CLIENTS OF ABORTION SERVICES AT THE MATERNITY HOSPITAL

RESULTS OF A 2010 SURVEY

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April 2010

ACKNOWLEDGEMENTS

The study presented in this report was funded by Ipas/Nepal as part of its support for health services research and program evaluation. The Valley Research Group (VaRG) implemented the study under a contract with Ipas/Nepal. WHO Reproductive Health and Research (RHR) provided support for Shyam Thapa's participation in the study. The Nepal Health Research Council (NHRC) approved the study protocol. The authors are grateful to Biru Maharjan, Hari Maharjan, Sagun Rana, Uma Shrestha, and Yashodha Thapa who interviewed the survey respondents and Jaya Poudel who supervised the daily data reporting. They thank Shital Bhandary for his assistance in sample estimation and Emily Read for assistance in finalizing the report. Sarah Stucke reviewed the report and made several helpful comments and suggestions. The authors thank all the individuals and organizations affiliated with the study. The authors are, however, solely responsible for the interpretation of the data and views expressed in the report.

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All contributed to the preparation of the report and reviewed the final report.

CLIENTS OF ABORTION SERVICES AT THE MATERNITY HOSPITAL RESULTS OF A 2010 SURVEY

ABSTRACT

Introduction: The abortion clinic at the Maternity Hospital has been providing services since 2004. This report examines the client profile, context of abortion, contraceptive use, affordability and overall satisfaction with services.

Data and Methods: We conducted a survey in 2010 among 392 women who presented themselves at the clinic and received first-trimester abortion (surgical evacuation). We analyzed data from the 2010 survey and compared the results with a similar survey conducted in 2005. We also analyzed the trend in service utilization and carried out a cost analysis.

Results: Since its inception, the clinic has provided abortion services to about 19,800 women. There has been a modest increase in the number of women having abortions each year. During 2009, the average was 285 clients per month. The clinic has achieved a positive cash flow in recent years. The survey data showed that the median age of the clients served was 27, and most of them (97.4%) were married with an average of two living children. For little more than half (54%) of the women, the primary reason for pregnancy termination was having already had the number of children desired. Four in five women made the decision to have an abortion jointly with the male partner. Over half of the women (52.8%) reported to have used a method to prevent pregnancy. Of them, 43% used non-program (i.e., withdrawal and safe period) and 57% used program methods (mostly condom and the pill). Among those not using any preventive method (47.2%), nearly half reported the main reason to be due to health conditions. The other important reasons were dislike of the methods (either by self or partner), perception of low risk of pregnancy, and non-compliance (either self or partner forget to use the method). Only 1.5% of all the surveyed women experienced any abortion-procedure-related complications. Most women were satisfied with the services received and the expenses incurred.

Conclusion: Most abortions were sought and received by married women, and the primary reason for abortion was having already achieved the desired family size. Although abortion is most probably unavoidable for many women, family planning programs could play a more effective role in preventing unintended pregnancies.

CLIENTS OF ABORTION SERVICES AT THE MATERNITY HOSPITAL RESULTS OF A 2010 SURVEY

INTRODUCTION

Following the liberalization of the very strict Nepalese abortion law in 2002, the first services for safe induced abortion (surgical evacuation) were established in 2004 at the Maternity Hospital (recently officially renamed as *Paripakar Maternity and Women's Hospital*), in Kathmandu. Between 2004 and December 2009, nearly 19,800 women sought and obtained abortion services from the clinic.

In 2005, a survey was conducted among 672 women at the clinic to examine their profile, the context of demand for services, affordability and satisfaction with services.[1] The study concluded that the clinic had provided affordable, quality abortion services to women in need. Findings also suggested that many areas needed strengthening of services.[2]

In 2010, a similar survey was undertaken in two clinics -- one public and one non-governmental -- which had the highest volume of clients in their respective sectors. The Maternity Hospital (MH) was selected as one of the two study clinics. The results comparing the two clinics will be prepared separately. At the same time, the data from the 2010 survey provided the opportunity to assess changes, if any, between 2005 and 2010 among clients at the MH clinic.

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[1] S. Thapa, K. Malla, and I. Basnet. "Safe abortion services in Nepal: Initial years of availability and utilization." *World Health and Population*, 11(3):55-68, 2010.

[2] Subsequently, several steps were undertaken to strengthen the linkages between safe abortion and family planning service clinics. These included reorientation to the staff of both clinics for more attention to referral cases, incorporation of IUCD counselling and insertion skills in abortion training course, and ensuring regular supply of IUCD. In addition, safe abortion services were integrated with family planning services in several districts.

Following a review of the trend on the utilization of abortion services and cost analysis for the period 2004-2009, this report provides a summary of main results based on the 2010 survey. The report includes data on client profiles, the context of unintended pregnancy, decisions leading to abortion, contraceptive behavior, clients' reasons for choosing this particular clinic, cost, and satisfaction with the services rendered and provided.

