KNOWLEDGE ON ABORTION AMONG ADOLESCENTS

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Abstract

This article aims to analyze knowledge of adolescents about causes and consequences, and its legal procedure in Nepal. This article has used primary data. The primary data were collected by sample survey. Quantitative research method was used in the study. The study area was Ghorahi Sub-metropolitan city, Dang. Adolescents studying at grade 11 and 12 in Public Secondary School were included in the study. Total 320 sample population from class 11 and 12 were selected by systematic random sampling. The structured questionnaire was used as the tool of data collection. Majority (84%) of adolescents correctly reported that son preference is the causes of induced abortion. Only less than one third (29.69%) of adolescents had knowledge on complete criteria of safe abortion. Nearly 68 percent adolescents had knowledge that induced abortion may result uterine infection. But, very small portion (31.0%) of adolescents had knowledge that induced abortion may result infertility and intra-abdominal injury. It shows that almost adolescent have poor knowledge about uterine infection and intra-abdominal injury caused by induced abortion. Small portion (26.56 percent) of adolescents correctly reported that abortion is legal within 12 weeks of pregnancy. Nearly one fifth (18.44%) of adolescents incorrectly reported that any doctor, hospital or clinic has right to abortion. Almost adolescent were aware that abortion is legalized in Nepal. But, they all were not aware about conditional legalization of abortion.

Key words: abortion, induced abortion, spontaneous abortion, safe abortion, unsafe abortion, legalization of abortion

Introduction

Adolescence is the period of physical, psychological and social maturity from childhood to adulthood. Generally, the term "adolescents" refers to individuals between the ages of 10-19 years and the term "youth" refers to individuals between the ages of 15-24 years, while "young people " covers the entire age ranges, from age 10- 24 years (WHO, UNFPA,& UNICEF, 1989). There is widespread international agreement that young men and women have a right to sexual and reproductive health. The global community, first at the International Conference on Population and Development (ICPD) held in Cairo in 1994 and then at the Fourth International Conference on Women (ICW) in Beijing in 1995, resolved to protect and promote the rights of adolescents and youth to sexual and reproductive health information and services (UN, 1995). The National Reproductive Health Strategy, 1995 and the Adolescent Health and Development

Strategy, 2000 outline broad strategies for reproductive health in Nepal. The Government of Nepal has identified adolescents and youth as a vulnerable and under-served population group requiring specific services and information to address their concerns, problems, and needs (MOHP, UNFPA, &USAIDS, 2013).

Abortion has been considered a major reproductive health of women. Abortion is technically defined as the termination of pregnancy by the removal or expulsion of a fetus or embryo from the uterus before fetal viability. However, the term may be defined more broadly to include any termination of pregnancy before birth. An abortion can occur spontaneously due to complications during pregnancy. The term abortion most commonly refers to the induced abortion of a human. Spontaneous abortions are usually termed miscarriages (WHO, 2006). There are mainly two types of induced abortion; safe and unsafe abortion. Safe abortions are those performed in early pregnancy by well-trained practitioners using medical and surgical methods. These practitioners work in hygiene conditions in a setting in which the procedure is legal and the appropriate legal protection are enforced. Three criteria should be fulfilled for safe abortion; abortion by certified doctor or nurse, abortion within 12 weeks of pregnancy and abortion in certified hospital or clinic. When abortions are performed in safe conditions, mortality and morbidity rates are generally very low. Unsafe abortion is a procedure for terminating an unwanted pregnancy either by a person lacking the necessary skill or an environment lacking minimum medical standard or both (Shrestha, 2008).

