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----- ORIGINAL RESEARCH ARTICLE -----

Knowledge of Unsafe Abortion among Female Students in Nepal

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ABSTRACT

The term 'abortion' is a deliberate termination of unwanted human pregnancy. To save maternal health and life and control population growth, abortion has been legally permitted in Nepal since 2002. Most of the female youths stay away from home and are vulnerable to risky behavior regarding sex related matters. They have no proper knowledge about unsafe abortion. The objective of this article is to investigate the knowledge about unsafe abortion among the female youths in Pokhara. A descriptive cross-sectional study was conducted among 133 BBS first-year female students by using the simple random sampling. A self-administered questionnaire was prepared to assess the participants' socio-demographic factors along with their knowledge about unsafe abortion. The association of knowledge was categorized with selected variables. Out of the 133 respondents, 49.6 percent were from the age group 19-20, 46.6 percent from the group of *Janjati*, 78.2 percent from the group of Hindu followers and 86.5 percent from the single respondents. The majority of the respondents (71.4 percent) were found to have the knowledge that over-bleeding was the consequence of abortion. Among the total respondents, 58 percent respondents had good knowledge about unsafe abortion and 15

percent had poor knowledge about unsafe abortion. No significant connection of age with knowledge of unsafe abortion has been observed during the study as the p value is greater than 0.05 at 95 confidence level, but other variables like caste, religion, place of residence and marital status have been found to have a significant relation with knowledge of unsafe abortion because p value is smaller than 0.05 at 95 confidence level.

KEYWORDS: Knowledge, perception, unsafe abortion

INTRODUCTION

Reproductive health is defined as being good health with regard to all matters relating to reproductive system, function and process (Ciaro, 1994). An unsafe abortion refers to the removal of an unintended pregnancy by people lacking necessary skills, or in an environment lacking minimal medical knowledge and facilities. It may be self-induced in most cases with various unhygienic and unsafe methods (Pressat, 1985). In the case of Nepal, unsafe abortion is in an increasing trend due to illiteracy about health hazards of unsafe abortion, lack of knowledge about family planning devices, fashionable lifestyle, and ignorance about the availability of safe abortion (Karki, 2065).

During the period of 2015 to 2019, there were 73.3 million induced abortions reported worldwide. Over half of abortion cases were unsafe abortion globally. In Asian countries, most of the cases occur in South and Central Asia. Each year, between 4.7 to 13.2 percent maternal deaths occurred due to unsafe abortion (WHO, 2020). In Nepal, there were 323000 induced abortion cases in the year 2014. Among them, 42 percent cases were legally and safely performed, but 58 percent were unsafe abortion (due to unskilled service provider and pregnant women herself) (CREPHA, 2017). In the age groups between 15 to 19 years, there were three maternal deaths out of per 100,000 live births (NDHS, 2016).

In a study carried out by Khatri, Paudel and Ghimire (2019) revealed that among 911 respondents reported to have unsafe abortion practices, which was based upon the Nepal Demographic health survey 2011 and 2016. The report concluded that 26 percent of the study population aborted in an unsafe way. In this study, geographical variation has been found in abortion cases: in rural area 22 percent among 495 respondents aborted unsafely, but in the urban area, the cases were 31 percent and in the western development region 23 percent out of 263 respondents aborted in an unsafe way. Out of 43 respondents of the age group less than 20 years, 24 percent respondents aborted unsafely.

Adolescence is characterized by rapid growth as the major physical changes occur in the body. In addition, the differences between boys and girls are accentuated during this period. The International Conference on Population and Development (ICPD) held in Cairo in 1994 noted that adolescence is a time of mental and psychological adjustment.

A study was conducted in the western province in Srilanka in 2018. The main aim of the study was to describe knowledge and attitude on unsafe abortion among undergraduate and graduate students of the state university. The study used a descriptive cross-sectional method among 1575 respondents by stratifying a cluster sampling. The study has shown that among the total respondents, 53.3 percent had good knowledge, 30.5 percent had satisfying knowledge and 16.5 percent had poor knowledge about unsafe abortion. Bio-science students (70.2 percent among 174 students) had better knowledge about unsafe abortion than those from other streams (Perera & Abeysena, 2018).

A majority of female youths, most of them unmarried, stay away from their families for study and career development. They want to live independently, so they fall under a high risk group in matters of sex. Some barriers include gender inequality, staking out, lack of funding, lack of skilled service provider, distance of health service point, misinformation, opportunity cost, bias of service providers, legislative and legal obstacles and cultural values, which are some of the obstructions of reproductive health for female youths.

The objective of this article, therefore, is to describe and investigate the knowledge of unsafe abortion among female students at Prithvi Narayan Campus, Pokhara.

METHODOLOGY

In this study, a descriptive cross-sectional method has been adopted to identify the unsafe abortion among young students at Prithvi Narayan Campus, Pokhara. Using a simple random sampling, the Faculty of Management was selected to meet the objectives of the study. There were 600 total population units in the campus and the views were recorded in the beginning of June 2021. The study has included only 22 percent sample units of the whole population units, comprising of 133 respondent females in total due to all respondents were homogeneous. The respondents were selected by purposive sampling.