DATA AND METHODS

We conducted a cross-sectional, prospective survey for a fixed duration among women who presented themselves to the Maternity Hospital's abortion services clinic. The study did not involve testing a new approach or modifying the existing quality or standards of services. Rather, the study was designed to get a "snap shot" of the standards of care and services as it existed. Further, we aimed to include the full spectrum of service users without limiting the sample to fit a particular set of inclusion criteria.

The eligible respondents for the 2010 survey were defined to be those who presented themselves at the clinics for surgical abortion (evacuation) within the first 12 weeks of pregnancy and received treatment. Manual Vacuum Aspiration (MVA) was the procedure used for surgical abortion. The procedure was performed by administering paracervical block (local anaesthesia) and was done on an outpatient basis.

As part of the standards of care, each client also received counselling on contraceptives, IUDs, injectables, condoms and the pill were provided through the same clinic; sterilization services were provided through the family planning clinic in the hospital complex.

The survey was initiated on December 20, 2009 and completed on February 26, 2010, and because most of the interviews took place in the first two months in 2010, we refer to the survey as the 2010 survey. The sample size was predetermined.

A total of 398 clients of surgical evacuation (abortion) were contacted. The 398 did not include women who sought medical abortions and those who were, upon screening by the attending nurse, found ineligible for services offered at the clinic. Of

the total number of clients contacted for interview, six declined to participate. Hence, the sample for the analysis is based on 392 women.

The clinic provided surgical evacuations to an average of eight women per day excluding holidays and days on which the clinic remained closed due to strikes. The clinic opened six days a week, from 9:00 am to 3:00 pm with actual services provided between 10:30 am and 3:00 pm. The clinic had six regular full-time staff that included one medical doctor on a rotating basis, two staff nurses, two Auxiliary Nurse Midwives (ANMs) and cleaners. The staff nurses are trained in providing surgical evacuations for up to eight weeks of gestational age, as per the Ministry of Health policy and protocol.[3] However, not all such cases are attended by the trained staff nurses.

Five female interviewers conducted the interviews which lasted 20 minutes each. The interviewers were trained in the contents and the techniques of interviewing with sensitivity to clients seeking abortion counseling and services. Questions in the survey instruments were partially or fully open-ended with coded responses. A written informed consent was read to each potential respondent, and a verbal consent from each was sought before the interview. The study protocol was reviewed and approved by the Nepal Health Research Council, the local Institutional Review Board.

Because the 2005 survey data set was no longer available for analysis, we were unable to perform any statistical tests comparing the 2005 and 2010 survey responses. We also analyzed service statistics from the clinic to assess trends in the utilization of services. Additionally, cost analysis of the clinic services was conducted. These results are also presented in the report.

TRENDS IN SERVICE UTILIZATION

Figure 1 shows the monthly number of induced abortion cases performed at the Maternity Hospital (MH) since the inception of the service (2004) until the end of 2009. The client volume fluctuated as client numbers were less in the autumn season (festival season) and higher in the winter months.

[3] *Reproductive Health Clinical Protocol* (Comprehensive Abortion Care, Chapter 7). Ministry of Health and Population, Kathmandu, 2008.

Despite the fluctuations, the overall trend (as shown by the dotted line) has been one of a modest increase over time. Between March 2004 and the end of 2009, nearly 19,800 women obtained services from the clinic at MH.

COST ANALYSIS OF THE SERVICES

Table 1 shows a cost analysis of abortion services at MH between March 2004 and December 2009. The cost includes both the start-up (fixed) cost, which was discounted over 10 years, and the operational (variable) cost.

The total cost per user incurred by the clinic was US$13.21 (Rs.971.22) in 2004 and declined to $10.26 (Rs. 795.77) in 2009. This largely reflected the increase in the number of clients over time. The user fee for services was Rs. 900 in 2004 and 2005 and has been Rs. 1000 since 2006. The revenue from the user fees offset the clinic's expenditures on the services every year except for the initial year.

CLIENTS' SURVEY RESULTS

Clients Socioeconomic Characteristics

Table 2 presents the socioeconomic characteristics of women who sought and obtained first-trimester abortions (surgical evacuations) from the clinic at MH during the survey period in 2010. Nearly 57% were in the age group 20 to 29. In total, the ages ranged from 16 through 48 years, with the median age of 27 and the average age of 27.5±5.8.

A little over one-quarter (29%) of the respondents could not read or write and 37% had higher than 10^{th} grade schooling. Nearly 50% of the women reported not working outside the home. About 11% were in either government or private sector services while an additional 14% worked in business.

Just over three-fourths (77.6%) of the women reported their spouse (or partner) to be the primary source of income for their livelihoods. Seventeen percent reported themselves as the primary source of income. Among the ethnic groups, Bahun, Chhetry and Newar represented respectively 22%, 24% and 16% of the clients.

As shown in Table 3, the majority (80.2%) of the women came from within the Kathmandu Valley while 20% were from outside the capital. Among those from the

valley, 34% had travelled less than 5 km. About two-thirds were accompanied by their spouse.