Many countries have legalized the abortion. In Soviet Union, Lenin legalized all abortion in1920. Abortion was legalized on a limited basis in Sweden in 1938. California and Colorado in 1967 became the first state of the United States to legalize abortion (Thapa, 2004). Abortion was legalized in Nepal in 2002. The government began providing comprehensive abortion care services in March 2004. Before legalization of induced abortion in Nepal, women and their children often served time in prison because of abortion (CREHPA, 2009). The abortion law of Nepal allows women to terminate their pregnancy under the following conditions: pregnancies of 12 weeks' gestation or less for any woman according to her own decision, pregnancies of 18 weeks' gestation if the pregnancy is a result of rape or incest, and pregnancies of any duration with the recommendation of an authorized medical practitioner if the life of the mother is at risk, if her physical or mental health is at risk, or if the fetus is deformed. However, the law prohibits abortions done without the consent of the woman, sex-selective abortions, and abortions performed outside the legally permissible criteria (Thapa, 2005, CREHPA, 2009). Many women in Nepal continue to face barriers to obtaining safe and legal procedures. Obstacles include lack of awareness of the legal status of abortion, lack of services, lack of transport to approved facilities, gender norms that hinder women's decision-making autonomy, the often-prohibitive cost of the procedure and fear of abortion-related stigma (Thapa,et al., 2014).

2There are many causes of spontaneous abortion. Acute illness, high fever, pneumonia, diabetes, syphilis, etc. may results spontaneous abortion. Similarly, sudden

emotional outbursts like sudden fear, bad news or good news, nutritional deficiency, drugs consumption by mothers, induced abortion, high blood pressure, injury to vulva, long journey by bus train or even air may results spontaneous abortion (Kafle, 2006). Likewise, there are many causes of induced abortion. Premarital sex, unwanted pregnancy, poverty, unfair relation with sex partner, unsafe sex, son preference, contraceptive failure, non-use of contraceptive, incest, rape, etc. are major causes of induced abortion (Shrestha, 2008).

UNFPA (2000) stated that in ancient times pregnancies were terminated through a number of methods, such as the administration of abortifacient, herbs, the use of sharpened implements, the application of abdominal presume and other techniques. Similarly, Kolodny (2007) mentioned that people in ancient times used herbal medicine such as dung of rhinoceros, hot iron rod inserted in to vagina and kill the fetus. These traditional methods were very dangerous for health and life. But, now days, modern methods are applied which are very scientific and comparatively safe. These methods are vacuum aspiration, dilation and curettage, dilation and evacuation, hysterectomy and abortion pill.

The health consequences of unsafe abortion depend on the facilities where abortion is performed; the skills of the abortion provider; the method of abortion used; the health of the woman; and the gestational age of her pregnancy. Induced abortion causes different physical complication to women's health. These complications are simple to severe and sometime can cause death of women. Based on varieties, these complications can be divided into two types. They are immediacy complications and long terms complications. There are immediately complications such as incomplete abortion, intra-abdominal injury. Induced abortion may result infertility, chronic pelvic pain, ectopic pregnancy, spontaneous abortion pelvic inflammatory disease. Similarly, other impacts are physical impact mental and emotional impact, social impact, economic impact (Shrestha,2008)

Overall, two in five (41%) women age 15-49 were aware that abortion is legal in Nepal. Awareness of the legality of abortion increases with increasing education. Women who thought that abortion is legal were further asked about the circumstances allowing legal abortion. Women were most likely to be aware that abortion is legal for pregnancies up to 18 weeks' gestation in the case of rape or incest (29%) and pregnancies up to 12 weeks' gestation for any woman (23%). Despite the fact that the law prohibits abortion for sex selection, 3% of women reported that abortions can be performed if the fetus is a daughter. A pregnancy that does not end in a live birth is a stillbirth, a miscarriage, or an abortion. The majority of pregnancies (81%) resulted in a live birth. Less than one-tenth (9%) of pregnancies were aborted and a similar proportion resulted in miscarriages. The percentage of pregnancies ending in abortion is higher (11%) in urban than in rural area (7%). Women who had an abortion were asked the main reason for having their most recent abortion. Half of the women reported that they did not want more children, while 12% said that they wanted to delay childbearing. Ten percent of women said that their health was the reason, 9% wanted to space their births, and 7% reported that the sex of the child was undesired (MOHP, New ERA, & ICF International, 2017).