The self administered questionnaire that included the questions about the knowledge of unsafe abortion was used for data collection. There were eight statements related to unsafe abortion. The data were analyzed using the statistical package for social science (SPSS) software version 16. The knowledge of unsafe abortion has been shown in frequency and percentage. The collected data with selected variables were expressed in Chi-square statistics.

RESULTS

The results of this study have been presented in frequency and percentage. Most of the respondents were from the age group of 18-19 years, covering 49.6 percent followed by 60.2 percent urban residence; caste was *Janjati* occupying 46.6 percent; religion selected was Hindu comprising 78.2 percent and marital status selected was single females covering 86.5 percent. The rest of information is given in the table below:

Table 1
Socio Demographic Characteristic of Respondents

Variable	Frequency	Percentage
Age of respondents(years)		
17 to 18	38	28.6
19 to 20	66	49.6
Above 20	29	21.8
Caste		
High caste	43	32.2
janjati	62	46.6
Dalit	28	21.1
Religion		
Hindu	104	78.2
Buddhist	16	12
Christian	13	9.8
Place of residence		
Urban	80	60.2
Rural	53	39.8
Marital status		
Single	115	86.5
Married	18	13.5

Source: Field Survey 2021

Knowledge of Unsafe Abortion

There were eight statements to examine the knowledge of female youths about unsafe abortion. As mentioned earlier, the respondents were the first-year female students of Bachelor of Business Studies (BBS) at Prithvi Narayan Campus, Pokhara. The

statements were related to the following information: abortion done by self, by unskilled service providers, drinking herb, and by elderly women (*Sudeni*). The questions were also related to abortion as a sin, choice of abortion or not in case of pregnancy, advice to friends to go for abortion or not in case of their pregnancy and their attitudes to the nature of abortion service provider. The average respondents (78 percent) had good knowledge about unsafe abortion and 61 percent had good perception about unsafe abortion. Detailed information is given in the table below:

Table 2
Respondents View on Knowledge on Unsafe Abortion

Knowledge of Unsafe Abortion				
Variable	Agree		Disagree	
	Frequency	Percent	Frequency	percent
Done by self	112	84.2	21	15.8
Done by unskilled man power	112	84.2	21	15.8
Drinking herb	92	69.2	41	30.8
Done by elderly women(<i>sudeni</i>)	97	72.9	36	27.1
Perception on unsafe abortion				
Abortion is sin	64	48.1	69	51.9
Would you abort in you are pregnant	81	60.9	52	39.1
Would you encourage your friend for abortion	94	70.7	39	29.3
Abortion provider are evil	47	35.5	86	64.5

Table 2 shows that respondents had good knowledge about unsafe abortion. For instance, 84.2 percent agreed that it was done by self and unskilled manpower, and 69.2 percent consented that it was done by using herbs and 72.9 percent admitted it as done by *Sudeni*.

There were four statements in Table 2 to summarize the respondents' perception about unsafe abortion; respondents were split on the question whether abortion was a sin or not. It was considered a sin by 48.1 percent of respondents while it was not considered so by 51.9 percent. Because almost every response is affected by societal values and norms, half of those questioned still believed abortion as a sin. To another question: "Would you abort if you were pregnant?", the majority of the respondents (60.9 percent) responded that they had terminated their pregnancy, and 70.7 percent responded that they urged their pregnant acquaintances to abort their pregnancy. When asked about the nature of the abortion service providers, 64.5 percent of respondents disagreed with the comments that they were wicked while 34.5 percent agreed with the remarks.

Knowledge-Perception Association

There were 133 total respondents to find out the knowledge about unsafe abortion. Among them, 58 percent respondents were found to have good knowledge about unsafe abortion followed by 27 percent having satisfactory and 15 percent with poor knowledge about unsafe abortion as shown in Table 3 below:

Table 3
Knowledge of Unsafe Abortion

Variable	Frequency	Percent
Good	77	57.9
Satisfactory	36	27.1
Poor	20	15

Source: Field Survey 2021

This research tested selected socio-demographic variables about knowledge and perception of unsafe abortion with the help of Chi-square test. This test is used to find the relation of variables.