Over 90% of the women lived with their spouse; very few lived on their own. Four-fifths of the women took public transport to the clinic and paid an average of Rs. 105 to get there.

Marital Status and Childbearing

Table 4 shows the clients' marital status and childbearing profile. A small percentage (2.5%) were single/unmarried women and 0.5 % were divorced/separated while the majority (97.4%) of clients were married and living with their spouse. (Information on marital status was verified by using multiple questions such as the source of financial support, living situation and the person accompanying them to the hospital.)

The majority of women had been pregnant before; only 13% reported the current pregnancy to be their first. Of those pregnant before, 39% had been pregnant twice. Of those who had been pregnant before, parity was analyzed by gender composition. The average number of living children among these women was two (1.97±1.07). The most common gender composition was one son and one daughter, followed by one son.

Close to one-third of all women intended to have another child sometime in the future; 5% were unsure about their future intention; and 63% did not intend to have a (another) child in the future.

Duration of Pregnancy and Relationship

Over half of the women (55.6%) reported their last menstrual period sometime between 45 and 60 days in the immediate past. An additional 39% said it had been more than 60 days (Table 5). The majority (84%) reported to have had a pregnancy test or a pelvic examination before coming to MH for an abortion.

Nearly 98% of the women reported that the pregnancy was caused by their spouse while nine out of the 392 women (2.3%) reported that the pregnancy was caused by their boyfriend or casual male friend.

Of all women, three reported that the pregnancy was caused by "forced" sex compared to the 96% of women who were living with the same person who made them pregnant and the 14 women (3.6%) living separately.

Context, Circumstances, and Perceived Consequences of Unintended Pregnancy

The survey included a few open-ended questions aimed at understanding the context, circumstances, and perceived consequences of the unintended pregnancy. The results are presented in Table 6.

About one-third of women reported that they had unprotected intercourse even though they knew they might become pregnant. Additionally, one-third reported that the contraceptive method that they were using had failed. The methods included both non-program (i.e., withdrawal and calendar) and program methods (such as the pill and condom) which will be discussed later in this report. About 31% said that they had unprotected intercourse because they did not think they would get pregnant and perceived themselves as low-risk for pregnancy.

When the interviewers inquired about the primary reason for seeking to terminate the pregnancy, the most common reason was the desire to stop having children (53.8%). These women already had the number of children they wished to have and thought they could afford to take care of. Also, the desire to have an interval between the last child and a new one was mentioned as the primary reason by 16% of the women. Other reasons included not being able to afford the care for another child (12%) and the concern that a new child would interfere with work or education (11.7%).

Women were also asked questions about their perceptions if they had carried the pregnancy to full term and had the child. The most commonly reported perceived consequence (49.7%) was not being able to afford care, nutrition, education and good quality life for the new child. This was followed by social embarrassment (on account of being unmarried or having passed the desirable childbearing age) and the last child being too young to be able to look after yet another child.

Women's intensity to terminate the pregnancy and further was assessed by asking what specific change(s) in their current situation would enable them to keep the child. The results are presented in Table 7. A little over one-fourth (28.3%) thought that a change in their current situation/circumstances might lead them to carry the pregnancy to full-term while 14% were unsure. About 58% said they would not like to have another child even if the situation were to change. Of those that thought a change in their situation would make them keep the child, some answered that things would have been

different if the last child was a bit older or if their ongoing studies had been completed. The most frequently cited scenario (57.7%) was if they did not have the desired number of children already.

Decision-making

All (except two) of the women had discussed their decision to have an abortion with another person prior to coming to the clinic (Table 8). Over 96% of them had discussed it with their spouse and 12.5% had discussed it with other family members. Further, nearly 95% of the women said their spouse was the first person that they discussed the matter with.

For the majority (83%) of women, the decision to have an abortion was a joint decision while 6.4% said it was made by the person who them pregnant. About one out of 10 women considered themselves as the primary decision-maker for seeking the abortion. Over 90% of the women said the decision to have an abortion (*phalne*-- get rid off or discard) had been made in the last two weeks. A very small proportion had been trying to make a decision for more than two weeks. About 28% of the women said they would be willing to have an abortion again should they have another unintended pregnancy sometime in the future while 10% said they would not do it again if the need arose.

Contraceptive Behavior and Future Intention

Contraceptive failure or non-use is the proximate cause of unintended pregnancies. The survey included some open-ended and structured questions aimed at assessing contraceptive use or non-use among the women. We inquired about the use of contraception during the month/time of unintended pregnancy, reasons for non-use among those not using any method, and intention to use a method in the future. We also assessed what methods were provided to the women before they were discharged from the clinic. The results are summarized in Table 9.