Objectives

The general objective of this study is to find out existing knowledge of adolescents on abortion. However, the specific objectives are as follows:

- To find out the knowledge of adolescents on causes of abortion
- To assess knowledge of adolescents on effects of induced abortion,
- To evaluate knowledge of adolescent about safe abortion,
- To study knowledge of adolescents about legal provision of abortion.

Data and Method

This article has used primary data. The primary data were collected by sample survey. The study adopted descriptive research design. Quantitative research method was used in the study. The study area was Ghorahi Sub-metropolitan city, Dang. The survey was conducted during April 15-27, 2021. Adolescents studying at grade 11 and 12 in public secondary school were included in the study. There were 11 public secondary schools with class 11 and 12 in Ghorahi Sub-metropolitan city. There were 1602 students studying in class 11 and 12. Sample frame was made with the help of school administrative record. Total 320 sample size was determined by Solvin's formula. Total 320 students of class 11 and 12 were selected as sample population by systematic random sampling. Sample interval (k) was determined using formula: k=N/n. The structured questionnaire was used as the tool of data collection. The questionnaire schedule was pre-tested among 15 students studding in class 11 and 12 out of Ghorahi Sub-metropolitan city. Questionnaire was finalized after pre-test. The survey collected information related to knowledge of adolescent about causes of abortion, effects of induced abortion, safe abortion and legal provision of abortion. Ethical consideration is important part of research. So, full informed consent from participants was obtained prior to providing questionnaire. Participants were not harmed in any way. Protection of privacy of participants was ensured. Similarly, adequate level of confidentiality of information was ensured. Solvins's formula for sample size determination is-

$$n = \frac{N}{1+Ne2}$$

Level of knowledge of abortion may vary by sex, grade, economic class and faculty of students. Stratified sampling is more effective for heterogeneous population. Similarly, interview method is more effective than questionnaire method for data collection. So, it would be better to use stratified sampling rather than systematic sampling. Similarly, it would be better to use interview schedule rather than questionnaire for more valid result. Due to the time and budget limitation, systematic sampling and questionnaire method were used in the research.

Results and Discussion

This paper has presented knowledge of adolescents about causes of spontaneous

abortion, causes of induced abortion, effects of induced abortion, criteria of safe abortion, legalization of abortion and legal provision of abortion.

Causes of Spontaneous Abortion

Pneumonia, diabetes, nutritional deficiency, drugs consumption, pressure over abdomen, STIs, high blood pressure, induced abortion uterus defects, uterine infection, long journey by bus train or even air, etc. may results abortion (Kafle, 2006).

Table 1: Distribution of Adolescents by Knowledge on Causes of Spontaneous Abortion

Causes of Spontaneous Abortion	No. of Adolescents	Percent
Diabetes	35	10.94
STIs	113	35.31
Nutritional deficiency	28	8.75
Induced abortion	102	31.87
Mental tension	11	3.44
Uterus defects	178	55.63
High blood pressure	12	3.75
Drugs consumption	67	20.94
Long journey	91	28.44
Pressure over abdomen	218	68.13
Don't know	38	11.87

*Multiple responses

Out of 320, large portion (68.13%) of adolescents correctly reported that pressure over abdomen may result spontaneous abortion. Similarly, 55.63 adolescents had knowledge that uterus defects may results abortion. Likewise, 35.31 percent adolescents correctly reported that STIs may result spontaneous abortion. Very small portion (3.75 %) of adolescents correctly reported that high blood pressure may result abortion. Similarly, only 8.75 percent adolescents had knowledge that nutritional deficiency may results abortion. Nearly 12 percent adolescents reported they had not knowledge about any cause of spontaneous abortion. It shows that knowledge of adolescents on causes of spontaneous abortion is insufficient and poor.

Causes of Induced Abortion

Majority of women who do abortion reports that they want to delay next birth, they do not want child, they are poor, they have not good relation with their sexual partner, they have been raped, contraceptive failed, etc. (Shrestha, 2008).

