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Factors Influencing Utilization of Safe Abortion Services: A Mixed-Methods Research in Six Districts of Nepal

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Abstract

Objectives: *This study aims to identify the factors influencing the utilization of safe abortion services in six districts of Nepal by assessing the perspectives of clients and providers.*

Methods and Materials: *A mixed-methods research was conducted in six districts of Nepal. The study involved interviews with 32 exit clients, using a semi-structured interview schedule combined with in-depth interview guidelines. Quantitative data was analyzed using SPSS 16.0, while qualitative data was analyzed manually through thematic, narrative, and content analysis. Informed consent was obtained from all participants.*

Results: *Most clients had low educational status and a poor economy. Significant reasons for seeking abortion services were willing to have no more children (68.8%), unwanted pregnancy (12.5%), and less birth spacing (9.4%). The primary sources of information on safe abortion services were friends/villagers (53%) and Radio (43.75%). Qualitative inquiry revealed that the sex partners of the clients, community-based workers associated with service centers, and former clients of safe abortion services influenced the new clients' decision to undergo an abortion. Nearly two-thirds (62.5%) of the clients visited the service delivery points without partners/careers. Opening times of the clinics were convenient for 75% of the clients, while the remaining 25% suggested that the clinics should also open for holidays/weekends. Of the clients, 12.5% left the clinic without taking any post-abortion contraceptives. Qualitative inquiry extrapolated that the influence and behaviour of health professionals, cost, time, legal concerns, quality of care, social attitude towards abortion, distance and dependency, and self-efficacy were also crucial factors associated with the utilization of safe abortion services.*

Conclusion: *The study highlights the need for increased awareness, improved access to quality services, and enhanced support systems to ensure that women can make informed decisions about their reproductive health. These findings have implications for policymakers and healthcare providers in developing strategies to address the challenges faced by women seeking safe abortion services.*

Keywords: *Factors, Abortion, Family Planning, Mixed Methods Research, Nepal*

Introduction

Despite significant progress in the past couple of years, Nepal still has very high maternal mortality, at 186 maternal deaths per 100,000 births (Ministry of Health and Population [Nepal], New Era, & ICF, 2023). Women in Nepal frequently endure adverse reproductive health outcomes, such as unsafe abortions and unanticipated pregnancies,

due to inadequate or ineffective services and information. Women in Nepal frequently endure adverse reproductive health outcomes, such as unsafe abortions and unanticipated pregnancies, due to inadequate or ineffective services and information (Rogers et al., 2019; Rogers et al., 2019a). The unwanted and unintended pregnancies are directly related to abortion practices (Cleland, 2020). Aiming at contributing to decreasing unsafe abortions, the Family Planning Association of Nepal (FPAN) has been providing counselling and services on safe abortion since 2004. Though legal, induced abortion is still a social taboo in Nepal, which finally compels people to undergo unsafe abortion and conceal the case (Sulpe & Fjeld, 2021). Implications of unsafe abortion on health are significant leading to high maternal mortality and morbidity and adverse impact on the socio-economic status of people in the country (Khatri et al., 2019).

The third sustainable development goal (SDG) aims to improve maternal health, and The attainment of this goal will necessitate a greater emphasis on the provision of high-quality care and the prevention of unplanned pregnancies and hazardous abortions in women's health care (Europe, 2017; Footman et al., 2020). In seeking to ensure that people are able to access the safe abortion services they need, there is a need to increase the availability of high-quality, safe abortion services and link community people to such services (Penfold et al., 2018; Monga et al., 2020). To improve access of marginalized and underserved populations to safe abortion services, it is important to identify and address factors influencing its utilization.

Methods and Materials

Research methods study design: This is a mixed-methods research approach that combines/mixes or associates both quantitative and qualitative approaches (van Griensven et al., 2014). Overall, the strength of a study using both approaches in tandem is more significant than quantitative or qualitative research (Dawadi et al., 2021; Lokubal et al., 2022). This study followed a cross-sectional study design and concurrent mixed methods (van Griensven et al., 2014; Lokubal et al., 2022).

Study area: The study was conducted in 6 districts of the Global Comprehensive Abortion Care Project (GCACP) of FPAN, i.e. *Ilam, Sarlahi, Palpa, Banke, Kailali* and *Kanchanpur*.

Respondents, sample size and data collection technique: A semi-structured interview was taken with 32 exit clients of the GCACP clinics to identify clients' perspectives.

Tools, data collection and data analysis procedure: A semi-structured interview schedule blended with interview guidelines was used for interviews with the exit clients as the database for this mixed-methods research.

Human resources for the field: The field team members were trained medical/public health practitioners with prior experience in conducting similar studies. A two-day orientation workshop was organized to orient them on tools and data collection techniques before mobilizing them for the field.

