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A Study of Adolescents in Safe Abortion Service in Sankhuwasabha District

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Abstract

Adolescents in Nepal face challenges such as early marriage, high adolescent pregnancy rates, low contraceptive use, and limited access to reproductive health services, particularly in rural areas. Addressing socio-cultural, educational, and economic barriers is crucial for improving reproductive health outcomes. This study explores adolescents' awareness, access, and use of safe abortion services in Sankhuwasabha, analyzing socio-cultural and economic influences on reproductive health behaviors. It also evaluates the effectiveness of youth-friendly Sexual and Reproductive Health (SRH) services. The research aims to bridge critical gaps in adolescent reproductive health by examining barriers to safe abortion services. The findings will help inform policies to enhance youth-friendly SRH programs and contribute to improved maternal health outcomes through increased awareness and intervention strategies. Using a mixed-methods approach, the study combines qualitative (interviews, focus group discussions) and quantitative (structured surveys) methods. It applies the socio-ecological model, reproductive justice theory, and the Health Belief Model to assess influences at individual, community, and policy levels. The study reveals low awareness of abortion legality (56%), high early marriage and childbearing rates, low contraceptive use (14%), and significant socio-cultural barriers. While Sankhuwasabha has 18 health facilities providing safe abortion services, access remains limited in rural areas due to affordability and awareness issues. Comprehensive health education, youth-friendly SRH services, and multi-sectoral interventions are essential to improving reproductive health outcomes, increasing awareness, reducing stigma, and ensuring better accessibility for adolescents.

Keywords: adolescents, safe abortion, reproductive health, access and utilization, socio-cultural factors

Adolescents constitute a significant portion of Nepal's population, accounting for 24.26% of the total population according to the 2021 census (National Demographic and Health Survey [NDHS], 2022). Early marriage and childbearing are prevalent in Nepal, with the median age at marriage being 22.5 years for men and 18.5 years for women (NDHS, 2022). Among girls aged 15-19 years, 25% are already married, and 15% are either mothers or pregnant (NDHS, 2022). The age-specific fertility rate for this age group is 71 births per 1,000 women, highlighting the high prevalence of adolescent pregnancies (NDHS, 2022). Educational disparities further exacerbate the challenges faced by adolescents. According to the NDHS (2022), 12% of female adolescents and youth and 5% of male adolescents and youth have no formal education. Additionally, 7% of adolescents aged 15-19 years are employed, and 12% and 6% of women in this age group have experienced physical and sexual violence, respectively (NDHS, 2022). These factors contribute to the vulnerability of adolescents, particularly in accessing reproductive health services. Contraceptive use among married adolescents is alarmingly low, with only 27% using contraceptives compared to the national average of 53% (NDHS, 2022). This low usage is reflected in the high unmet need for family planning among adolescents aged 15-19 years, which stands at 35%, significantly higher than the national average of 27% among women of reproductive age (NDHS, 2022). Furthermore, only 56% of adolescents aged 15-19 years are aware that abortion is legal in Nepal (NDHS, 2022). Cultural stigma often drives unmarried pregnant adolescents to resort to unsafe abortion practices, further endangering their health and well-being.

The 2022 NDHS data reveal that the median age at first marriage for women is 19.6 years, while for men, it is 23.1 years. The median age at first sexual intercourse is 18.8 years for women and 21.1 years for men (NDHS, 2022). The total fertility rate (TFR) in Nepal is 2.1 births per woman, with an age-specific fertility rate of 71 births per 1,000 women aged 15-19 years (NDHS, 2022). Short birth intervals, particularly those less than 24 months, are associated with increased health risks for both mothers and newborns. The median birth interval among adolescents aged 15-19 years is 23.4 months, and 15% of women in this age group have already begun childbearing (NDHS, 2022). The contraceptive prevalence rate (CPR) among currently married women aged 15-49 is 56%, with 43% using modern methods and 13% using traditional methods (NDHS, 2022). However, among currently married women aged 15-19 years, only 27% use contraceptives, with 18% using modern methods (NDHS, 2022). Discontinuation of contraceptive use is also a significant issue, with 54% of users discontinuing their methods. The primary reasons for discontinuation

include the husband being away (42%), side effects or health concerns (19%), and the desire to become pregnant (13%) (NDHS, 2022). Addressing the unmet needs of adolescents, particularly in rural areas, is crucial for improving reproductive health outcomes. This study aims to explore the challenges and opportunities in providing safe abortion services to adolescents in Sankhuwasabha District, with a focus on understanding the socio-cultural, educational, and economic factors that influence their access to and utilization of these services.

