

AWARENESS REGARDING ABORTION AMONG REPRODUCTIVE AGE GROUP WOMEN: A STUDY FROM KAILALI, NEPAL

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Abstract

Introduction: Abortion is the termination of pregnancy before fetal viability. Despite legalization of abortion in Nepal and the nationwide availability of Comprehensive Abortion Care (CAC), unsafe abortions still contribute 7% of maternal deaths. Although the law permits abortion under various conditions, many women remain unaware of their rights and available services. This study aims to assess the awareness regarding abortion among women of reproductive age group women.

Methodology: A cross-sectional descriptive research design was carried out for this study. A total of 108 women of reproductive age were selected using simple random sampling. Data were collected through a structured face to face interview schedule and analyzed using Statistical Package for Social Sciences (SPSS) version 16 using descriptive and inferential statistics.

Results: More than half 58.3% of the respondents had a moderate level of Awareness regarding abortion. Almost one third (32.4%) of the respondents had low level of Awareness, while only 9.3% demonstrated a high level of Awareness.

Conclusion: More than half of the respondents had moderate level of Awareness, nearly one third of the respondents had low level of Awareness, while nearly one in ten respondents demonstrated high level of Awareness regarding abortion. These results highlight the need for targeted awareness programs to improve comprehensive understanding of abortion-related issues among women of reproductive age.

Keywords: *Abortion, Abortion policy, Awareness, Reproductive age women*

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1. Introduction

Abortion is the expulsion of the product of conception before time of fetal viability that is before 22 weeks of gestation and weigh less than 500 grams and unsafe abortion is a noteworthy cause of maternal mortality and morbidity globally (Gyawali et al., 2020). Nepal reported the high maternal mortality ratio of 281 deaths per 100,000 live births, attributable to pregnancy related complication, and 7% maternal death related to unsafe abortion. An abortion can occur spontaneously in which case it is usually called a miscarriage, or it can be purposely induced. The term abortion most commonly refers to the induced abortion of a human pregnancy and most abortions result from unwanted pregnancies (Bamiyan and Verma, 2018).

Nepal legalized abortion in 2002, passed a procedural law in 2003 and in March 2004, the first CAC services were offered at the Paropakar Maternity and Women's Hospital, Thapathali, Kathmandu (Ojha and Silwal, 2018). The abortion law permits to terminate pregnancy up to 12 weeks of gestation with pregnant woman's agreement. Up to 28 weeks of gestation are allowed in cases of rape or incest, if the woman is HIV positive or suffers from an incurable illness, in cases of fetal deformity and to save woman's life with recommendation of licensed doctor with consent of woman (Right to Safe Motherhood and Reproductive Health Act, 2018).

Women's reproductive rights are now acknowledged as essential human rights, and abortion is protected by the constitution (Wu et al., 2017). Among 10–50% of women who undergo unsafe surgical abortions need medical care for complications and most common complications are incomplete abortions, infections (sepsis), hemorrhages and injuries to internal organs such as perforation of the uterus. Long term health problems include chronic pain, pelvic inflammatory disease and infertility (Bamiyan and Verma, 2018).

Abortion was legalized under specified conditions in March 2002 in Nepal but still a large proportion of population is unaware of the abortion (Adhikari, 2016). Law of Nepal permit abortion up to 12 weeks of gestation for any woman above 16 years on her request. For women under 16 years of age consent is required from guardian. Abortion is also permitted up to 18 weeks' gestation if the pregnancy is the result of rape or incest, and at any time on the advice of a medical practitioner if the life or health of the woman is in danger or the fetus is seriously deformed or has a condition that is incompatible with life (Adhikari et al., 2019).

Abortion is one of the five leading causes of maternal death in the developing world and other causes includes obstructed labour, hypertensive disorder during pregnancy, hemorrhage and infection (Tuladhar and Risal, 2010).