Slightly more than half (52.8%) of the women had used a contraceptive method.[4] The methods included both non-program (withdrawal and safe period) and program

[4] We note that many women who had used withdrawal or calendar (abstaining in unsafe days) methods did not report these as "contraceptive methods." That they were using these methods to prevent an unwanted pregnancy was mentioned only when they were asked about reasons for not using a family planning

methods. Condom was the most common method (29%) followed by withdrawal (27%) and the pill (19%). The two non-program methods were used by 43% of those using any method. Similarly, the condom and pill were used by 48% of all the users of a method. For these women, the methods used failed to provide protection and suggests further investigation.

Among those (47.2%) who did not use a method during the time of pregnancy, the most common reason cited was poor health. Dislike of a particular method either by themselves or their husband/partner and perceived low-risk of pregnancy were both given as reasons by an equal percentage of women (18%). Thirteen percent said that either they themselves or their husband/partner forgot to use a method. Nearly 30% of the women received injectable contraception at the time of their discharge, and another 20% and 22% opted for condoms and the pill, respectively. One in five women did not wish to take any method at this time.

Nearly 60% of women thought they received all the information needed to make a decision about using contraceptives in the future. Of all the women, 96% expressed interest in using a method to avoid unintended pregnancies in the future.

Choice of Maternity Hospital

One-third of the women had visited the Maternity Hospital (MH) and/or its clinic before (Table 10). Nearly 60% said they became aware of the abortion services offered at the Maternity Hospital through friends who had received services there in the past. The most frequently cited reason for choosing MH to have an abortion (92.6%) was the availability of quality services. The second most frequently cited reason (48.5%) was the lower cost compared to other local places (including private clinics).

Cost of Services

In the survey, we included a few questions pertaining to the cost of the services being provided. The results are presented in Table 11.

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method. In tabulating the data, we have considered these women as users of a method—non-program method.

The average fee that the women paid for the services was Rs. 1,284 (US$ 16.50).[5] About one in five women self-paid for abortion services. For the majority (79.6%), however, their spouse or partner had taken the responsibility for paying for the services. Nearly 57% said they would spend the money on food, if they did not have to pay for abortion services.

The majority of the women (92%) thought the fee for service that they had paid (an average of Rs. 1,284) was about right, while 6.1% thought it was too high. When those who felt the fee was too high were further questioned, most responded that the fee could be between Rs. 500 and Rs. 800. Only one woman thought it should be as low as Rs. 400 (data not shown in table).

In the survey, we also included questions regarding whether the women would still consider coming for services if the fee were to increase by (i) Rs. 200 and (ii) Rs. 300. Approximately 80% of the women said they would still be willing to come to the same clinic for either price. Most of the remaining women were unsure about what they would do if the prices were raised to the two different levels.

Pain and Complications Resulting from the Procedure

For all the women (except one), Manual Vacuum Aspirator with a set of cannulae was the procedure used. Nearly 60% of all the women thought that they experienced less pain than they had anticipated before undergoing the treatment (Table 12). About one-third felt it was about the same as they had anticipated. One in ten women felt that it was more painful than what they had anticipated.

Six women (1.5%) experienced a complication that resulted in delay in discharge from the clinic. Of the six, three of the complications were due to incomplete abortions (Table 12) and one woman experienced perforation.

Client Satisfaction with the Services

We included in the survey a few questions aimed at assessing the clients' satisfaction with the services rendered and obtained. The results are presented in Table 13.

[5] The average reported fee is higher than the basic fee for services. This is most probably due to extra expenses paid for lab costs and other fees that are not included in the basic rate.

The women confirmed that each and every one of them had met with a counselor. Nearly all (99%) felt that they were "very satisfied" with their meeting and consultation with the counselor. Similarly, the overwhelming majority (94%) were satisfied with the quality of services. Of the women who received abortions, 98.5% said they would recommend their friends to come to the same clinic for services, if and when required. Only six women said they would not recommend this particular clinic to their friends if needed.

SIMILARITIES AND DIFFERENCES BETWEEN 2005 AND 2010

As mentioned earlier, the 2010 survey had a larger purpose of comparing between public and private sector clinics. Since the Maternity Hospital was included in both surveys, the new data afforded the opportunity to look back and discern any major changes between the two time periods.

Both of the surveys were designed to provide a snap shot of a particular period of time. Accordingly, the clients are different and so are their experiences. Because the raw data set from the 2005 survey was no longer available for further analysis, we were unable to make strict comparison (in a statistical sense) between the two results. For this reason, we arbitrarily chose at least five percentage points differences in the results between the samples as being real. For convenience, we refer to the 2005 and 2010 samples as two cohorts of women.

Overall, we found more similarities than differences between the two cohorts. The two cohorts comprised of in age groups. The 2010 cohort did not necessarily have a higher proportion of younger women using services. The median of the users actually increased in the 2010 cohort (26 v. 27). The percentage of women with no education remained similar between the two time periods, although the later cohort had more women with higher educational attainment. Also, there was a considerable decrease in 2010 in the proportion of users who were not employed outside the home (71% v. 49%). In 2010, we also found a proportionate increase in the percentage of women working in the business sector.

The proportion of first-time pregnant women among those having abortions remained the same in the two time periods (12% v. 13%). The average number of living children (among those who had been pregnant before) were identical (1.97).