Table 3
Association between Socio-Demographic Variable with Knowledge of Unsafe Abortion

Socio-demographic variable	Knowledge and Perception of Unsafe Abortion			Chi square value
	Good	Satisfactory	Poor	
Age of respondents				
17-18	23	10	5	P value =0.121
19-20	33	19	14	
Above 20	21	7	1	
Caste				
High caste	30	9	4	P value =0.047
Janjati	28	20	14	
Dalit	19	7	2	
Religion				
Hindu	57	31	18	P value =0.037
Buddhist	12	4	0	
Christian	8	1	4	
Place of residence				
Urban	54	12	14	P value=0.001
Rural	23	24	6	
Marital status				
Single	64	31	20	P value =0.039
Married	13	5	0	

Source: Field survey 2021

The observed cell is less than 5 cell; likelihood ratio is used to interpret the result. If calculated value (p value) is greater than 0.05, there is no relationship between dependent and independent variables. In this condition, a null hypothesis is accepted. If the p value is smaller than 0.05, there is relation between dependent variable and independent variable. In this case, alternative hypothesis is accepted. From Table 3 above, no relation is seen between age and knowledge of unsafe abortion based on the views of the respondents because the calculated value (0.121) is greater than 0.05 at 95 confidence levels. The relation of age with the knowledge about unsafe abortion is not significant. The result helps conclude that knowledge of unsafe abortion is not dependent on the age.

There is a relation of caste with knowledge of unsafe abortion because the calculated value $p=0.047$ is smaller than 0.05 with 95 confidence level. From this result, we can conclude that knowledge of unsafe abortion is dependent on caste. Religion has

also been found to have a relation with knowledge about unsafe abortion because the calculated value $p=0.037$ is smaller than 0.05 with 95 confidence level. The result helps conclude that knowledge of unsafe abortion is influenced by religion. Likewise, the data demonstrate the relation between the place of residence and knowledge and perception of unsafe abortion because the calculated value $p=0.001$ is smaller than 0.05 with 95 at the confidence level. This outcome gives rise to the conclusion that knowledge of unsafe abortion has a connection with the place of residence. Similarly, a relation is seen between the marital status of the respondents and their knowledge about unsafe abortion because the calculated value $p=0.039$ is smaller than 0.05 with 95 at the confidence level. This result demonstrates that the marital status has some impact on the knowledge and perception of unsafe abortion.

Knowledge about Consequences of Unsafe Abortion

During the course of this research, the respondents were questioned about the consequences of unsafe abortion. The majority of respondents (88 percent) reacted that the death of mothers would be the consequence. However, 71 percent of them viewed that over-bleeding was its consequence. Many different views were expressed by 70 percent of the responders who pointed out infertility as the outcome of unsafe abortion, and 66 percent mentioned infections to mothers as its consequence. These details are presented in the table below:

Table 4

Knowledge about the Consequences of Unsafe Abortion

Variable	Agree		Disagree	
	Frequency	Percent	Frequency	Percent
Over bleeding	95	71.4	38	28.6
Death of mother	117	88	16	12
Infection	88	66.2	45	33.8
Infertility	93	69.9	40	30.1

Source: Field survey 2021

DISCUSSION

In this study, the majority of respondents (58%) had good knowledge about unsafe abortion whereas 15% had poor information about it. According to the Nepal Demographic Health Survey (NDHS), 2016, 14.6 percent of females under the age of 20 had abortions at home. In the same age range, 5.7 percent of women terminated their pregnancy with the help of a friend or family members. Only 0.8 percent of respondents in this study had their abortions at home. However, according to NDHS, 2016, females having Class Ten pass and above qualifications underwent abortions at home.

The majority of responders were knowledgeable about abortion. It is found that 55.6 percent of respondents knew that abortion was legal in Nepal. While looking at the possible causes of undergoing abortions, the study has found that the main causes of termination were for the continuation of study (64.7 percent), fear of parents (63.9 percent), saving face from the society (60.9 percent) and lack of money for child support (75.9 percent). A bit different result was obtained from NDHS, 2016. It pointed out that the main causes of termination of pregnancy were health of mother (915.5 percent), lack of money for child support (1.5 percent), desire of delayed child bearing (25.5 percent), disinterestedness to have more children (31.1 percent), opposition of husband/partner (15.6 percent) and choice of the sex of child (5.3 percent). These results are based upon those respondents who had academic qualifications of Class Ten pass or above. This

study gave only four options whereas NDHS, 2016 had given six options. The majority of the respondents agreed that if they had enough money for child support, they would not want to opt for abortion.

Although this study is about the knowledge of unsafe abortion, the study can also be studied on the perception about abortion. Interestingly, it showed that there is still confusion on the perception about unsafe abortion. There were 48.1 percent respondents who still believed that abortion was a sin and 35.5 percent claimed that abortion service providers were evil. Therefore, the further study can be conducted in the aspect of perception about unsafe abortion.

CONCLUSION AND SUGGESTIONS

The reproductive health of young females remains a global concern. The society changes from close to open. Busy parents, communication and lifestyle are main causes of early marriage. The curiosity about sexual activities also leads them to unplanned pregnancy and unsafe abortion. The problems of unplanned pregnancy, sexually transmitted diseases, teenage pregnancy and unsafe abortion are not only the problem of the poor, undeveloped, or developing countries, they are also the major problems of the developed countries.

Education about sex, consequences of unwanted pregnancy and risks of abortion, family planning methods, and appropriate behaviour with opposite sex should be provided for the newly admitted female students because they are at the end of teenage. The female health providers can give appropriate information to them so that they will not be the victims of unsafe abortion.

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