Data analysis: The quantitative data was analyzed through SPSS 16.0, applying descriptive and inferential statistics, while the qualitative data was analyzed manually by applying thematic analysis, narrative analysis and content analysis techniques.

Ethical procedures: After explaining the objectives and the procedures of the study, informed consent was obtained from all study participants. The ethical aspects of the study were followed during the study.

Results

General characteristics of clients

The average age of the clients utilizing safe abortion services was 29.34±6.03, ranging from 18 to 40 years. The castes of the majority were Chhetry (28.1%) and *Hill Janajati* (28.1%), followed by *Tharu* (12.5%), *Dalit* (12.5%), *Brahmin* (6.3%) and *Madhesi* and *Muslims* (9.4%). The *Hill Janajatis* constituted of *Magar (2), Gurung (2)*, *Rai (2)*, *Lama (1)*, *Newar (1)*, *Rokka (1).*

Table 1. General characteristics of clients (n=32)

Age (years)	Frequency	Percent
Mean	29.34	
Median	29.5	
Std. deviation	6.03	
Caste		
Chhetri	9	28.1
Hill Janajati	9	28.1
Tharu	5	15.6
Dalit	4	12.5
Brahmin	2	6.3
Madhesi	2	6.3
Muslim	1	3.1
Highest level of education		
Illiterate	10	31.3
Primary	10	31.3
Lower secondary	4	12.5
Secondary	6	18.8
Higher secondary and above	2	6.2
Marital status		
Unmarried	1	3.1
Married	31	96.9

Of the clients seeking abortion services, 31.3% were illiterate, 31.3% had attained primary level, 12.5% had attained lower secondary level, 18.8% had secondary level, and only 6.2% had attained some class in higher secondary and above level of education. About 97% of the women were married, and only 3.1% (1/32) were unmarried.

No. of children and duration of pregnancy

The median no. of daughters and the no. of sons was one each, ranging from 0 to 5. The median gestation period of clients while going for safe abortion services was 8 weeks, varying from 5 to 12 weeks.

Table 2. No. of children and duration of pregnancy

Statistics	Mean	Median	Std. Dev.	Min.	Max.
No. of daughters	0.97	1	1.257	0	5
No. of sons	1.31	1	1.03	0	5
Duration of pregnancy (weeks)	8.36	8	1.797	5	12

Affordability and Accessibility of services

The median monthly income of the clients was NRs 6000, ranging from NRs 2,000 to NRs 40,000. Of them, 25% of the families of the clients had an income of NRs 2000 to NRs 3625, another 25 percent had an income of NRs 3625 to NRs 6000; the next 25 percent had an income of NRs 6000 to NRs 10,000, and the remaining 25% had an income of NRs 10,000 to NRs 40,000.

On average, the clients covered a one-way distance of 20 km to reach the safe abortion service delivery point from their homes. The clients came from the local area (<1 Km) to a distance of 100 Kilometers.

Table 3. Affordability and accessibility of services

Variables	Mean	Median	Std. Dev.	Min.	Max.
Monthly Income (NRs)	9075	6000	8995.17	2000	40000
Duration from Home to Service Center (Km)	23.32	20	23.633	1	100

Convenience of opening times of the clinic	Freq.	%
No	8	25
Yes	24	75

Among the clients, 75% stated that the clinics' opening times were convenient for them. However, the remaining 25% commented that the clients' opening times were not convenient for them. They expected the clinics to be open for all the days, including holidays. Some of them also suggested opening the clinics all the hours, from 8 am to 7 pm in the morning.

Abortion care-seeking practice

None of the women reported undergoing a sex-selective process before abortion. Of the total women, 9.4% had a previous history of abortion. Most of them sought abortion as they were willing to have no more children (68.8%). Other causes of seeking abortion were having unwanted

pregnancies (12.5%) and having less birth spacing (9.4%). Reasons for undergoing abortion for the remaining women were being too weak to give birth to a child, experiencing having no milk production upon previous delivery and having premarital sex, each accounting for 3.1%.

Table 4. Abortion care-seeking practice

Sex Determination before abortion	Frequency	Percent
No	32	100
Previous history of abortion		
No	29	90.6
Yes	3	9.4
Main reason for abortion		
Want no more children due to complete family	22	68.8
Unwanted pregnancy	4	12.5
Less spacing between pregnancy	3	9.4
Others (weakness to give birth, Scarcity of mothers milk)	2	6.2
Premarital sex	1	3.1

Source of information about the service center

Among the clients, 34.37% of the clients had two significant sources of information, while 65.63% had a single primary source of information on safe abortion. Considering the multiple responses, the primary sources of information were friends/ villagers (53%), FM/Radio (43.75%), health workers (21.88%), family members (9.38%) and others (6.25%).