The overwhelming majority of women who had abortions were married, and the proportion remained remarkably stable in both time periods (97% v. 97%). Similarly, there was no change in the percentage of women who had unintended pregnancies outside of marriage. The percentage of women that had abortions who did not want more children might have risen slightly, from 57% to 63%.

We found considerable change in the two time periods in terms of the percentage of women who have had a pregnancy test or a PV examination prior to coming to the clinic; it increased from 56% to 84% in 2010.

Because most abortions were still occurring within marriage, it remained consistent that a high percentage of women discussed the option of having an abortion with their spouse or partner. Further, the pattern of making a joint decision increased from 64% in 2005 to 83% in 2010.

Although the clients' demographic characteristics remained basically the same between the time periods, the clinic was able to attract a considerable number of new clients; this increased from 44% in 2005 to 68% in 2010. The percentages of clients that travelled long distances have actually decreased: whereas 79% of the clients used to come from within a 10 km. radius in 2005 it declined to 72% in 2010.

Friends and acquaintances who received services at the facility in the past continued to be a very important source of information regarding the promotion of the clinic (51% v. 59% in 2010). Further, the perception that the clinic offered good- and high-quality services at a reasonable cost continued to be a powerful factor in clients' decisions to come to the clinic at the Maternity Hospital. It should be noted that the fee for services increased by Rs. 100 between the two survey time periods. The percentage of clients who felt that the user fee was "about right" changed from 97% in 2005 to 92% in 2010. Further, one in five clients were not sure if they would come back to the same clinic if the user fee was increased by Rs. 200.

Women who reported using a family planning method at the time of pregnancy remained high in both time periods, although it may have declined some in recent years

(62% in 2005 and 53% in 2010). Among those using any method, the percentage using withdrawal or safe period (non-program) methods slightly increased in 2010 (from 35% in 2005 to 43% in 2010), while the percentage using modern (program) methods showed slight decline (65% to 57%).

The overwhelming majority of both cohorts of clients found the services "very satisfactory." Further, the percentage who thought they actually experienced less pain than they anticipated before the procedure increased from 30% in 2005 to nearly 60% in 2010. The percentage of women who experienced a complication resulting in a delay in discharge was within the same range as before (2.1% in 2005 v. 1.5% in 2010).

The primary reason for having an abortion remained the same being that the woman did not want any more children (57% in 2005 v. 54% in 2010). Similarly, those having unprotected sex even though they thought they might get pregnant accounted for similar percentages of clients (27% v. 33%). Further, the proportions of women with low-perceived risk of pregnancy were also similar (35% v. 31%).

DISCUSSION AND CONCLUSION

The abortion clinic at the Maternity Hospital marked its five-year anniversary of uninterrupted services just last month (March 2010). This period has been one of growth, as the trend data in this report shows, and the clinic has provided services to nearly 19,800 women, as of the end of 2009. Analysis of the cost data for the period 2004-2009 showed that the clinic has been able to meet its costs.

The clients' survey data analyzed and presented in this report provides a snap shot of the clients of the abortion clinic at the Maternity Hospital in 2010. It examined the profile of the clients, the context of unintended pregnancy, the decisions leading to having an abortion, contraceptive behavior, clients' reasons for choosing this particular clinic, cost, and satisfaction with the services rendered and provided. The 2010 survey was undertaken approximately five years after the first clients' survey was conducted in 2005.

The data from these two surveys highlights that most abortion services are used by married women. The primary reason for having an abortion is because the women have already had the desired number of children. The average age of the women who had

abortions in 2010 was 27.5. Nearly 57% of the women were in the age group 20-29. The women having abortions have an average of two living children. More than four in five women made the decision to have an abortion jointly with their husbands.

Over half of the women (52.8%) reported to have used a method to prevent them from becoming pregnant. Among them, about two in five used a non-program method (that is, withdrawal and safe period) and nearly three in five used program methods (mostly condoms and the pill). These failures could be a combination of poor compliance and real method failure. It is well known that the real-life failure rates with these methods, particularly the non-program methods, are higher than in controlled circumstances.[6]

Among the women not using any method (47.2%) to prevent an unintended pregnancy, nearly half reported the main reason of non-use to be due to health conditions. The other two important reasons were dislike of the available methods (either by self or partner) and the perception of low risk of pregnancy ("Didn't think I would be pregnant"). These were followed by non-compliance (either self or partner forgot to use the method). Unlike in the 2005 survey in which breast-feeding/postpartum amenorrhea was the reason for having had an unintended pregnancy, this was not reported to be a major issue in the 2010 survey.

These data indicate that the lack of awareness of the family planning methods is not the major issue, at least among the 2010 abortion clinic clients. Even among those who had reported not using a method due to ill health, most said that they had used a method before becoming ill.

