

Exploring the Cognitive and Affective Dimensions of Abortion among the Women of Tharu Community of Nepal (A Case Study of Badhaiyatal Rural Municipality, Bardiya)

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Article History: Received: May 18, 2023

Revised: Jun. 6, 2023

Received: July 08, 2023

Abstract

This research article aimed to investigate the existing knowledge and attitudes of Tharu women residing in the Badhaiyatal Rural Municipality of the Bardiya district regarding abortion. This research utilized both primary and secondary sources of data to gather comprehensive insights. The sample population consisted of 172 respondents from the Tharu community. The study revealed that a majority of women possessed knowledge about abortion and exhibited a positive attitude towards its legalization. Furthermore, most respondents demonstrated a positive outlook towards safe abortion and its legalization in Nepal. The study objectives included determining the socio-demographic characteristics of the respondents, assessing their knowledge about abortion, and identifying their attitudes towards abortion in the Tharu community. The methodology employed in this research followed a descriptive design with a quantitative nature. The study area encompassed wards No. 4 and 6 of the Badhaiyatal Rural Municipality in the Bardiya district. The target population comprised women of reproductive age (15-49 years), totaling 516 individuals. Systematic random sampling was utilized as the sampling technique. Data collection involved conducting home visits and employing interview schedules and attitude scales for primary data, along with utilizing records from the Tharu Samaj and various publications for secondary data. The findings indicated that 41.86 percent of respondents defined abortion as the expulsion of the fetus before natural birth, while 12.79 percent considered miscarriage as a form of abortion. Furthermore, 33.72 percent strongly disagreed, and 4.07 percent agreed that a fetus is a living being with the right to be born. The study concluded that the majority of respondents were aged between 15 and 25 years, adhered to Hinduism, and were unmarried. Most respondents were aware of abortion's legalization in Nepal; they lacked knowledge about the specific legal provisions.

Keywords: abortion, tharu community, knowledge, attitude, reproductive health

Introduction

In ancient times, health was primarily perceived and defined in terms of physical well-being. Individuals with strong and robust bodies were considered healthy. However, in today's challenging world, the concept of health extends beyond physical fitness alone. It encompasses

mental, social, emotional, and spiritual well-being. Among these dimensions, reproductive health plays a crucial role in determining overall health.

Reproductive health has been defined in various ways. Traditional definitions of reproductive health primarily focused on women and failed to address issues related to men. One such definition states that reproductive health refers to "the ability of a woman to live from adolescence or marriage, whichever comes first, to death, with reproductive choice, dignity, successful childbearing, and freedom from gynecological diseases and risks" (Evans, 1987). Another definition, provided by the United Nations (1994), emphasizes that reproductive health entails the ability to have a satisfying and safe sexual life, the ability to make informed decisions about reproduction, and the freedom to choose if, when, and how often to engage in sexual activities.

Abortion is a highly complex, controversial, and sensitive topic in modern society. The primary source of controversy revolves around questions of who has the authority to make decisions regarding abortion, whether it is the individual or the state. Furthermore, debates exist regarding the circumstances under which abortion may be performed and who possesses the capability to make such decisions. Medical aspects of abortion, such as techniques employed, are relatively less controversial. Nevertheless, the practice of abortion has been part of human history for thousands of years. Despite advancements in technology and changes in societal attitudes, abortions continue to take place under medically primitive conditions in developing areas. Abortion has become integrated into modern healthcare while simultaneously becoming a subject of political debate, highlighting disagreements over women's roles and individual autonomy (Potts, 2007).

The history of abortion traces back to ancient civilizations such as China, Egypt, and the Roman Empire. Various methods, including the use of abortifacient herbs, sharpened implements, abdominal pressure, and other techniques, were employed to terminate pregnancies (Joffe, 2009). Some medical scholars and opponents of abortion have argued that ancient Greek physicians were prohibited from performing abortions by the Hippocratic Oath. However, interpretations of this oath vary, and medical texts within the Hippocratic Corpus describe abortive techniques and the associated health risks for women. According to traditional Islamic law, abortion is permitted up to the time when the soul is said to have entered the fetus. This time period can vary depending on the theologian and can range from conception to precise moments after conception or quickening. However, abortion is severely limited or outlawed in areas with a significant Islamic population, such as the Middle East and North Africa (Dabash, 2008).

