



## Abortion Legislation and its Reform: A Cross Sectional Study on the Views of Obstetricians and Gynecologists in Nepal

Shreyashi Aryal, Deepak Shrestha  
Lumbini Medical College Teaching Hospital, Nepal

### ABSTRACT

**Aims:** To assess the knowledge of obstetrician and gynaecologists in Nepal about abortion legislation and to know their perception on its reform.

**Methods:** A cross-sectional survey design was adopted. An online questionnaire was sent to all members of the Nepal Society of Obstetrician and Gynaecologists and response was collected. Profile of the respondents, their knowledge on the 2002 abortion legislation and their attitude on its reform were noted.

**Results:** The response rate was 10.1%. There was a fair knowledge of previous abortion legislation amongst the 43 respondents. The mean score for the knowledge on previous abortion law and its reform was  $3.85 \pm 0.35$  and  $3.0 \pm 1.14$  respectively. Twenty-seven (62.8%) respondents felt the need for reform was necessary. In regards to the reform, 44.25% (19) stood for it and 46.5% (20) were against it. More (55%) obstetrician and gynaecologists practicing in the Bagmati province were against the reform.

**Conclusions:** Obstetrician and gynaecologists practitioners in Nepal have a good knowledge of abortion legislation and are aware of its reform. The need for reform is also perceived well but there is a divided opinion amongst practitioners, with half of them positive about the reform and half standing against it.

**Keywords:** abortion, legislation, Nepal, perception, reform

### Correspondence

Dr Shreyashi Aryal  
Department of Obstetrics  
and Gynaecology,  
Lumbini Medical College  
Teaching Hospital, Nepal

Email: [shreyashiaryal@gmail.com](mailto:shreyashiaryal@gmail.com)

Phone: +977-9841265694

ORCID: <https://orcid.org/0000-0002-6832-3530>

Received: 8 Sep 2022

Accepted: 1 Dec 2022

**Citation:** Aryal S, Shrestha D. Abortion Legislation and its Reform: A Cross Sectional Study on the Views of Obstetricians and Gynecologists in Nepal. *Nep J Obstet Gynecol.* 2022;17(35):30-36. DOI: <https://doi.org/10.3126/njog.v17i2.52372>

### INTRODUCTION

Nepal legalized abortion in the year 2002 A.D and after its implementation from 2003, it has significantly reduced the maternal mortality rate by reducing deaths related to unsafe abortions. According to the legislation, termination of pregnancy was allowed upto 12 weeks of gestation upon maternal request, upto 18 weeks gestation in case of rape and incest and in any gestational period if the pregnancy threatens the life of the mother or the fetus.<sup>1</sup>

In September 2020, the abortion legislation was reformed with legalization of abortion upto 28 weeks in special cases. The Section 4(15) of the Safe Motherhood and Reproductive Health Rights Act allows abortion upto 12 weeks with the consent of the pregnant women, and upto 28 wks in case of rape and incest or if a woman is suffering from HIV or other incurable disease; or any duration if the health of the mother or of the fetus is at risk.<sup>2</sup>

Obstetrics and gynecology specialists (OB/GYN) have a divided opinion on this legislation. With the evolution of perinatal care and availability of facilities like intrauterine surgeries, and advanced neonatal care facilities, neonates as early as 24 weeks have been surviving with good quality of life.<sup>3,4</sup> In this scenario, allowing the abortion of a fetus at 28 weeks may not seem appropriate. On the other hand, with restriction of abortion at later period of gestation, woman may resort to unsafe abortion increasing risk of complications. Carrying an unwanted pregnancy till term has long term psychological and social consequences.<sup>5</sup>

This study was undertaken to find the knowledge of OB/GYN in Nepal about the abortion legislation and their perceptions on its reform.

## **METHODS**

A cross-sectional survey model was chosen. An online survey was created through Google forms and sent to registered members of the Nepal Society of Obstetricians and Gynaecologists (NESOG) via email. The response to the survey was collected over a period of three weeks from 10 January 2022. Approval was taken from the Institutional Review Committee (IRC LMC 02-F/021) before starting the study.