For some women, abortion may be the only choice, however, for many women, abortion could have been avoided by effective contraceptive use. At this juncture, a critical look at the family planning programs methods of communication and counseling and suggested ways for improvement could be highly useful. Also a majority of the family planning communication materials currently available were developed many years ago and are outdated. It is recommended a review and revision of existing materials take

[6] World Health Organization Department of Reproductive Health and Research (WHO/RHR) and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP), INFO Project. *Family Planning: a Global Handbook for Providers*. Baltimore and Geneva: CCP and WHO, 2007.

place to reflect current needs. Further, it would be important to examine how safe abortion services could be integrated with family planning services.

The availability of and access to abortion has changed the landscape in which reproductive decisions are made and services are accessed. The recent introduction of medical abortion (mifepristone-misoprostol) in the country provides one more choice for women having abortions.[7] Medical abortion was introduced as an option to women seeking abortion at the Maternity Hospital clinic late in December 2009. Its use is expected to increase gradually over time. Furthermore, the availability of medical abortion as an over-the-counter drug through drug shops in the country is likely to also change the context of both the supply and demand of services. The problem is further compounded by an open border that makes it easier for supply of unregulated drugs in the market.

The 2010 survey also found that women's access to and use of pregnancy tests has increased considerably in recent years. Four out of five women coming to the clinic for abortions had a urine pregnancy test (UPT) prior to their arrival. This would facilitate early recognition of the pregnancy and decision-making. The efforts made the program in recent years to create awareness among the women and seek UPT in case of unintended pregnancy seems to have been effective.

Although in this study we found no direct evidence of the practice of sex-selective abortion (and emphasizing that UPT is not for this purpose), we would like to note that it is important to monitor that the abortion is not used for sex-selective abortion, as has been a challenge in several countries.[8] The 2010 survey results on the gender composition of the children showed that the highest percentage (28.7%) of those with children were those with a balanced gender composition--one son and one daughter. Just a small percentage of those with only daughters had abortions. The gender issue becomes a critical one as the desired family size is small. Conversely, the probability of having at

[7] Ipas/Nepal. A comprehensive report on implementation of medical abortion services in six pilot districts of Nepal. Kathmandu: Ipas/Nepal, November 2009.

[8] Sen G, "Gender biased sex selection: key issues for action. Briefing paper prepared for a consultation on Prenatal Sex Selection for Non-health Reasons, June 10-11, 2009, WHO/Reproductive Health and Research, Geneva, 2009.

least one male child is high when there is no volitional control on the number of children that one would like to have.

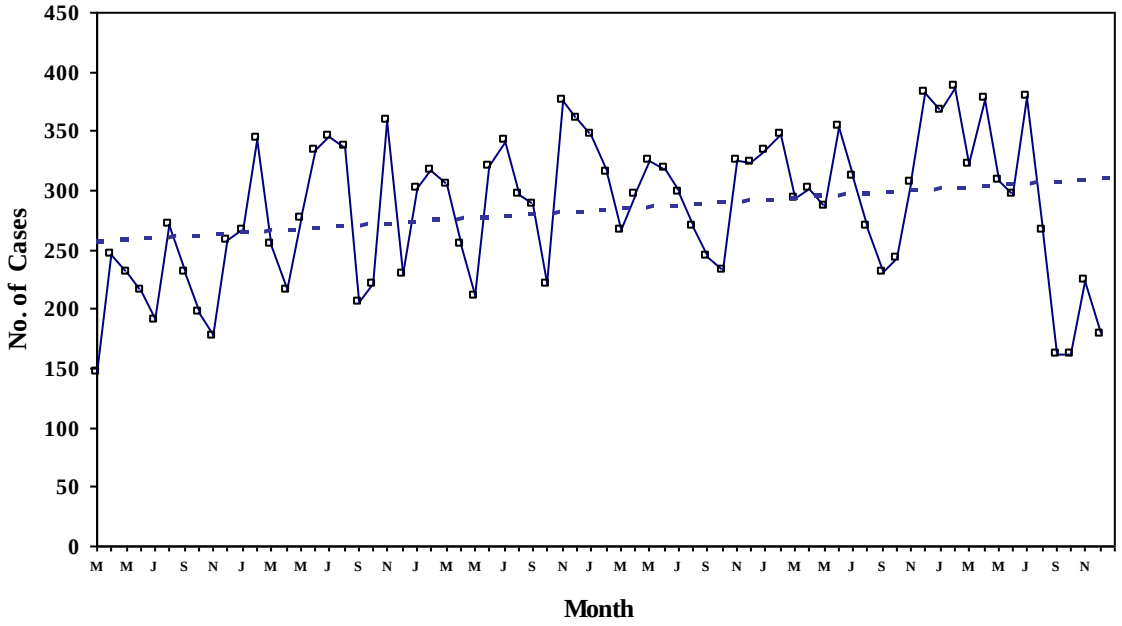
We recognize that the technology cannot be blamed for parents' preference for trying to have a male child. The underlying causes are rooted in deep social and cultural values. However, it is important that the technology is not misused. The same law that made availability of and access to safe abortion legal in Nepal also made it clear that abortion cannot be used for sex-selective purposes.[9] With the pregnancy-detection and sex-selection technology becoming easier and more affordable, it is important to closely monitor the situation.