In Nazi Germany (1935), abortions were permitted for those considered "hereditarily ill," while women of German descent were explicitly prohibited from having abortions (Friedlander, 2007). In the United States, those favoring greater legal restrictions or complete prohibition of abortion commonly identify as pro-choice. Generally, the former position asserts that a human fetus possesses the right to life, equating abortion to murder. The latter position contends that women have reproductive rights, particularly the choice to carry a pregnancy to term (DiMeglio, 2009).

Prior to 2002, abortion was illegal in Nepal, and women, along with their children, often faced imprisonment based on allegations from neighbors or estranged family members. The

legalization of abortion in 2002 did not eliminate obstacles to women's access due to prohibitively high costs. In 2009, Nepalese women sought legal intervention, leading Nepal's Supreme Court to order the government to establish a fund ensuring genuine access to abortion services. This fund was required to allocate sufficient resources to meet the demand for abortion services among rural and economically disadvantaged women. The Court's actions aimed to bridge the gap between the legal right to abortion and the ability of all women, not just the privileged few, to exercise that right. Within a short span of seven years, Nepal transitioned from imprisoning women for violating criminal abortion bans to providing public funding for abortion services (Shrestha, 2010).

Research Objectives of the Study

The primary objectives of this particular study are to explore the knowledge and attitudes regarding abortion among women belonging to the Tharu community in Badhaiyatal Rural Municipality, located in the Bardiya district. The following list includes the study's precise goals:

1. To identify the respondents' sociodemographic traits.
2. To determine how much the Tharu community already knows about abortion.
3. To determine the dominant abortion-related viewpoints in the Tharu community.

The delimitations of this study are as follows:

1. The study solely assesses knowledge related to abortion laws, abortion methods, types of abortion, leading factors influencing decisions to undergo abortion, and availability of safe abortion services.
2. The study only examines attitudes toward the legalization of abortion, religious perspectives on abortion, safe sexual practices, safe abortion practices, attitudes toward sex crimes, and social values associated with abortion.
3. The study includes only Tharu women of reproductive age, specifically those between 15 and 49 years old, residing in Ward No. 4 and 6 of Badhaiyatal Municipality.

Review of Related Literature

In a Mexican context, a study titled "Knowledge and Opinion about Abortion Law among Mexican Youths" revealed that a majority of respondents were unaware of the legalization of abortion in their country. However, the study found that respondents agreed to permit abortion in cases of rape (100%) and when the pregnancy posed a risk to the woman's life (84%). Additionally, 36% agreed that abortion should be allowed in cases of severe fetal birth defects. Interestingly, respondents from one Mexican state even advocated for allowing abortion due to economic reasons (David, 2004).

A study conducted in the United States titled "Attitude and Intentions of Future Healthcare Providers toward Abortion Provision" demonstrated that 70% of the respondents supported the availability of legal abortion under any circumstances. The study revealed that a

majority of future healthcare professionals believed that abortion should be legal, accessible, and a standard part of clinical training (Slomag, 2004).

Another study titled "Public Opinion Poll on Abortion Law and Services" conducted by the Center for Research on Environment Health and Population Activities (CREHPA), a non-governmental organization, surveyed individuals aged between 18 and 60 in ten major cities of Nepal. The study found a consistent increase in public awareness about the legalization of abortion compared to previous years. In 2002, the awareness rate was only 22%, which rose to 26% in 2003. Furthermore, the study conducted in 2004 reported that 42% of respondents had gained awareness on the subject (CREHPA, 2004).

Furthermore, medical abortions, which are non-surgical abortions utilizing pharmaceutical drugs (abortifacients), have gained prominence. A study conducted in the United States in 2005 found that medical abortions constituted 13% of all abortions, increasing to 17% in 2010. In the US, combined regimens comprising methotrexate or mifepristone were utilized, but in the UK and Sweden, gemeprost was used. 92% of women who employed a combination regimen for a medical abortion within 49 days after conception were able to finish the procedure without the need for surgery. However, surgical intervention was necessary when a medicinal abortion failed (Trupin, 2007).