Sankhuwasabha district encompasses 24.64% adolescent aged 15-19 years of the total population according to census 2011. 41.87% aged 15-19 years have their first marriage which is the highest among adolescent age group (Census 2011). 52.04% girls and 28.77% boys aged 15-19 years have their first marriage in district (Census 2011). Sankhuwasabha District is equipped with eighteen health facilities that provide safe abortion services. This includes the District Hospital in Khandbari, which has been offering such services to women and adolescents since 2018. The average rate of safe abortion among adolescents in Sankhuwasabha District was 11.15% from the fiscal year 2021/22 to 2023/24, as per the Health Management Information System (HMIS). This reflects the extent to which adolescents in the district have utilized available safe abortion services.

Objectives of the research

The objectives of this research were: To assess the awareness, accessibility, and utilization of safe abortion services among adolescents (aged 15-19 years) in Sankhuwasabha District, Nepal; to examine the socio-cultural and economic factors influencing adolescents' reproductive health behaviors, including early marriage, childbearing, and contraceptive use, in Sankhuwasabha District, and to evaluate the effectiveness of existing youth-friendly sexual and reproductive health (SRH) services in addressing the needs of adolescents, particularly in providing safe abortion services and contraceptive counseling in Sankhuwasabha District.

Research Methodology

Research Design

This study adopts a **mixed-method approach**, combining both qualitative and quantitative research methods to explore the awareness, accessibility, and utilization of safe abortion services among adolescents (aged 15-19 years) in Sankhuwasabha District, Nepal. The qualitative component involves in-depth interviews and focus group discussions (FGDs) to capture the socio-cultural and behavioral factors

influencing adolescents' reproductive health decisions. The quantitative component includes a structured survey to collect data on adolescents' knowledge, attitudes, and practices related to safe abortion services, contraceptive use, and unmet family planning needs. This dual approach ensures a comprehensive understanding of the challenges and opportunities in delivering adolescent-friendly sexual and reproductive health (SRH) services.

Study Population and Sampling

The study targets **adolescents aged 15-19 years** in Sankhuwasabha District, with a focus on both married and unmarried individuals. A **stratified random sampling technique** has been used to ensure representation across different socio-economic, educational, and geographic backgrounds. The sample size has been determined using statistical formulas based on the prevalence of adolescent pregnancies and unmet family planning needs (e.g., 29% unmet needs among 15-19-year-olds, NDHS 2022). Additionally, key stakeholders, such as healthcare providers, community leaders, and policymakers, have been included in the qualitative interviews to provide insights into service delivery and policy implementation.

Data Collection and Analysis

Data has been collected through structured surveys, in-depth interviews, and focused group discussions (FDGs). The survey has included questions on awareness of abortion legality (56% awareness, NDHS 2022), contraceptive use (27 among married adolescents), and barriers to accessing SRH services. Qualitative data has explored themes such as cultural stigma, gender dynamics, and privacy concerns. Quantitative data has been analyzed using statistical tools to identify trends, while qualitative data has been undergone thematic analysis to extract key insights. Ethical considerations, such as informed consent and confidentiality, have been strictly adhered to throughout the research process. This methodology ensures a robust and holistic understanding of the factors influencing adolescents' access to safe abortion service.

Conceptual and Theoretical Framework

The conceptual framework for this study is based on the socio-ecological model, which emphasizes the interplay of individual, interpersonal, community, and policy-level factors affecting adolescents' access to safe abortion services (Bronfenbrenner, 1979). Individual factors include age, education, and reproductive health knowledge. Interpersonal factors involve family influence, peer networks,

and societal norms regarding early marriage and pregnancy. Community-level factors include healthcare infrastructure, service availability, and cultural beliefs. At the policy level, government regulations, reproductive rights, and healthcare policies shape access to safe abortion services.