Electronic informed consent was taken from each respondent that appeared on the first page of the survey. The respondent answered a “yes” or a “no” before proceeding to complete the questionnaire. Confidentiality was maintained.

A self designed online questionnaire was developed and pretested amongst ten NESOG members before collecting the final survey.

This questionnaire included three parts. The first part incorporated the profile of the respondents like age, gender, years of practice, area of practice and previous experience of induced abortion, self/spouse. The second part contained 4 questions assessing the knowledge about previous abortion legislation. The first question assessed the knowledge of respondents on the year of implementation of abortion legislation. Other questioned assessed the knowledge on period of gestation for abortion in unwanted pregnancy, in cases of sexual offense and in life threatening cases. Each correct answer was given a score of 1 and mean score was calculated. The third part contained 7 questions on knowledge and perceptions on law reform. The first question asked if the respondents were aware of the reform in the abortion legislation. Questions 2 to 5 assessed the knowledge on period of gestation for abortion in unwanted pregnancy, in cases of sexual offense and in HIV and other incurable disease. These 4 questions were also given a score of 1 for each correct answer. Questions 6 and 7 assessed the attitude regarding the reform. It asked if the respondents thought the reform was needed or not and if they stood for, against or were indifferent to the reform.

The difference in perceptions on abortion reform was assessed in relation to age, gender, years of experience and area of practice of the respondents.

Data was entered and analyzed using Statistical package for social sciences (SPSS) version 16. The results for quantitative data were expressed in terms of mean and standard deviation and percentages.

## **RESULTS**

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The survey was sent to 551 registered members of NESOG. Total response received were 56 with a response rate of 10.1%. Out of these, there were 13 incompletely filled forms. So, a total of 43 completed responses were included in the study.

The mean age of the respondents was  $40.4 \pm 10.7$  years with a minimum age of 30 and maximum of 72. [Table-1]

Table-1: Descriptive characteristics of the respondents (N=43)

Variables	N (%)
<b>Age group in Years</b>	
30-40	25 (58.1)
41-50	11 (25.5)
51-60	2 (4.6)
61-70	4 (9.3)
>70	1 (2.3)
<b>Gender</b>	
Female	31 (72.1)
Male	12 (27.9)
<b>Obstetrics/Gynecology practice in Year</b>	
<5	7 (16.2)
6-15	21 (48.8)
16-25	6 (13.9)
26-35	6 (13.9)
36-45	3 (6.9)
<b>Current working experience by geographic area</b>	
Province 1	6 (13.9)
Province 2	4 (9.3)
Province 3	17 (39.5)
Province 4	5 (11.6)
Province 5	9 (20.9)
Province 6	-
Province 7	1 (2.3)
Other country	1 (2.3)
<b>Previous induced abortion experience self/spouse</b>	
Yes	19 (44.2)
No	24 (55.8)

Most of the respondents gave correct answer to the questions on abortion legislation of 2002. The mean score for the knowledge on previous abortion law was  $3.85 \pm 0.35$ . [Table-2]

Table-2: Knowledge of respondents on abortion law of 2002 (N=43)

Questions	Correct answer (%)
1 Abortion was legalized in Nepal in which year	42 (97.7)
2 What is the gestational age (in weeks) upto which abortion can be performed on the request of the pregnant women?	43 (100)
3 What is the gestational age (in weeks) upto which abortion can be performed in cases of rape and incest?	38 (88.4)
4 Can abortion be performed at any gestational age if it threatens the life of the mother or the fetus?	40 (93)

88.4% respondents were aware of the reform in abortion legislation in 2020 and 62.8% felt that the change was necessary. 46.5% respondents were against the reform. However, the knowledge on the new legislation was less than the knowledge on previous legislation. The mean score of knowledge on the reformed abortion law (Q2-5) was  $3.0 \pm 1.14$ . [Table-3]

Table 3: Knowledge of OB/GYN on abortion law after reform in 2020

Questions	Correct answer (%)
1 Are you aware of the reform in abortion law of Nepal in September 2020	
Yes	38 (88.4)
No	5 (11.6)
2 What is the gestational age in weeks upto which abortion can be performed on the request of the pregnant women?	26 (60.5)
3 what is the gestational age in weeks upto which abortion can be performed in cases of rape and incest	32 (74.4)