The most often claimed reasons for women seeking abortions, according to a 1998 research of 27 nations, were to put off having children until a better time or to prioritize taking care of already-born children. Financial limitations and the father's lack of assistance were also important socioeconomic variables. Risk to maternal health was cited as the primary reason in a study performed in the US in 2004 by 5–10% of women in seven nations and by 20–38% of women in three nations (Kenya, Bangladesh, and India). For 3% of women, the health of the fetus was a concern, while 1% of pregnancies were the consequence of rape or incest. The study also showed that 54% of women who had abortions were taking contraception at the time of conception, with different degrees of usage and failure rates depending on the technique used (Jones, 2008).

Depending on the method used and the stage of pregnancy, abortion rates vary. In 2003, according to data from the Centers for Disease Control and Prevention (CDC), 26% of abortions took place at less than six weeks' gestation, followed by 18% at seven weeks, 15% at eight weeks, 4.1% from sixteen to twenty weeks, and 1.4% at twenty weeks or more. The majority of abortions (90.9%) were classified as "curettage" procedures, with 7.7% categorized as "medical" means, 0.4% as "intrauterine instillation," and 1.0% as "other" (including hysterectomy). However, the CDC emphasized the tentative nature of this data due to collection difficulties, and some reported fetal deaths beyond 20 weeks may have been erroneously classified as abortions. The Guttmacher Institute estimated that 0.17% of all abortions in the U.S. involved intact dilation and extraction procedures in 2000. Similar patterns were observed in England, Wales, and Scotland, with the majority of terminations occurring at or under 12 weeks (Cheng, 2008).

The research gaps identified include the lack of awareness among the public, attitudes and intentions of healthcare professionals, access to comprehensive abortion care services, long-term health outcomes of different abortion procedures, and factors influencing women's decisions to seek abortion. Further research in these areas would contribute to a better

understanding of abortion-related issues and inform effective strategies for reproductive healthcare provision.

Research Methodology

Study Design and Methodology

The conceptual underpinning for the research is provided by the research design. It offers the framework for gathering, measuring, and analyzing data. In order to give a quantitative analysis, a descriptive research approach was used in this study.

Population, Sample, and Sampling Procedure

The target population for this study consisted of 517 Tharu women of reproductive age (15-49 years) residing in the study area. The study area encompassed the Tharu communities in Ward No. 4 and 6 of Badhaiyatal Rural Municipality.

A systematic random sampling method was applied to select the respondents from the study area. A purposive sampling approach was used to identify the study area. From the representative population of the study area, a sample size of 172 respondents (33% of the total reproductive age group population) was chosen. The researcher created a numbered list of women from 1 to 516 and employed a lottery method to select the first number. Subsequent numbers were chosen at intervals of 3. This process resulted in a sample population of 172 respondents.

Nature of Data

There were two types of data used in this study: primary data and secondary data. Using an interview schedule and an attitude scale, interviews were used to collect primary data. Records from Tharu Samaj (2076) and different publications were used as secondary data sources to enhance the study's goals.

Data Collection Tools and Techniques

Data collection tools are essential for gathering, organizing, and analyzing data. These tools need to be accurate in terms of validity, reliability, and limitations. In this study, an interview schedule was carefully constructed to collect information on various aspects of knowledge related to abortions, such as abortion laws, abortion methods, types of abortion, leading factors for abortion, and safe abortion practices. Additionally, an attitude scale using Likert scales was employed to collect respondents' responses on topics including the legalization of abortion, religious acceptance, safe abortion practices, sex crimes, and safe sexual habits.

Data Collection Procedure

The researcher obtained permission from the relevant authorities at the campus and visited the homes of women of reproductive age to collect data. Pre-tested and modified interview schedules and attitude scales were administered to the sample population through face-

to-face interviews. The necessary information pertaining to the study objectives was collected, and data were checked and verified manually in the field.