The current user fee for the services is slightly higher than the actual cost of services. Further, according to the survey responses, about one in five women may not be able to use the services if the cost is raised by another 20%. We also note that an affordable cost was cited as an important reason for visiting the Maternity Hospital clinic. In view of these responses, we conclude that the user fee for the services should not be increased in the foreseeable future.

The 2010 survey showed that about one in five women had a repeat abortion. Because the data were not available for the earlier cohort, it was not possible to assess trends for this particular practice. Nevertheless, it is important to monitor this aspect of client characteristics in the future. Further, nearly 30% of the women expressed that they would consider undergoing abortion again if they have another unintended pregnancy. This underscores the importance of good counseling among those are having abortions. Finally, with the introduction of medical abortion as a choice for women having an abortion, we feel it is important that counseling regarding both abortion methods and contraceptives needs to be revisited and strengthened. This will contribute to the continuous improvement in the quality of services rendered and accessed. ♦♦♦

[9] Thapa S, "Abortion law in Nepal: The road to reform." *Reproductive Health Matters* 12(24): 85-94, 2004.

Figure 1. Monthly number of induced abortion cases performed at the Maternity Hospital, March 2004-December 2009 (N=19,798)



Note: The letters on the x-axis refer to the names of months beginning with March (M) 2004 and ending with December (D) 2009 (not labeled). Although the labels show alternate months, the actual data are for each consecutive months. The trend (dotted) line is based on a linear regression for each group.

Table 1. Cost analysis (in Nepali Rupees) of the surgical abortion services at the Maternity Hospital, 2004-2009

	2004*	2005	2006	2007	2008	2009
Total number of service users	2,163	3,387	3,593	3,565	3,660	3,430
Service user charge / fee (basic)	900	900	1,000	1,000	1,000	1,000
Clinic cost of providing services (per client)						
A. Variable cost	786.29	660.98	637.42	640.46	630.33	655.83
B. Fixed cost	184.93	141.72	133.59	134.64	131.15	139.94
C. Total cost (A+B)	971.22	802.70	771.01	775.11	761.48	795.77
Total expenditure of clinic	2,100,750	2,718,750	2,770,250	2,763,250	2,787,000	2,729,500
Total revenue (from service user fee)	1,946,700	3,048,300	3,593,000	3,565,000	3,660,000	3,430,000
Net balance (revenue-expenditure)	-154,050	329,550	822,750	801,750	873,000	700,500

*Beginning in March

In US Dollars						
	2004*	2005	2006	2007	2008	2009
Average exchange rate (US$)	73.53	71.37	72.83	66.80	69.14	77.57
Total number of service users	2,163	3,387	3,593	3,565	3,660	3,430
Service user charge / fee (basic)	12.23	12.61	13.73	14.97	14.46	12.89
Clinic cost of providing services (per client)						
A. Variable cost	10.69	9.26	8.75	9.59	9.12	8.45
B. Fixed cost	2.52	1.99	1.83	2.02	1.90	1.80
C. Total cost (A+B)	13.21	11.25	10.59	11.60	11.01	10.26
Total expenditure of clinic	28,569.97	38,093.74	38,037.21	41,366.02	40,309.52	35,187.57
Total revenue (from service user fee)	26,474.91	42,711.22	49,334.07	53,368.26	52,936.07	44,218.13
Net balance (revenue-expenditure)	-2,095.06	4,617.49	11,296.86	12,002.25	12,626.55	9,030.55

*Beginning in March

Table 2: Demographic and socioeconomic background characteristics of the women who had abortions at the Maternity Hospital, 2010

Variable	%	N
Age group		
16-19	7.4	29
20-24	25.8	101
25-29	30.9	121
30-34	22.2	87
35-39	10.5	41
40-48	3.3	13
Total	100.0	392
Mean 27.5±5.8 / Median 27.0	na	392
Education		
Illiterate	28.8	113
Up to primary (grades 1-5)	11.7	46
Secondary (grades 6-10)	22.2	87
High school (grades 10-12)	18.6	73
College or higher	18.6	73
Total	100.0	392
Profession		
Government / private sector service	10.9	43
Business	14.0	55
Farming	9.7	38
Manual work / daily wage	7.4	29
Student / not working	9.2	36
Housewife / not working outside home	48.7	191
Total	100.0	392
Primary source of income for livelihood		
Self	17.1	67
Husband / partner	77.6	304
Parents / grandparents	1.3	5
In-laws	4.1	16
Total	100.0	392
Ethnicity		
Bahun	22.4	88
Chhetry	23.5	92
Newar	15.6	61
Occupational	2.6	10
All other	36.0	141
Total	100.0	392

Table 3. Distance traveled and person accompanying the women who had abortions at the Maternity Hospital, 2010