4	Can abortion be performed in cases of HIV or other incurable diseases?	
	Yes	35 (81.4)
	No	8 (18.6)
5	What is the gestational age in weeks upto which abortion can be performed in cases of HIV or other incurable diseases?	29 (67.4)
6	Do you feel the need of a reform in abortion legislation was necessary?	
	Yes	27 (62.8)
	No	11 (25.6)
	Maybe	5 (11.6)
7	What is your view on the abortion legislation reform of September 2020	
	I stand for it	19 (44.25)
	I am against it	20 (46.5)
	I am indifferent to it	4 (9.3)

The gender, age, years of experience and previous experience of induced abortion did not affect the decision to stand for or against the reform. More number of respondents 11(55%) practicing in Bagmati province were against the reform. [Table-4]

Table-4: Attitude on abortion law reform based on the profile of respondents

Variables	For reform (N=19)	Against reform (N=20)
<b>Gender n (%)</b>		
Male	4 (21.05)	7 (35)
Female	15 (78.94)	13 (65)
<b>Age n (%)</b>		
30-40	10 (52.6)	13 (65)
41-50	6 (31.5)	4 (20)
51-60	-	2 (10)
>60	3(15.7)	1 (5)
<b>Practicing area n (%)</b>		
Province 1	4 (21.05)	2 (10)
Province 2	3 (15.7)	1 (5)
Province 3	4 (21.05)	11 (55)
Province 4	4 (21.05)	1 (5)
Province 5	3 (15.7)	4 (20)
Province 6	-	-
Province 7	-	1 (5)
Outside Nepal	1 (5.2)	-
<b>Years of experience n (%)</b>		
≤10	10 (52.6)	12 (60)
11-20	3 (15.7)	5 (25)
21-30	1 (5.2)	2 (10)
31-40	2 (10.5)	-
>40	1 (5.2)	1 (5)

#### Previous experience of induced abortion self/spouse n (%)

Yes	10 (52.6)	7 (35)
No	9 (47.3)	13 (65)

## DISCUSSION

The findings of this study show that OBGYN in Nepal have good knowledge on abortion legislation and its reform. There is a divided opinion amongst practitioners on the limit of period of gestation for second trimester abortion allowable in certain conditions.

Fifty nine percent of women of reproductive age group, live in countries that broadly allow abortion.<sup>6</sup> Nepali women with minimally restrictive abortion legislation, fall under this group where they can exercise their abortion rights.

Abortion law 2002 of Nepal allows abortion with only the consent of the mother upto 12 weeks of gestation In cases of women who are younger than 16 or are not mentally competent, consent of the woman's nearest relative or immediate guardian is required.<sup>7</sup> This law explicitly prohibits abortion for sex selection and restricts the use of antenatal technology to determine fetal sex.<sup>2</sup>

A recent reform in 2020, increased the gestational limit for abortion from 18 to 28 weeks in conditions like sexual offense, HIV and other incurable disease.<sup>1,2</sup>

Second trimester abortion laws vary globally. There are ten countries that permit second trimester abortion on request. Four of the ten do not have a set upper time limit whereas others have specified limits like 18 weeks in Sweden, 24 weeks in Singapore, and the Netherlands and the United States specify as period of "viability".<sup>8</sup>

Abortion is an emotional issue and this requires patient and doctors make an informed choice keeping in mind the patient's preferences and safety. This study showed that the knowledge of OB/GYN is

good regarding abortion legislation, both current and previous. A study in Brazil showed that poor knowledge on abortion legislation could be a factor leading to unsafe abortion practices.<sup>9</sup> A study from Guatemala showed that inadequate knowledge of service provider leads to hindrance in abortion access.<sup>10</sup>

The findings of this study suggest that the knowledge of the respondents was good irrespective of age, gender and years of experience. More OB/GYN practicing in Bagmati province were against the reform. Most number of participants were from this province and keeping in mind the fact that more discussions and bilateral talks with the policy makers against the reform involved the participation of OB/GYN from the Bagmati province, this could be the reason for more of them being against it.