Nepal reported the maternal mortality ratios of 281 deaths per 100,000 live births, attributable to pregnancy related complication, and 7% maternal death related to unsafe abortion and most abortions result from unintended pregnancies (Bamiyan and Verma, 2018). Many women who are unaware of the law are nonetheless likely to turn to unsafe abortion practice due to their desire to keep the abortion secret out of concern for legal and social sanctions so that women are not likely to benefit from the legal reform and services on safe abortion (Right to Safe Motherhood and Reproductive Health Act, 2018).

Access to safe, legal abortion is a fundamental right of women and various reasons for seeking abortion reported ranges from proximate causes such as the desire to limit family size or space pregnancies, preference for a son, medical reasons to distal determinants such as poverty, violence, and belief system (Yogi et al., 2018).

2. MATERIAL AND METHODS

A community-based descriptive cross-sectional study design was employed to assess the level of awareness regarding abortion among reproductive age group women of Godawari Municipality Kailali, Nepal. The study was conducted in ward number 1,2,4,5 of Godawari Municipality Kailali, Nepal. A total of 108 women of reproductive age were selected using probability simple random sampling. Data were collected through a structured face to face interview schedule and analyzed using Statistical Package for Social Sciences (SPSS) using descriptive and inferential statistics

2.1 INCLUSION CRITERIA

The inclusion criteria included: The women of reproductive age group (18-49) years residing in ward number 1,2,4, and 5 of Godawari Municipality and women who are willing to participate in the study was included in the study. The sample included all the female of age group 18-49 years from each family and who were available at the time of data collection and women who were willing to participate in the study.

2.2 DATA COLLECTION

A validated structured interview schedule was used to collect the data. Data were collected through face-to-face interview technique using structured interview schedule after obtaining approval from Institutional Review Committee of Pokhara University. Subsequently when permission letter was obtained from concerned authority of the Godawari Municipality. One

eligible respondent from each household was interviewed and if one household has more than one eligible respondent lottery method was applied to select one respondent. The objectives and purpose of the study was explained to the respondents and an informed consent was obtained. Each interview lasted 15 to 20minutes. The interviewer asked the questions to the respondents one by one and ticked the answers given by the respondents. Data was collected in separate places, and the privacy and confidentiality of the information were maintained.

2.3 STATISTICAL ANALYSIS

Data was edited, coded, and entered in Epi-data version 3.1 with a validated command. All the entered data was transferred to the Statistical Package for Social Sciences (SPSS) version 16 program for further analysis. Data was analyzed by using descriptive statistics (as frequency, percentage, mean, and standard deviation), and an inferential statistical test was applied according to the nature of the data. The findings of the study are presented in tables. The chi-square test was used to find out the association between dependent and independent variables.

3. RESULTS

The data depicted in table 1 shows that out of 108 respondents, maximum (35.2%) of respondents are 18-29 years of age. The minimum age of the respondents was 18 years, while the maximum age is 49 years, with a mean and standard deviation of 33.03 ± 9.365 years. Regarding marital status, majority (81.5%), of the respondents were married. In terms of religion, all (100%) respondents were Hindus. With regards to ethnicity, about three fourth (73.2%) of the respondents belongs to Brahmin/ Chhetri group and more than half (59.3%) of respondents resides in nuclear family.

The data depicted in table 2 illustrate that out of 108 respondents, more than half (59.0%) of respondents has completed secondary level education while only (17.6%) of the respondents are illiterate. With regards to educational status of respondent's husband, (42.9%) has completed secondary level education, and only (3.4%) are illiterate. Maximum (39.8%) of respondents were house makers, with regards to occupation of the respondent's husband (35.4%) were engaged in farming. In terms of monthly family income, more than two-third (63.9%) of respondents earns between 10,000-40,000 rupees/ months, minimum income was 10,000 whereas maximum income is 2,40,000 rupees/months. All respondents (100%) reported that abortion services were available within one hour of travel distance.

The data depicted in the table 3 reveals that only (9.3%) of respondents has high level of Awareness and more than half of the respondents, (58.3%) has moderate level of Awareness

regarding abortion. The highest score obtained was 46, while the lowest was 23. The mean Awareness score was 33.37.