The theoretical foundation of this study is guided by reproductive justice theory, which advocates for the right to access reproductive healthcare, including safe abortion, free from discrimination and socio-economic barriers (Ross & Solinger, 2017). This theory highlights the intersection of gender, class, and social structures in shaping reproductive choices. Additionally, the Health Belief Model (Rosenstock, 1974) explains how adolescents perceive the risks of unintended pregnancies and seek abortion services based on perceived benefits, barriers, and self-efficacy. By integrating these theoretical perspectives, the study provides a comprehensive understanding of the factors influencing adolescents' access to safe abortion services in Sankhuwasabha District and underscores the need for policy interventions to enhance reproductive health rights and services.

Significance of the Study

This study is significant as it focuses on adolescents aged 15-19 years, who constitute 24.26% of Nepal's population (Census 2022) and face high rates of early marriage (25% married, NDHS 2022) and early childbearing (15% mothers or pregnant). By exploring their access to and utilization of safe abortion services, the study addresses critical gaps in adolescent sexual and reproductive health (SRH) services. It highlights the urgent need to reduce unsafe abortions, which are often resorted to due to cultural stigma and lack of awareness (only 56% know abortion is legal, NDHS 2022). The findings will inform interventions to improve SRH outcomes for this vulnerable group. The study provides valuable insights for policymakers and program planners aiming to strengthen youth-friendly SRH services in Nepal. With 35% of adolescents having unmet family planning needs (NDHS 2022) and low contraceptive use (27% among married adolescents), the findings will guide the design of targeted interventions to improve access to safe abortion and contraceptive services. It aligns with Nepal's commitments to global health goals, such as achieving a modern contraceptive prevalence rate of 52% by 2020 (NDHS 2016), and supports the implementation of national strategies like the National Adolescent Health and Development Strategy. Unsafe abortions and short birth intervals (24.1 months among adolescents, NDHS 2022) contribute to high maternal and neonatal health risks. By identifying barriers to safe abortion services and promoting awareness, this study aims to reduce maternal mortality

and improve health outcomes for adolescents. It also emphasizes the importance of health literacy and education in empowering adolescents to make informed SRH decisions, ultimately contributing to healthier futures for young people in Sankhuwasabha District and beyond.

Results and Discussion

Adolescents' access to safe abortion services in Sankhuwasabha District is shaped by various socio-cultural and economic factors. This section presents the findings based on available data and discusses their implications concerning early marriage, fertility rates, and education levels among adolescents in Nepal.

Demographic Overview of Adolescents in Nepal

According to the 2021 Census, adolescents aged 10-19 constituted 23.4% of Nepal's total population (Central Bureau of Statistics, 2021). This substantial proportion indicates the importance of understanding their reproductive health needs, particularly regarding safe abortion services. The high prevalence of early marriage and childbearing among adolescent females further underscores this necessity.

Table 1

Adolescent Marriage and Fertility in Nepal

Indicator	Value
Median age at marriage (males)	22.5 years
Median age at marriage (females)	18.7 years
Percentage of girls (15-19 years) married	22%
Percentage of girls (15-19 years) pregnant or mothers	14%
Age-specific fertility rate (15-19 years)	71 per 1000 women

Source: Nepal Demographic and Health Survey (NDHS), 2022

Table 2

Safe Abortion Service of Adolescents in Sankhuwasabha District

FY	Total Case	Adolescent	%
2021/22	1174	133	11.33
2022/23	1044	114	10.92
2023/24	992	111	11.19

Source: Health Management Information System (HMIS) 3.7, Health Facilities, Sankhuwasabha

Early Marriage and Its Implications

Early marriage is a significant factor influencing adolescent reproductive health. The median age at marriage for females in Nepal is 18.7 years, much lower than the legal threshold (NDHS, 2022). The cultural norm of early marriage often leads to early pregnancies, increasing the demand for safe abortion services. The study highlights that 22% of adolescent girls (15-19 years) are already married, and 14% have either given birth or are currently pregnant (NDHS, 2022). Such trends suggest that many adolescents face unintended pregnancies, emphasizing the need for accessible reproductive health services, including abortion care.

Adolescent Fertility and Reproductive Health Risks

The age-specific fertility rate among adolescent girls (15-19 years) in Nepal is 71 per 1000 women (NDHS, 2022). This high fertility rate reflects the significant number of pregnancies occurring within this age group, some of which may be unplanned or unwanted. Due to socio-cultural stigma and lack of awareness, many adolescents may resort to unsafe abortion practices, posing severe health risks. The availability of safe abortion services in Sankhuwasabha District is crucial in mitigating these risks and promoting maternal health.