Table 5. Source of information about the service center (multiple responses)

Source of Information	Frequency	Percent
Friend	10	31.25
Villager	7	21.875
FM/radio	14	43.75
HW (HP staff, medical, ORC)	7	21.875
Family member	3	9.375
Other media	2	6.25
Total	**32**	**100**

Factors Facilitating the Choices of Safe Abortion Services

Following are key themes that characterize the experiences of the clients about factors facilitating the use of safe abortion services:

The impact of health professionals and other influential individuals on safe abortion

The most significant influence on women's initial safe abortion choices appeared to be health workers. Women expressed that some health workers in their communities and some of their friends who had prior experience with induced abortion motivated them to go for safe abortion. The health workers at local and district health facilities advised the clients to go for an abortion in prescriptive language rather than continuing the pregnancy. Women who underwent induced abortion referred to their friends with prior experience of safe abortion and health workers as the most decisive influence on their decision to opt for safe abortion and to choose the service delivery clinic.

Saving time and money: choosing service centers

For women who induced safe abortion in the clinics, the reason behind their clinic choice was related to a desire to save time and money. This desire was aided by the obligation to meet the time for the gestational limitation of 12 weeks to induce abortion. The ingrained awareness that "safe abortion is legal" frequently superseded the perceived danger due to the continuation of pregnancy for women who had chosen safe abortion. Women who chose the clinic cited saving time and money as one of the strongest influences on their decision to choose a particular service centre.

Fear of legal provision: early decision-making

Fears of crossing 12 weeks of pregnancy were factors driving clients towards the clinic in time. Such fear often resulted from information that excluded the women's decision to induce abortion in any case for whatever reasons. No provision of safe abortion service in the clinics for cases beyond 12 weeks of pregnancy and the legal obligation to prove rape or incest for induced abortion in such cases were factors causing fear of crossing 12 weeks.

Quality of counselling and services

Women who had induced abortions earlier in the clinic said that they came to that clinic again because of the availability of friendly behaviour of service providers, confidential and voluntary counselling, the safe procedure of abortion and quality. New clients chose the clinics as their friends recommended to visit the clinic due to the availability of pro-choice and client-friendly SRH information and services, including the provision of safe abortion services. The uncertainty about the appropriate service centre to consult in case of willingness for safe abortion and referring to various safe abortion centers by the electronic media has led to an increase in satisfied clients' capacity to influence new clients to choose appropriate service centres with quality services.

Hiding the truth: Induced abortion is a social taboo

Being pregnant and willing to induce abortion greatly affected the clients' communication with others. Expectant individuals considering abortion often face significant challenges in discussing safe abortion options with their social support networks due to the pressure to conceal their pregnancy and decision to terminate. Many, mainly those further along in their pregnancy, chose to disclose their situation to a select few, frequently the child's father, who in a one-third number of cases was not their spouse. This need for secrecy led to strained communication with family and friends, characterized by veiled discussions and justifications for behaviours deviating from societal norms, such as seeking an abortion.

Distance and dependency

These women, particularly those who came from a long distance, faced many questions from their husbands, family and neighbours while leaving their homes to seek abortion services and were required to devise acceptable justifications for what they were doing. Some of the clients faced a constant struggle to access safe abortion services in time, had long time waiting times, and even ran out of money due to the closure of the clinic at weekends/holidays. Others faced challenges in accessing services because of their dependency on their husband/parents-in-law to obtain the money required for safe abortion services and associated costs. Women in rural areas had a culture of dependency on their male counterparts to make decisions for induced abortion and the need to be accompanied to the service centre.

Self-efficacy

Many women in our study had thoughts of being powerless, despondency, and social seclusion because of having an unwanted pregnancy and deciding to go for a safe abortion. In a setting characterized by significant cultural prejudice against women accessing induced abortion services, at times, retreating may be preferable to confronting derision and contempt. A low level of self-efficacy was observed in many women, who expressed doubts regarding their ability to manage specific situations, particularly queries about the doctor's card for clinical examination of their health and prescription for the diagnosis. Some even had decreased confidence in self-care capabilities after abortion and to use post-abortion contraceptives.

Discussion

The majority of the clients of safe abortion services in this mixed-methods study were Mongoloids. The clients had struggled with pregnancy and had no willingness to continue it. Nearly one-third of clients seeking abortion services were illiterate, and one-third of such women had just attained some primary-level schooling, which means women with poor education were more likely to have unwanted pregnancies and go for induced abortions (Bearak et al., 2020). At least nine in ten of the women reported that they were married, with slim chances of clients of safe abortion being reported as unmarried.

The women faced challenges related to a recent induced abortion, including uncertainty regarding self-care and concerns about revealing of their abortion status (Bearak et al., 2020; Fernández-Basanta et al., 2023) Additional studies have indicated low levels of disclosure among women undergoing induced abortions (Astbury-Ward et al.,

2012; Okui, 2024). This tendency of non-disclosure makes post-abortion sexual and reproductive health care more difficult (Jace Mavuso, 2021).

