudes also led to a risk of self-harm among unmarried women wanting to have a safe abortion. It is plausible that the negative labelling of these women is not only due to the act of abortion itself but also due

to the fact that these women have been sexually active prior to marriage, given this type of behaviour is generally not accepted in Nepalese communities. The community may not only label unmarried women for becoming pregnant but the women may also be discredited for ending the pregnancy. Hence, unmarried women may be caught with an insoluble problem that could not only limit their option for practicing their right to safe abortion but could also have social consequences no matter whether they choose to continue the pregnancy or to end it. The issue on the negative perception of unmarried women having abortions found in this study is in line with similar studies undertaken in Nepal. For example, it has been shown that negative attitudes towards abortion can lead to stigma, which subsequently can prevent women from using safe abortion services. (13,14)

Based on the above, it is arguable that even though Nepal has taken a significant step towards improving reproductive health and rights by liberalising abortion on a legal level, communal attitudes may especially limit the opportunity for vulnerable groups to utilise their right to abortion, hereby leaving a gap between law and practice. In order to narrow the gap between law and practice, it is crucial that community resistance is addressed and overcome, and that the negative categorisation of sexually active, unmarried women as deviants is changed. In order to do so, this study proposed that general educative programmes on sexual and reproductive health should be initiated as these, in time, were thought to be able to change community attitudes towards unmarried women having abortions. One should be aware that this will not happen overnight, as norms and beliefs often are strongly founded in religious and cultural traditions often passed down from one generation to the next. (14) It is therefore likely to take time to overcome prejudices against women's premarital sexual activity and abortions. In order to accommodate this, educative initiatives need to be ongoing for a long period of time, well targeted, and carried out in cooperation with local NGOs that are familiar with the situation in local communities. Furthermore, the use of classical communication channels, such as radio and newspapers, may be combined with the use of new technology such as mobile phones. The use of mobile technology in relation to health – mHealth – is an area where health information is provided through mobile phones. (19) As mobile use is rising dramatically on both rural and urban levels in Nepal (20) this technology could have the potential to reach out to many parts of the population, and to do so in a new, innovative way.

Reflection on Methods and Data Collection

In relation to the study results, it is relevant to outline possible limitations of the methods used as well as the collection of data as these may influence the quality of the findings. Part one of the study was explored through a cross-sectional survey. This method has the ability to reach a representative sample of the population of interest in a convenient manner, which is favourable when working within a tight time schedule. Furthermore, the method provides researchers with the advantage of being able to conduct extensive statistical analysis. (21) However, in this study there were a high number of invalid responses, which could be explained by unclear questioning or higher illiteracy among respondents than anticipated. The number of invalid responses caused the sample size to be too small to conduct a larger statistical analysis including estimation of probabilities of statistically significant differences between groups. Therefore, it was not possible to determine if there was a statistical significant difference between e.g. the awareness level of the youngest or unmarried respondents and other groups. The sample size is therefore a limitation for the reliability of the results.

In addition, as the data collection took place at settings that were physically accessible within a day's travel from Makwanpur City, it is possible that the study sample is more aware of abortion legislation than, for example, people living in more isolated areas due to education level. Furthermore, as participants were chosen on the basis of a convenience sampling technique, it is not possible to estimate whether the sample is representative of the target population of Makwanpur. Due to the use of this technique the gender distribution was uneven as approximately two thirds of the participants were women. It is therefore plausible that the sample is not representative for the population of interest, which means that the external validity of the survey result is challenged. Hence, the results cannot be generalised beyond this particular study sample.

Part two of the study was explored through interviews. A limitation to this method was that the interviews were carried out using a local translator leaving the risk of misinterpretations. In order to expose such possible misinterpretation, the local transcriber was instructed in translating both the Nepali and the English statements on the audiotapes. Fortunately, these transcriptions showed only minor deviations in the English and Nepali question wordings. Furthermore, the questions used in the interview guide were phrased in a rather broadly manner in order to limit the risk of leading the informant to answer in a specific way. At the same time, the broad questions allowed the informants to discuss sensitive issues without them being forced to share personal experiences. (22) However, one cannot rule out that the informants misinterpreted some questions, especially due to the use of the translator. Hence, some informants may have given invalid information or the translator may have misinterpreted the informant's answers leading to imprecise results. Having said this, the extent of this issue seemed to be limited as the outcome of interaction between the interviewers, the translator, and the informants seemed deep and honest in all the interviews.

Ethical Considerations

Finally, the study had a number of ethical implications regarding sensitivity and anonymity. Despite abortion being legal for more than ten years, the concept still constitutes a sensitive issue, especially when linked to premarital sexual activity. (9) This study therefore addressed an issue, which respondents and informants may have found difficult to discuss openly. How-

ever, as everyone was briefed thoroughly about the topic and frame of the study before agreeing to participate, the scale of this issue is thought to be minimal. Another possible issue was the physical surroundings for the data collection, as the rural setting did not allow for full anonymity for neither the respondents nor the informants. For example, despite the fact that respondents were instructed to fill out the questionnaire privately, some respondents helped each other out in order to aid comprehension. Furthermore, the interviews were carried out in closed rooms or in fields close to the community centres in order to increase privacy. However, it was not possible to avoid other people being in close proximity and some of the interviews were interrupted, which may have limited informants' ability to answer honestly. In addition, the use of a tape recorder during the interviews may also have affected the informants' willingness to talk openly. However, this problem seemed limited as the majority of people expressed pride for participating in the study.

Despite the above limitations, this study provided useful insight into the complex issue of securing rights in practice, in this case unmarried women's ability to use safe abortion services. In order to secure the full implementation of the Muluki Ain 11th Amendment Bill, it is crucial that the issue of the overall negative societal attitude towards unmarried women having abortions is addressed. This can be done by providing reproductive health education in both classical and innovative ways. In order to see if the situation in Makwanpur represents the general situation in Nepal, further and similar studies should be undertaken in other parts of the country.

Conclusion

Even though all women in Nepal have the right to have safe abortions on a number of legal grounds, this study found that a gap between law and practice remains in relation to unmarried women. This group of women faced a barrier in the form of negative community attitudes. These should be overcome so that all Nepalese women in the future can freely choose safe abortion services when wanting to have an abortion.

Acknowledgements

This article is based on a Master's thesis in Public Health Science submitted to the University of Copenhagen, Denmark, titled "Awareness, Access, and Attitude – Challenges for Unmarried Women Seeking Abortion in Rural Nepal in the Wake of Liberalisation". The authors gratefully acknowledge the contribution of Ms. Siri Tellier throughout the thesis process and for reviewing this article. The authors are also thankful to the staff of their Nepalese partner organisations: Beyond Beijing Committee (BBC), Himalayan Human Rights Monitors, Women's Skills Creation Center, Youth Welfare Society, and Asmita Nepal.

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