Methods of Data Analysis and Interpretation

After data collection, the information was carefully reviewed and modified to reduce errors and inconsistencies during the editing and coding process. Raw data were edited and coded, and the resulting data were systematically tabulated and presented using percentages, pie charts, and bar diagrams for analysis and interpretation.

Analysis and Interpretation of Data

The collected data were organized and presented in tables using numerical values and percentages to facilitate a comprehensive analysis. The data will be analyzed and interpreted in the following sections:

- i. Socio-demographic status of the respondents.
- ii. Existing knowledge about abortion in the Tharu community.
- iii. Attitudes towards abortion in the Tharu community.

Socio-demographic Status of the Respondents

Socio-demographic characteristics encompass the social properties that study human social interactions, as well as the rules and processes that connect and differentiate individuals within associations, groups, and institutions. Demographic characteristics serve as criteria for classifying people for statistical purposes, such as age, race, or gender. These characteristics are encoded to provide statistical information.

This subsection of the study focuses on the analysis and interpretation of individual characteristics of the respondents, including their socio-demographic profiles. The researcher collected information on factors such as age, caste, educational status, marital status, religious affiliation, profession, and more.

Age of Respondents

Age is the duration of life or existence up to a particular moment in time; it denotes how long a person or object has lived. A certain stage or degree of mental and physical development, as well as legal obligations and powers, are frequently associated with this period of time in a person's life, which is measured in years from birth. Age is the stage of life at which a person is either naturally or socially competent for, or ineligible for, specific activities (American Heritage Dictionary, 2009).

Table 1

Distribution of Respondents by Age

S.N.	Age Group	No. of Respondents	Respondents in percent
1.	15-20 Years	56	32.56
2.	21-25 years	40	23.26
3.	26-30 years	18	10.47
4.	31-35 years	17	09.88
5.	36-40 years	16	09.30
6.	41-45 years	14	08.14
7.	46-49 Years	11	06.40
Total		172	100.00

Table 1 shows that out of 172 respondents, 32.56 percent of them were between the age 15-25 Years, 23.26 percent were of age between 21 to 35 years, 10.47 percentage were of age 26 to 30 years and 9.88 percent of them were of age between 31 to 35 years. Similarly, 9.30 percent of the respondents were between the age of 36 to 40 years where as 8.14 percent of them were of age 40 to 45 years and 6.40 percent were of age between 45 to 49 years.

Caste/Ethnicity of the Respondents

Members of the same caste often have the same status, vocation, and/or economic situation, as well as mores that set them apart from other groups. However, this is not always the case. Caste is a generic term that may be used to describe any rigorous system of cultural or social divisions. In Nepal, there is a caste group known as the Tharu. Desaure Tharu and Rana Tharu were the two subcastes that made up the tharu community. The respondents' caste distribution is depicted in the image below.

Figure 1

Distribution of Respondents by Sub-castes

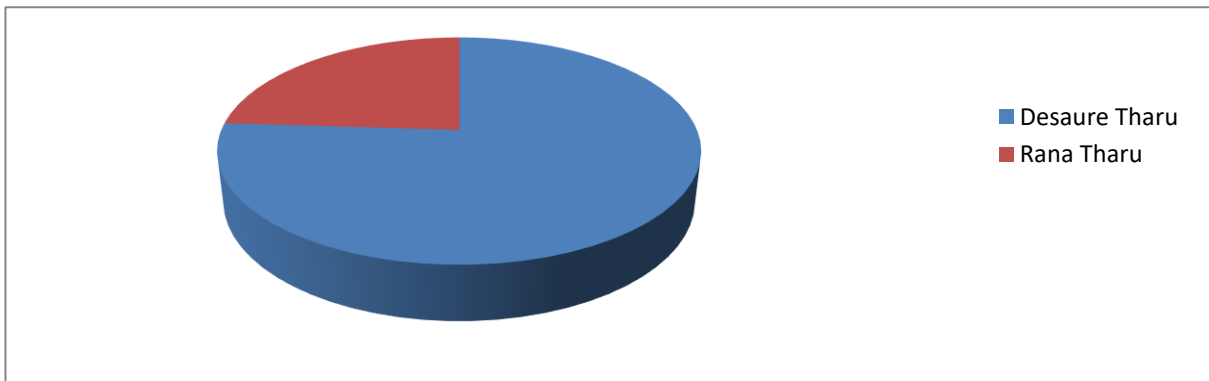


Figure 1 shows that in the study area, 76 percent of the respondents were from Desaure Tharu and 24 percent of them were from Rana Tharu.