The data depicted in Table 4 reveals that among 108 respondents, very few (11%), of the respondents, were able to correctly define the meaning of abortion, Regarding the most common causes of abortion (38%), responded correctly. However, a majority percentage of respondents, (94%), correctly understood the meaning of safe abortion. Majority (88%), of respondent were familiar with unsafe abortion whereas most (70%) respondents were aware of induced abortion. Regarding the objective of the national safe abortion policy in Nepal, more than one third (38.9%), of the respondents provided the correct answer Similarly (39.8%) correctly identified the commonly used method of abortion.

The data depicted in table 5 shows that among 108 respondents Only (0.9%), respondent correctly identified the year abortion was legalized. Regarding more than half (64.8%), of the respondents were aware maximum weeks for legal abortion. Majority (85.2%), of the respondents, were aware of abortion penalized. And more than half (68.5%) of the respondents were aware regarding punishment for sex-selective abortions. Despite this, only (3.7%) of the respondents were aware regarding legal weeks of abortion for major fetal anomalies. Only (13.9%) aware the legal abortion period for rape or incest case. More than half (60.2%), of the respondents correctly answered about who can give consent if women is mentally incompetent, and majority (84.3%) of the respondents aware about parental or guardian consent is required if the girl is under 18 years of age. Additionally (70.4%), of the respondents were aware of under which condition abortion is prohibited in Nepal. Only (4.6%) respondents correctly identified the legal abortion weeks for HIV or incurable disease. Nearly half (48.1%) respondent gave correct answer regarding disadvantage of legalization of abortion. Encouragingly, nearly all (99.1%), respondents correctly identified the appropriate steps of safe and legal abortion.

The data depicted in table 6 shows that among 108 respondents A majority (88.9%), of respondents understood the importance of post-abortion care for preventing infections and complications, nearly one in four (24.1%), of the respondents were aware regarding need to monitoring overall health. Almost all (100%) of the respondents correctly identified excessive bleeding as complication of unsafe abortion. Whereas less than one third (32.4%) of the respondents correctly identified psychological upset is the complication of unsafe

abortion. Majority (97.2%) of respondents correctly identified action for post abortion bleeding. Majority (82.4%), of respondents emphasized strict implementation of abortion law and more than one third (36.1%) mentioned improving the availability of abortion service. Encouragingly, all respondents (100%), identified both birth control pills and condoms as effective methods to prevent unwanted pregnancy, and (88.0%) knew about intrauterine contraceptive devices (IUCDs).

The data presented in **Table 7** indicates that there was a statistically significant association of level of awareness with selected variables; **Age of respondent, educational level of respondent, educational level of husband, Occupation of spouse as its p-value <0.05. There are no association with other variable like Marital status, religion, ethnicity type of family, occupation of respondent, monthly family income as its p- value is >0.05.**

Table 1: Distribution of Respondents Based on Socio-Demographic Characteristics (n=108)

Variable	Frequency	Percentage (%)
Age in complete year		
18-28	38	35.2
29-39	37	34.3
>39	33	30.5
Minimum age 18 years, Maximum age 49 years, mean±SD: 33.03±9.365		
Marital status		
Married	88	81.5
Unmarried	20	18.5
Religion		
Hindu	100	100
Ethnicity		
Dalit	9	8.3
Janajati	19	17.6
Brahmin/Chhetri	79	73.2
Others (Thakuri)	1	0.9
Type of family		
Nuclear	64	59.3
Joint	44	40.7

Table 2: Socio-economic characteristics of Respondents (n=108)

Variable	Frequency	Percentage
Educational status of respondent		
Illiterate	19	17.6
literate	83	76.9