Table 2: Distribution of Adolescents by Knowledge on Causes of Induced Abortion

Causes	No. of Adolescents	Percent
Son preference	267	83.44
Unsafe sex	258	80.63
Premarital sex	226	70.73
Unwanted pregnancy	212	66.25
Non- use of contraceptive	102	31.87
Contraceptive failed	14	4.37
Others	22	6.87

*Multiple responses

There are many causes of induced abortion. Adolescents were asked about causes of induced abortion. Of total 320 adolescents, majority (84%) of adolescents correctly reported son preference, followed by unsafe sex (80%), and premarital sex (70%) that is the causes of induced abortion. Small portion (4.37%) of adolescents had knowledge that contraceptive failed is cause of induced abortion. Similarly, 31.87 percent adolescents had knowledge that non-use of contraceptive is also a cause of induced abortion. Almost adolescents had knowledge that son preference, unsafe sex, premarital sex and unwanted pregnancy are causes of induced abortion.

Criteria of Safe Abortion

Three criteria should be fulfilled for safe abortion; abortion by certified doctor or nurse, abortion within 12 weeks of pregnancy and abortion in certified hospital or clinic. Therefore, this study had tried to examine the knowledge on criteria of safe abortion. All these three criteria should be fulfilled for safe abortion.

Table 3: Distribution of Adolescents by Knowledge on Criteria of Safe Abortion

Criteria of safe abortion	No. Adolescent	Percent
Abortion within 12 weeks of pregnancy in any hospital or clinic by certified Doctor	40	12.50
Abortion 12 weeks of pregnancy in certified hospital or clinic by any doctor or nurse	54	16.87
Abortion within 18 weeks of pregnancy by certified doctor or nurse in certified hospital or clinic	81	25.31
Abortion within 12 weeks of pregnancy by certified doctor or nurse in certified hospital or clinic	95	29.69
Abortion at any stage of pregnancy by certified doctor or nurse in certified hospital or nurse	26	8.13
Don't know	24	7.50
Total	320	100.00

Abortion performed within12 weeks of pregnancy by certified doctor or nurse in certified hospital or clinic is called safe abortion. Only less than one third (29.69%) of adolescents had knowledge on safe abortion. Almost adolescents had not knowledge about complete criteria of safe abortion. Large proportion of adolescents has misconception on criteria of safe abortion.

Effect of Induced Abortion

Unsafe abortion results incomplete abortion, intra-abdominal injury. infertility, chronic pelvic pain, ectopic pregnancy, spontaneous abortion, excessive bleeding, maternal death (Shresth, 2008).

Table 4: Distribution of Adolescents by Knowledge on Health Effects of Induced Abortion

Effects on health	No. of Adolescents	Percent
Infertility	97	30.31
Intra-abdominal injury	101	31.56
Chronic pelvic pain	35	10.94
Maternal death	126	39.37
Excessive bleeding	185	57.81
Miscarriage	98	30.63
Infection in uterus	216	67.50
Don't know	17	5.31

*Multiple responses

Of total 320 adolescents, 67.50 percent adolescents had knowledge that induced abortion may result uterine infection. Similarly, 57.81 percent adolescents correctly reported that unsafe abortion result excessive bleeding. But, only small portion (30.31%) of adolescents had knowledge that induced abortion may result infertility. Likewise, less than one third (31.56%) of adolescents correctly reported that induced abortion may result intra-abdominal injury. Only 10.94 percent adolescents had knowledge about Chronic pelvic pain results from induced abortion.

Although majority of adolescents have knowledge about probability of excessive bleeding and uterine infection due to induced abortion, almost adolescents have not knowledge that induced abortion may result infertility, miscarriage, intra-abdominal injury and chronic pelvic pain.

Legalization of Abortion

Abortion was legalized in Nepal in 2002. The government began providing comprehensive abortion care services in March 2004 (CREHPA, 2006). Abortion in some condition has been legalized in Nepal. Adolescents were asked if abortion was legalized in Nepal.