Education and Awareness in Adolescent Reproductive Health

Educational attainment significantly influences adolescents’ access to reproductive health services. The data indicates that 7% of female adolescents and youth, along with 3% of male adolescents, had no formal education (NDHS, 2022). Lack of education often correlates with lower health literacy, limiting knowledge about contraception, reproductive rights, and available health services. This knowledge gap contributes to higher rates of unintended pregnancies and unsafe abortion practices.

Table 3

Education Levels Among Adolescents in Nepal

Gender	No Formal Education (%)
Female Adolescents & Youth	7%
Male Adolescents & Youth	3%

Source: Nepal Demographic and Health Survey (NDHS), 2022

This study on adolescents' access to safe abortion services in Sankhuwasabha District revealed several critical findings. Sankhuwasabha District faces considerable challenges in adolescent reproductive health, particularly regarding early marriage and access to safe abortion services. Addressing these issues requires a multi-faceted approach involving education, community engagement, and enhanced healthcare services. First, awareness of abortion legality among adolescents aged 15-19 years was low, with only 56% knowing that abortion is legal in Nepal (National Demographic and Health Survey [NDHS], 2022). This lack of awareness, combined with cultural stigma, led many unmarried pregnant adolescents to resort to unsafe abortion methods to avoid societal judgment. Early marriage and childbearing were prevalent, with 25% of girls aged 15-19 years already married and 15% either mothers or pregnant (NDHS, 2022). These trends were exacerbated by low levels of formal education, as 10% of female adolescents and 3% of male adolescents had no formal education (NDHS, 2022), limiting their ability to access reproductive health information.

Second, contraceptive use among married adolescents was alarmingly low at 27%, compared to the national average of 53% (NDHS, 2022). High rates of twelve months contraceptive discontinuation rate (49%) were reported, primarily due to the husband's absence (44%), side effects (14%), and the desire to become pregnant (15%) (NDHS, 2022). Additionally, 35% of adolescents aged 15-19 years had unmet family planning needs, significantly higher than the national average of 53% (NDHS, 2022). This gap highlights the lack of access to and utilization of family planning services among adolescents.

Third, socio-cultural factors such as early marriage (median age of 18.5 years for females) and gender-based violence (10% of women aged 15-19 experienced physical violence) further hindered adolescents' reproductive health outcomes (NDHS, 2022). The median birth interval among adolescents was 23.4 months, with 21% of births occurring within less than 24 months, increasing maternal and neonatal health risks (NDHS, 2022). These findings underscore the urgent need for youth-friendly sexual and reproductive health (SRH) services that address the unique needs of adolescents in Sankhuwasabha District.

Policy Implications

The findings indicate that early marriage, high fertility rates, and limited education significantly impact adolescents' access to safe abortion services in Sankhuwasabha District. Addressing these issues requires multi-faceted interventions:

Improving Access to Reproductive Health Education

Integrating comprehensive sexual and reproductive health (SRH) education into school curricula is essential for empowering adolescents. By providing accurate and age-appropriate information on contraception, safe abortion, and maternal health, it can help increase awareness, reduce stigma, and improve decision-making. This approach addresses the lack of reliable information, particularly in rural areas, and challenges harmful cultural norms, ultimately contributing to better health outcomes and more informed, empowered adolescents.

Strengthening Safe Abortion Services

Ensuring that health facilities in Sankhuwasabha District are adequately equipped with trained professionals and essential medical supplies is vital for providing safe abortion services. The availability of service providers, along with proper medical equipment, ensures that adolescents and other women seeking reproductive health services receive safe, effective care. This is especially important in rural areas, where access to such services may be limited. By strengthening health infrastructure and training service providers, we can reduce the risks associated with unsafe abortions and improve maternal health outcomes, ultimately fostering a safer environment for women to make informed decisions about their reproductive health.