Educational Status of the Respondents

Any activity or event that shapes a person's intellect, character, or physical capabilities is considered education in the broadest sense. Technically speaking, education is the method through which society consciously transfers its amassed information, abilities, and values from one generation to the next. True education elevates the person. The information gathered from them is listed below with reference to each respondent's educational status in relation to the research area:

Table 2
Distribution of Respondents by their Educational Status

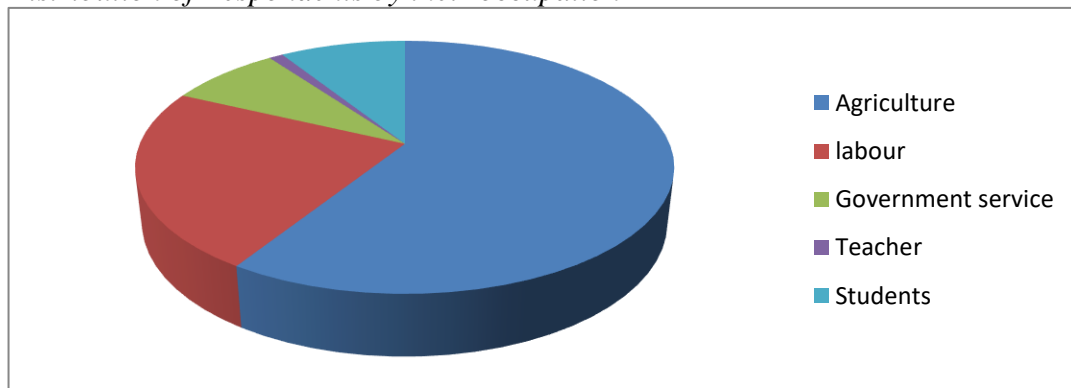
S.N.	Education Level	No. of respondents	Percent
1.	Illiterate	20	12.67
2.	Primary	80	46.00
3.	Lower Secondary	19	10.60
4.	Secondary	20	10.40
5.	Higher Secondary	23	13.33
6.	Higher Level	10	6.00
Total		172	100.00

Table 2 shows that 46.00 percent of the respondents had gained primary level education and 13.33 percent had education up to higher secondary level, similarly, 12.67 percent were illiterate whereas 10.60 percent were educated up to Lower secondary level and 6.00 Percent of them had gained higher level education.

Occupation of the Respondents

A profession is an activity that demands one's time and attention; it is also referred to as a vocation, occupation, calling, or trade. Nepal is an agriculture country. So, it can be presumed that the majority of Nepalese are engaged in agriculture activities. Among the study population, it is also possibility to be agricultural as the major occupation. However, the occupation status of the respondents is given in the figure below:

Figure 2
Distribution of Respondents by their occupation



Regarding the profession of the respondents, majority of them were involved in agriculture which is 59.00 Percent of the total. Out of 172 respondents, 23.00 percent were

involved in labor whereas 9.00 percent were students and 8.00 percent were involved in government job. Similarly, 1.00 percent was teachers. Nepal is an agricultural country and more than 75 percent of the people of Nepal are engaged in agriculture. Comparing this people of Study area, the percentages of the respondents engaged in agriculture is very low.

Knowledge on Abortion

Meaning of Abortion

Abortion is the removal or destruction of a developing fetus or embryo before it is born. It is an act of giving birth too soon, or more specifically, it is the ejection of the human fetus too soon or before it is ready to maintain life. Abortion is another name for the immature offspring of a premature delivery (Joffe, 2000).