The community context around the utilization of safe abortion services, in which women make decisions about discontinuation of their pregnancy appears to have modified. A structure of hierarchy exists between health care providers and the clients of safe abortion, and the findings about the influence of health workers in decision-making reveal this (Dempsey et al., 2024). Uncertainties about the risk of continuing pregnancy and its control through safe abortion services in search of reliable service centers further accentuate this power divide (Bowler et al., 2023). A significant number of women experienced confusion and uncertainty regarding the optimal service center, leading them to select options based on recommendations provided to them would be safe before reaching the clinics as the center of their choice.

Effective training for counselors that focuses on perspectives, relationships and communication with others can enhance support for women and increase their confidence about their sexual and reproductive health ((Mosley et al., 2022; Eriksson, 2024). More discussion and openness about the need for pregnancy with a partner or within households of the women might also start to shape community norms regarding induced safe abortion, which would facilitate a more conducive environment for women with unwanted pregnancies to have induced safe abortion (Hellandendu, 2023; Eriksson, 2024).

Poor quality counselling, however, can have harmful effects on the clients of safe abortion, such as spillover effects (Ishola et al., 2021). For example, such an effect could be that women often seek and receive guidance from healthcare providers regarding methods to articulate their abortion services and action to mitigate the potential stigma linked to induced abortion. These circumstances may reinforce preexisting myths about induced abortion that it is unethical. Inadequate communication between clients and healthcare providers may instill fears in women, potentially affecting their future health-seeking behaviors (Wulifan, 2024). Our study revealed that women expressed concerns regarding the accessibility of safe and confidential abortion services from healthcare providers.

The lived experiences of women in the present study indicate that even in a relatively well-resourced environment, such as FPAN clinics, the sustainability of clients' access to safe abortion services is problematic. Most women in our study reported difficulty in identifying appropriate service centers before accessing FPAN clinics. Once the approval was given for safe abortion service delivery, little has been done by the government to monitor the quality of safe abortion services and help them identify quality service centers when the clients are wandering for quality services.

A key finding from this study is the isolation felt by clients of safe abortion and limited service centers with quality safe abortion services available to them. To begin to change community norms, attitudes and beliefs about induced abortion, support needs to be provided at the community level. Family and community peer support has been shown to increase service utilization rates among the clients of SRH (Tran et al., 2021; Alemu et al., 2022; Mosley et al., 2022). However, these studies on SRH, including safe abortion, are limited in Nepalese settings or communities with poor maternal health outcomes. Operational studies are needed to determine the effect of community and healthcare provider support for women on decision-making about safe abortion, service utilization and self-efficacy. Similarly, limited information exists regarding the health outcomes of the clients of safe abortion being served by different institutions.

Generalizability and transferability of findings

Because this study used self-reported data about abortion-related service utilization, it suffers from the usual limitations of reliance on such information. Another shortcoming is that this is a clinic-based

study, and Berksonian bias might have occurred. While the sample size of 32 participants is sufficient for qualitative research methods, the sample size, an essential characteristic of quantitative research, was limited, and the accounts provided may not represent the experiences of all clients seeking safe abortion services. The purposive sampling method may have resulted in these women being more willing to share their experiences compared to other women. As an attempt to overcome this, we recruited women from six distinct geographic districts that exhibited socio-demographic variables comparable to those in the larger cohort.

For increased reliability, generalizability and transferability of the findings, we triangulated and cross-validated the quantitative data with qualitative data whenever possible. Consequently, we are confident that data obtained from the responses of different clients in different clinics of six districts provided a comprehensive view of the utilization of abortion services in Nepal. We believe, therefore, our findings would be applicable to women going for safe abortions in diverse settings.

Conclusion

The utilization of safe abortion services is influenced by various factors, including the woman's educational level, economic status, and access to information. The study found that women with limited education and financial resources often struggle to find and utilize safe abortion services. Additionally, the role of healthcare providers and community support networks in providing information and guidance on safe abortion options is crucial. The study highlights the need for increased awareness, improved access to quality services, and enhanced support systems to ensure that women can make informed decisions about their reproductive health. These findings have implications for policymakers and healthcare providers in developing strategies to address the challenges faced by women seeking safe abortion services.

Our findings explore the factors and circumstances affecting service utilization by clients seeking induced safe abortion services. It also provides insight into the challenges faced by women while seeking safe abortion services. These difficulties may impact the effectiveness of safe abortion service delivery programs in resource-constrained settings. Further operational research is necessary to examine the feasible and cost-effective interventions to improve access to safe abortion services, quality of care and support for clients, in particular, to increase utilization of safe abortion services.

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