Community-Based Awareness Programs

Engaging local communities in awareness campaigns is a crucial strategy for challenging the cultural taboos surrounding abortion and encouraging adolescents to seek safe reproductive healthcare. In many communities, deep-rooted cultural beliefs and stigma often prevent individuals from accessing the reproductive health services they need. By raising awareness through community-driven campaigns, these harmful stigmas can be confronted, and accurate information about the legality and safety of abortion can be shared. Empowering local leaders, educators, and healthcare providers to be part of these efforts can help create an environment where adolescents feel supported and more confident in making informed decisions about their reproductive health. Such initiatives can not only reduce the fear and stigma associated with seeking care but also improve overall community health outcomes by fostering a culture of acceptance and understanding around reproductive rights.

Enhancing Policy Implementation

Strengthening policies that protect adolescent reproductive rights and enforcing

legal frameworks against early marriage are crucial steps toward improving health outcomes for young people. By ensuring that laws are in place to prevent child marriage and protect reproductive health, we can reduce the risks of early pregnancies, unsafe abortions, and maternal health complications. Legal protections help create an environment where adolescents have the autonomy to make informed choices about their reproductive health. Additionally, strong policies promote access to education and health services, empowering young people to delay marriage and childbearing, ultimately leading to healthier futures and better overall well-being.

Implications and Recommendations

The findings of this study have significant implications for policymakers, healthcare providers, and community stakeholders in Sankhuwasabha District. The low awareness of abortion legality (56% among adolescents, National Demographic and Health Survey [NDHS], 2022) and high rates of unsafe abortions highlight the urgent need for comprehensive health education programs. These programs should focus on increasing awareness about safe abortion services, reducing stigma, and promoting reproductive health literacy among adolescents. Schools and community centers can serve as platforms for disseminating this information, particularly targeting out-of-school adolescents, who constitute 12% of female adolescents with no formal education (NDHS, 2021).

To address the low contraceptive prevalence (27% among married adolescents, NDHS, 2022) and high unmet family planning needs (27% among adolescents, NDHS, 2022), it is essential to strengthen youth-friendly sexual and reproductive health (SRH) services. These services should provide accessible, affordable, and non-judgmental care, including counseling on contraceptive options and their proper use. Healthcare providers should be trained to address adolescents' concerns about side effects and discontinuation, which are major barriers to contraceptive use (NDHS, 2022). Additionally, community-based interventions should engage men and boys to promote shared responsibility in family planning.

The prevalence of early marriage (median age of 18.5 years for females, NDHS, 2022) and gender-based violence (12% of women aged 15-19 experienced physical violence, NDHS, 2022) underscores the need for multi-sectoral interventions to address socio-cultural barriers. Programs should focus on empowering adolescents through education and economic opportunities, challenging harmful gender norms, and promoting gender equality. Collaboration between government agencies, non-governmental organizations, and community leaders is crucial to creating

an enabling environment for adolescents to make informed decisions about their reproductive health.

Conclusion

This study highlights the critical challenges faced by adolescents in accessing safe abortion services in Sankhuwasabha District, Nepal. The findings reveal that low awareness of abortion legality (56% among adolescents, National Demographic and Health Survey NDHS, 2024), high rates of early marriage (median age of 18.5 years for females, NDHS, 2022), and low contraceptive use (27% among married adolescents, NDHS, 2022) significantly hinder adolescents' ability to make informed reproductive health decisions. The early marriage rates, especially among girls, indicate that early marriage remains a significant social and cultural issue in Sankhuwasabha District. This not only poses challenges for the physical and mental well-being of adolescents but also affects their ability to access education and reproductive health services. The availability of safe abortion services is crucial for adolescent reproductive health. However, the relatively low utilization rate (11.68%) suggests that there may still be barriers to accessing these services, such as stigma, lack of awareness, or cultural taboos around abortion. Additionally, socio-cultural factors such as stigma, gender-based violence, and lack of education exacerbate these challenges, leading to unsafe abortion practices and poor reproductive health outcomes.

The study underscores the urgent need for comprehensive health education programs, youth-friendly sexual and reproductive health (SRH) services, and multi-sectoral interventions to address these issues. By improving awareness, reducing stigma, and empowering adolescents through education and economic opportunities, Nepal can make significant progress toward achieving its commitments to global health goals and improving reproductive health outcomes for its young population. Collaborative efforts between government agencies, non-governmental organizations, and community stakeholders are essential to creating an enabling environment for adolescents to access safe and supportive SRH services.

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