Can read and write	6	5.5
If literate educational level of respondent		
Basic level (1-8)	24	28.9
Secondary (9-12)	49	59.0
Higher education	10	12.1
If partner, educational level of husband		
Illiterate	8	9.1
literate	77	87.5
Can read and write	3	3.4
If literate educational level of husband		
Basic education (1-8)	20	26.0
Secondary education (9-12)	33	42.9
Higher education above 12	24	31.1
Occupation of respondent		
House maker	43	39.8
Government job	6	5.6
Private job	18	16.7
Farmer	21	19.4
student	13	12.0
Others	7	6.5
Occupation of husband		
Government job	12	13.8
Private job	18	20.0
Foreign employment	15	17.0
Farmer	31	35.4
Others (business+ driver)	12	13.8
Monthly family income (Rupees)		
10000-40000	69	63.9
40001-80000	34	31.5
80001-240000	5	4.6
Minimum 10000maximum 240000 Mean 42027.78±SD=28281.118		
Availability of abortion service (1 hour distance)	108	100

Table 3: Distribution of Respondents According General Concept on Abortion n=108

Level of Awareness	Frequency(f)	Percentage (%)
High level of Awareness	10	9.3%
Moderate level of Awareness	63	58.3%
Low level of Awareness	35	32.4%

Table 4: Distribution of Respondents Regarding General Concepts on Abortion.
n =108

Awareness	Frequency	Percentage (%)
Meaning of abortion		
Pregnancy ends before 22 weeks of gestation	12	11
Incorrect response	96	89
Most Common causes of abortion		
Unwanted pregnancy	41	38
Incorrect response	67	62
Meaning of safe abortion		
Abortion done in authorized person & center.	101	94.2
Incorrect response	7	5.8
Types of abortion you heard*		
Induced abortion	76	70.4
Spontaneous abortion	90	83.3
Unsafe abortion	95	88
Missed abortion	92	85.2
Main objective safe abortion policy in Nepal		
To reduce the high maternal mortality ratio	42	38.9
Incorrect response	66	61.1
Commonly used method of abortion		
Induced abortion	43	39.8
Incorrect response	65	60.2

Table 5: Distribution of Respondents regarding awareness on Abortion Policy (n=108)

Awareness	Frequency	Percentage (%)
When abortion is legalized in Nepal?		
In 2002 A. D	1	0.9
Incorrect response	107	99.1
Maximum weeks for legal abortion		
Up to 28 weeks of gestation	70	64.8
Incorrect response	38	35.2
Abortion is penalized if		
Sex Selective abortion done	92	85.2
Incorrect response	16	14.8
Punished for sex selective abortion		
Individual and service provider(both)	74	68.5
Incorrect response	43	31.5
Can terminate pregnancy if major defect		
Up to 28 weeks of gestation	4	3.7
Incorrect response	104	96.3

Abortion is legal in case of rape/incest		
Till 18 weeks of gestation	15	13.9
Incorrect response	93	86.1
Is Consents needed (if women incompetent)		
Yes, from legal guardian	65	60.2
Incorrect response	43	39.8
Is Consent needed (if girl is under18 years)		
Yes, from legal guardian	91	84.3
Incorrect response	17	15.7
Abortion prohibited (if condition)		
Sex-selective abortion	76	70.4
Incorrect response	32	29.6
Abortion is legal (incurable disease/HIV)		
Yes, up to 28 weeks of gestation	5	4.6
Incorrect response	103	95.4
Can women use safe abortion (at 10 weeks)		
Yes	107	99.1
Incorrect response	1	0.9

Table 6: Respondents awareness regarding Post Abortion Care (n=108)

Awareness	Frequency	Percentage (%)
Important post abortion care *		
To prevent infection and complications	96	88.9
To provide family planning counselling	61	56.5
To monitor physical and mental health	60	55.6
Overall reproductive health monitoring	26	24.1
Complications of unsafe abortion *		
Over bleeding	108	100.0
Psychological torture	35	32.4
Infection	54	50.0
Infertility	82	75.9
Action for post –abortion bleeding		
Correct response	105	97.2
Incorrect response	3	2.8
Ways to make safe abortion*		
By strictly applying abortion law	89	82.4
By increasing awareness on the legalization of abortion	64	59.3
By training health personal to provide safe abortion services	75	69.4
By making safe abortion more available	39	36.1
Method to prevent future pregnancy*		
Birth controlling pills	108	100