Knowledge of abortion plays a vital role to establish and utilize the safe abortion services, apply the legal system and change the behavior of the people. Abortion is a critical issue of human health. Due to ignorance of people, the unsafe abortion takes place and number of death in the society. Understanding of abortion of people help them to manage properly their habits, the definition of abortion was given in four options in the study area. The response obtained from them is as follows:

Table 3

Distribution of Respondents by Knowledge on the Meaning of Abortion

S.N	Options	No. of Respondents	Percents
1.	Vaginal hemorrhage	33	19.18
2.	Miscarriage	45	26.17
3.	Oozing of grey water from vagina	22	12.79
4.	The expulsion of fetus before natural birth	72	41.86
Total		172	100

Out of the total 172 respondents, 41.86 percent said that abortion is the expulsion of fetus before natural birth, 26.17 percent's view was that abortion is miscarriage whereas 19.18 percent said that abortion is vaginal hemorrhage and 12.79 percent said that miscarriage is the abortion.

The table shows that a higher proportion of the respondents had good knowledge about abortion as they said that abortion is the expulsion of feet us before natural birth, but the majority of them have poor Knowledge on its meaning.

Type of Abortion

Understanding the different forms of abortion is crucial because it helps individuals avoid the negative effects of unsafe abortion and select safe abortion providers. A form of abortion that takes place without medical or other intervention is a spontaneous abortion or miscarriage. Women older than 35 or younger than 17 years old, couples who have trouble getting pregnant, and women who have had at least two miscarriages have a greater risk of miscarriage, which

occurs in around 25% of all pregnancies. In the first trimester (the first three months, or the first 12 weeks of pregnancy), over 90% of miscarriages take place. Some miscarriages occur before a woman is aware that she is pregnant, and she may not even be aware that she has had an abortion (Khatri, 2011)

Four option as types of abortion were prescribed to choose for the respondents. The response obtained from them is as follows:

Table 4
Distribution of Respondents by the Knowledge on Types of Abortion

S.N.	Types of Abortion	No. of Respondents	Percent
1.	Spontaneous and Induced	93	54.07
2.	Forced and Traditional	47	27.33
3.	Natural and Forced	19	11.05
4.	Spontaneous and Modern	13	07.55
Total		172	100

The table shows that 54.07 percent of the respondents had Knowledge about spontaneous and induced abortion 27.33 percent said that forced and traditional abortion is the type of abortion whereas 22.05 percent's view on type of abortion is natural and forced and 7.55 percent said that spontaneous and modern.

Knowledge on Safe Abortion

The respondents were inquired abortion knowledge on safe. The responses are as follows:

Table 5
Distribution of Respondents by Knowledge on Safe on Safe Abortion

S.N	Safe Abortion	No. of Respondents	Percent
1	To do abortion with the help of skilled health worker	145	84.30
2	To do abortion in any clinic	7	04.07
3	To do abortion with the help of general health worker	3	01.75
4	To do abortion by applying traditional method of abortion	17	09.88
Total		172	100

Table 5 shows that most of the respondents had good knowledge on the definition of safe abortion as 84.30 percent's view was safe abortion is to do abortion with the help of skilled health workers but 4.07 percent said that it is safe to do abortion in any clinic whereas 1.75 percent of the respondents told safe abortion can be done with the help of general health worker and 9.88 percent said that safe abortion can be done by applying methods of abortion.

Knowledge on Unsafe Abortion

According to the World Health Organization, an unsafe abortion is one that is performed by someone who lacks the essential expertise, takes place in a setting that doesn't meet minimum medical standards, or both. Or take notice that "unsafe" does not equate to "illegal" or "clandestine." For instance, legally permitted abortions may be dangerous due to inadequate facilities, inadequately educated physicians, or both (Lisa, 2009). The respondent in the study area were inquired about unsafe abortion. They were given options. The responses obtained from them are as follows:

Table 6
Distribution of Respondent by Knowledge of Unsafe Abortion

S.N	Unsafe Abortion	No. of Respondents	percent
1	To do abortion if the conception is less than 12 years	6	03.48
2	To do abortion with the help of unskilled health workers	13	07.56
3	To insert abortion pills into the vulva	67	38.96
4	To do abortion in uncertified organization	86	50.00
	Total	172	100.00

The table 6 shows that 50 percent of the respondents said that unsafe abortion was to do abortion in uncertified organizations and 38.96 percent said that unsafe abortion was to do abortion with the help of unskilled health workers and only 3.48 percent said to do abortion if the conception is less than 12 weeks is the unsafe abortion.