This study shows that 88.4% of the respondents were aware of the reform in the abortion law. This is a good sign that OB/GYN in the country are updated about changes in the health policy of the country.

Nineteen (44.25%) practitioners were in favour of the reform, that suggests that they felt the need to increase the period of gestation to 28 weeks in special circumstances.

The argument in favour of the reform states valid reasons for termination of pregnancy at 28 weeks. Some clients may find out about their pregnancy late or maybe are in denial. In rural Nepal, lack of awareness and limitation to access to diagnostic tools result in delayed diagnosis of pregnancy. Carrying an unwanted pregnancy till term this has profound psychological and social effects.

The reformed law allows termination of pregnancy upto 28 weeks in cases of HIV. The problems of HIV infection compounded

by the stress of unintended pregnancies could take a toll in the quality of life of women living with HIV. These clients have a greater social vulnerability linked to taboos so they tend to deny their pregnancy upto the duration possible. These clients may benefit from late second trimester abortions. When laws are restricted, they could opt for unsafe abortion and limited research suggests that these women have a greater risk of morbidity following unsafe abortions than HIV-negative women.<sup>11</sup>

The reformed law also allows abortion upto 28 weeks in cases of rape and incest. Pregnancy as a result of sexual offense may be reported late due to delayed diagnosis, denial or social stigma. Abortion at later weeks of pregnancy maybe beneficial to these clients. Prioritizing the interests of the victim would be crucial in cases of rape or incest.

When laws are enforced against the practitioners consent, those who are in favour of late second trimester would be forced to make clinical decisions in fear of going against the law rather than professional medical judgment or the patient preferences. Some evidence suggest that providers induce labour or fetal demise using various drugs in order to comply with the law. This adds unnecessary risk without any medical benefit to the patient.<sup>12</sup>

This survey showed that 20(46.5%) practitioners are against the reform in abortion law. The main reason for this being survival of babies as early as 24 weeks of gestation.<sup>3,4</sup> Aborting a fetus that is capable of living on its own would be criminal.

Second trimester abortions have increased rate of complications even when performed at designated centers by trained personnel. Abortion at 28 weeks would increase the

chances of these complications leading to abortion related maternal mortality.

Abortion at later period gestation has ill effects on mental health as well. There is evidence that women undergoing second trimester abortion had higher rates of post traumatic stress disorder when compared with first trimester abortion.<sup>13</sup>

The reform allows abortion for HIV positive women upto 28 weeks of gestation. Women living with HIV/AIDS are prone to septicemia and may be particularly at risk of complications even if it is done in a hospital setting.

HIV infection alone is not an absolute indication for termination of pregnancy. Evidence shows that HIV-positive women have been forced or feel pressured by service providers to have abortions. They are misinformed about the perinatal transmission rates and possible impact on their pregnancy health and that of their child. Such misperceptions can be heightened by health workers who promote a view that HIV-positive women should be allowed to terminate pregnancy even upto 28 weeks.<sup>14</sup>

There are arguments that adoption would be a better option than to imperil a woman's life by undergoing a late second trimester abortion. This debate has been going on for decades.

The findings of this study may not be a representation of all OBGYNs in the country as the response rate is low. However, it is known that there is no consensus amongst OB/GYN about the reformed abortion legislation of 2020. Despite this fact, the reform has been finalized under the health legislation. The new course of action would be to make provisions to reduce complications of late second trimester abortion. Training for service providers, cost

coverage in insurance schemes and reduced stigma would help clients have safe abortion services even as late as 28 weeks period of gestation.

Almost two decades after the legalization of abortion, many challenges remain. With the law allowing abortion upto 28 weeks, additional efforts are needed to safely expand the provision of late second-trimester abortions.<sup>15</sup>

## CONCLUSION

OB/GYN practitioners in Nepal have a good knowledge of abortion legislation and are aware of its reform. The need for reform is also perceived well but there is a divided opinion amongst practitioners, with half of them positive about the reform and half standing against it. This group of practitioners form a major group of abortion service providers so their views need to be considered before finalizing the legislation reform.

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