Intra uterine contraceptive device	95	88.0
condom	108	100.0
Implant	103	95.4
Depo -Provera	107	99.1

Multiple response*

Table 7: Association on Level of Awareness and selected demographic variables (n=108)

Variables	Median score		χ^2	df	P- value
	(>33)	(≤33)			
Age of respondent in years					
≤33	26	34	6.950	1	0.008*
>33	33	15			
Marital status					
Married	36	52	3.816	1	0.051
Unmarried	13	7			
Religion					
Hindu	49	59			
Ethnicity					
Advantage group	37	43	0.096	1	0.756
Disadvantage group	12	16			
Type of family					
Nuclear	33	31	2.430	1	0.119
Joint	16	28			
Educational level of respondent					
Illiterate	4	21	11.321	1	0.001*
literate	45	38			
Educational level of husband (n=80)					
Illiterate	1	10	4.988	1	0.026*
Literate	35	44			
Occupation of respondent					
Service	15	9	3.653	1	0.056
Non service	34	50			
Occupation of spouse					
Service	17	13	4.675	1	0.031*
Non service	19	39			
Monthly family income					
≤42000	33	36	0.465	1	0.495
>42000	16	23			

* =significant, p- value is <0.05 is considered statically significant.

4. DISCUSSION

This study was carried with the aim of assessing awareness regarding abortion among women of reproductive age residing in Godawari Municipality Kailali, Nepal. Women within the

reproductive age group were included as study participants. The major findings of the study are as follows

The present study revealed that only 9.3% of the respondents had high level of awareness, 58.3%, had moderate level of awareness, and 32.4% had low level of awareness regarding abortion. This finding is supported by a study conducted in Jhapa, Nepal where the majority of women demonstrated a moderate level of knowledge regarding safe abortion practices¹⁰.

Another Study conducted in Mozambique and South Africa reported contrasted result shows higher level of knowledge more than 70% of the respondents demonstrate good knowledge regarding safe abortion¹¹. Similarly, a study conducted in India found that 65% of women had good knowledge, while 28% had average knowledge about abortion and its related services².

The current study also found that mass media was the primary source of information about abortion. This finding is supported by a study conducted in Pokhara, which showed that radio, television, and social media were major sources of abortion-related information⁶.

Comparison with international studies further highlights variability. Studies conducted in Egypt, Nigeria, and Ghana revealed that women generally had moderate knowledge regarding safe abortion but limited understanding of legal provisions, which is consistent with the present findings^{12 13}. In contrast, studies from Bhutan and India showed higher awareness levels, likely due to stronger integration of reproductive health and legal education within national health programs. These differences may also reflect variations in policy implementation, health literacy, and cultural acceptance of abortion across countries⁹.

Overall, this study indicates that respondents possessed a moderate level of knowledge regarding abortion, with only 9.3% demonstrating a high level of understanding. This finding is supported by studies conducted in Nepal and India, which reported similar moderate knowledge levels among women. In contrast, studies from Bhutan and Mozambique reported higher knowledge, likely due to stronger integration of reproductive rights education, structured awareness programs, and effective dissemination of information regarding safe abortion practices.

5. CONCLUSION

The study revealed that awareness regarding abortion among reproductive age group women is in moderate level. Only one respondent among ten had high level of awareness regarding

safe abortion. Although awareness of safe abortion practices was relatively high, understanding of legal provisions and post-abortion care remained limited. Furthermore, significant associations were identified between knowledge levels and factors such as age of the respondents, educational attainment, and spouse's occupation. These findings highlight the need for targeted educational and awareness programs aimed at enhancing women's comprehensive understanding on abortion, including its legal, medical, and social dimensions, to promote informed reproductive health decisions.

6. LIMITATION

The study was limited and confined only in 4 out of 12 wards of Godawari Municipality which may limit the generalization of the results.

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8. Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this review.

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