Table:5 Distribution of Adolescents by Knowledge on Legalization of Abortion in Nepal

Abortion

Knowledge on Legalization	No. of Adolescents	Percent
Illegal	31	9.69
Fully legalized	117	36.56
Conditional legalized	154	48.13
Don't know	18	5.62
Total	320	100.00

Adolescents have poor knowledge about legalization of abortion in Nepal. Only 48.13 percent adolescent correctly reported that abortion only in some condition has been legalized in Nepal. More than one third (36.56%) of adolescent incorrectly reported that abortion has been fully legalized in Nepal. More than half of adolescents have not knowledge about legalization of abortion.

Legal Provision of Abortion

The abortion law of Nepal allows abortion within 12 weeks' gestation or less for any woman, pregnancies of 18 weeks' gestation if the pregnancy is a result of rape or incest, and pregnancies of any duration if women's physical or mental health is at risk, or if the fetus is deformed. However, the law prohibits abortions without the consent of the woman, sex-selective abortions, and abortions performed outside the legally permissible criteria (CREHPA, 2009). The adolescents who told abortion has been legalized in Nepal were asked about its legal provision.

Table 6: Distribution of Adolescents by Knowledge on Legal Provisions of Induced Abortion in Nepal

Legal Provision of Abortion	No. of Adolescents	Percent
Law allows abortion at any time with consent of women	56	17.50
Law allows abortion within 12 weeks of pregnancy for any women with her consent	85	26.56
Law allows abortion within 18 weeks' gestation if the pregnancy is a result of rape or incest	98	30.63
Law prohibits abortion without consent of women	137	42.81
Law allows abortion if the fetus is a daughter	24	7.50
Law allows abortion by any doctors, in any hospital or clinic	59	18.44
Don't Know	102	31.88

*Multiple responses

Out of 320 adolescents, 42.81 percent adolescent were aware that abortion without consent of women is illegal. Similarly, 30.63 percent adolescents were aware about legalized abortion for pregnancies up to 18 weeks' gestation if the pregnancy is a result of rape or incest. Likewise, 26.56 percent adolescents correctly reported that abortion is legal within 12 weeks of pregnancy. Despite the fact that the law prohibits abortion for sex selection, 7.50 percent adolescent incorrectly reported that abortions can be performed if the fetus is a daughter. Law allows only certified doctor or nurse and certified hospital or clinic to perform abortion. But, nearly one fifth (18.44%) of adolescents incorrectly reported that any doctor, hospital or clinic has right to abortion. It shows that adolescents have not good and sufficient knowledge on legal provision of abortion. Almost adolescents lack knowledge on legal provision of abortion.

Conclusion

Nearly 12 percent adolescents reported they had not knowledge about any cause of spontaneous abortion. It shows insufficient knowledge among adolescents on causes of spontaneous abortion. Majority (84%) of adolescents correctly reported son preference, followed by unsafe sex (80%), and premarital sex (70%) that is the causes of induced abortion. Almost adolescents had knowledge that son preference, unsafe sex, premarital sex and unwanted pregnancy are causes of induced abortion.

Large proportion (70.0%) of adolescents does not have knowledge about complete criteria of safe abortion. They do not know all three criteria for safe abortion. So, they have poor knowledge about it. Nearly 68 percent adolescents had knowledge that induced abortion may result uterine infection. But, very small portion (31.0%) of adolescents had knowledge that induced abortion may result infertility and intra-abdominal injury. It shows that almost adolescent have poor knowledge about uterine infection and intra-abdominal injury caused by induced abortion. Likewise, only 26.56 percent adolescents correctly reported that abortion is legal within 12 weeks of pregnancy. Nearly one fifth (18.44%) of adolescents incorrectly reported that any doctor, hospital or clinic has right to abortion. Almost adolescent were aware that abortion is legalized in Nepal. But, they all were not aware about conditional legalization of abortion.

Induced abortion is one of the major health problem among adolescents. There is poor knowledge of adolescents on safe abortion, effects of induced abortion and legal provision of abortion in Ghorahi Sub-Metropolitan City. Therefore, it would be better to provide education and increase awareness on abortion for adolescents by three level of government of Nepal through formal and informal educational program. Local government should be more responsible to address the problem of adolescents.

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