The data above shows that of the respondents had the knowledge that unsafe abortion are done in uncertified organizations; it is due to lack of knowledge of safe place for abortion.

Effects of Unsafe Abortion

The negative repercussions of abortion are more severe and can persist a long time. The termination of the potential life persists even if the issue of whether a pregnancy contains a real life is contentious. Uterine bleeding, perforation, endometriosis, pelvic inflammatory illness, concurrent ectopic pregnancy, Ashram syndrome, and delayed sequel are among the complications. Even if the number of women who suffer from sadness and regret is modest,

many of them deal with these mental difficulties. Although infections are extremely unlikely to occur and frequently result from prior health issues, they can be fatal without warning. Any surgery would reduce the immune system's functionality, making the body more susceptible to bacterial and viral infection.

Table 7

Distribution of Respondents by Knowledge on Traditional Methods Abortion

S.N.	Response of Traditional Methods	No. of Respondents	Percentage
1.	Insertition of hot iron rod	23	13.37
2.	Use of liquid of cactus	25	14.53
3.	Use of black shilajeet	29	16.86
4.	Others (yoga, hypothermia, etc.)	40	23.26
5.	Don't Know	55	31.98
	Total	172	100.00

Out of 172 Respondents, 13.37 percent of the respondents said that insertion of hot iron rod is the traditional method of abortion, 14.53 percent said using liquid of cactus is the traditional method whereas 16.86 percent's view was that use of black shilajeet and 23.26 percent said that there are other various traditional methods of abortion like yoga, hypothermia, etc. but 31.98 percent of them had no any Knowledge on traditional methods of abortion.

The data above shows that most of the respondents had heard about different methods of doing traditional abortion the shows that they had Knowledge about the traditional methods of abortion.

Findings

Abortion is a major global health issue. Every, in the world 20 million women die due to unsafe abortion. Out of them 95 percent are in developing countries. Abortion is done in legal conditions as well as illegal too. , most of the illegal abortions are harmful for women's health. In 2002, abortion was legalized in Nepal by 11th amendment of country code. Governmental, non – governmental and private agencies provide safe abortion services under the abortion law in Nepal, But majority of people are ignorant about legalization.

This study was therefore carried out to find the Knowledge and attitude towards abortion among the women in Tharu community of Badhaiyatal Rural Municipality A descriptive survey type of research is adopted to attain the objectives of the study. The study was conducted among 172 (30 percent) women of age between 15 to 49 years. The sample population was taken by systematic random sampling method. Data were collected by visiting the women using interview

schedule and attitude scale. The collected information divided and tabulated using mathematical tools. Data were presented in tables and figures.

This study presets the current level of knowledge and attitude towards abortion in four wards of Badhaiyatal Rural Municipality. Major topics covered in this area are the socio – demographic characteristics of the women, their knowledge and attitude towards abortion.

Conclusion

This study is conducted in order to identify the knowledge and attitude towards abortion in Tharu Community of Badhaiyatal Rural Municipality. For this purpose data are collected, analyzed and interpreted under different headings. As a result, it is concluded that majority of the respondents were of age 15-25 years. Most of the women were Buddhists. It is found that most of them were unmarried and were students studying in higher secondary level. Most of the respondents have the knowledge on the definition and type of abortion. They also had the Knowledge that both the government and the private agencies have been providing safe abortion services in Surkhet. More than that, the study shows that most of the women have knowledge on abortion, type of abortion and availability of safe abortion services. But some of them were unknown about safe place for abortion. Likewise, it is found that majority of the respondents know that abortion is legalization in Nepal but they do not have knowledge about the legal provision of abortion law. In the same manner, majority of the women have positive attitudes towards legalization of abortion. Therefore, some of them were found to accept the idea of legal abortion in case any of their family members seeks it. Finally, it is found that the women have positive attitude towards abortion, and legalization of abortion in Nepal.

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