Variable		%	N
Distance traveled (in km.)			
<5		34.2	134
5-10		37.8	148
11-14		8.2	32
15+ (outside of capital)		19.9	78
Total		100.0	392
Person accompanying the women *(multiple response)*			
Alone		5.9	23
Accompanied by a friend		8.9	35
Accompanied by husband / boyfriend		66.6	261
Accompanied by any other family member		20.9	82
Total		na	392
Living situation *(multiple response)*			
Alone		0.5	2
Parents / grandparents		3.3	13
In-laws		17.6	69
Husband / partner		92.6	363
Family relative		61.2	240
Other		0.5	2
Total		na	392
Cost of travel to the clinic			
Average	Rs.105.3±492.3	na	318
Motorbike / one vehicle		11.2	44
On foot		7.1	28
Did not know		0.5	2
Total		na	392

Table 4. Marital status and childbearing status of women who had abortions at the Maternity Hospital, 2010

Variable	%	N
Marital status		
Unmarried and not engaged	1.0	4
Unmarried but engaged	1.0	4
Married	97.4	382
Divorced / separated	0.3	1
Widowed	0.3	1
Total	100.0	392
Whether been pregnant before		
Yes	87.2	342
No	12.8	50
Total	100.0	392
Among those pregnant before, number of pregnancies		
1	24.9	85
2	38.6	132
3	21.3	73
4 or more	15.2	52
Total	100.0	342
Mean (2.35±1.29)	na	342
Among those pregnant before, no. of living children by sex		
One son	19.9	68
One daughter	14.0	48
One son, one daughter	28.7	98
Two sons	13.2	45
Two daughters	4.7	16
Three sons	0.9	3
Three daughters	1.5	5
Two sons, one daughter	4.1	14
Two daughters, one son	5.6	19
All other	7.6	26
Total	100.0	342
Average no. of living children 1.97±1.07	na	342
Intention to have a / another child in the future		
Yes	32.1	126
No	62.5	245
Not sure	5.4	21
Total	100.0	392

Table 5. Duration of pregnancy and relationship status among women who had abortions at the Maternity Hospital, 2010

Variable	%	N
Time (days) since last menstrual period		
<45 days	2.3	9
45-60	55.6	218
>60 days	39.3	154
No menses	1.3	5
Can't recall	1.5	6
Total	100.0	392
Mean 58.8±11.1	na	381
Determination of pregnancy		
Had a pregnancy test or a PV examination	84.2	330
Suspected pregnancy / observed signs and symptoms	15.8	62
Total	100.0	392
Relationship to the person who made woman pregnant		
Husband	97.7	383
Regular boyfriend	1.5	6
Casual male friend	0.8	3
Total	100.0	392
Whether sex was consensual		
Mutual consent	99.0	388
Forced	0.8	3
Not sure	0.3	1
Total	100.0	392
Whether living with the same person who made pregnant		
Yes	96.4	378
No	3.6	14
Total	100.0	392

Table 6. Context and circumstances resulting in unintended pregnancy and perceived consequences among women who had abortions at the Maternity Hospital, 2010

Variable	%	N
Situation / circumstances resulting in unwanted pregnancy		
Did not think that I will be pregnant	30.9	121
Did not plan to have intercourse at all	3.3	13
Took a chance	33.2	130
Family planning / contraception failed	32.7	128
Total	100.0	392
Primary reason for pregnancy termination **(***multiple response***)**		
Do not want any more children	53.8	211
Want to space childbearing	16.1	63
Cannot afford	12.0	47
Work or education	11.7	46
Going abroad	4.1	16
Husband's reason	2.3	9
Not in good health	3.6	14
Unmarried / recently married	5.1	20
Other	0.5	2
Total	na	392
Perceived consequences if had a baby (*multiple response)*		
Unable to afford	49.7	195
Health effects	4.8	19
Embarrassment	13.0	51
Work / education / travel will be interfered	8.7	34
No time to look after	9.2	36
Last child too young	13.8	54
Other	9.7	38
Total	na	392

Table 7. Change in situation that would have made women not seek pregnancy termination among women who had abortions at the Maternity Hospital, 2010

Variable	%	N
Intensity of interest in keeping the pregnancy if the situation / circumstances were different		
Very definitely would have liked to have the child	28.3	111
Not sure	14.0	55
No interest in having another child at all	57.7	226
Total	100.0	392
Scenario in which women would consider not aborting (*multiple response*)		
If last child was older	14.0	55
If own health better	4.1	16
If better economic condition	5.6	22
If did not have the desired number of children	57.7	226
If not planned to go abroad	4.3	17
If married	2.0	8
If study completed	6.6	26
If appropriate age	3.3	13
If no family discord	1.0	4
If no interference at work	0.8	3
If child of desired gender	0.5	2
Other	4.1	16
Total	na	392

Table 8. Discussion regarding the decision to have an abortion among women who had abortions at the Maternity Hospital, 2010

Variable	%	N
Discussion about the unintended pregnancy *(multiple response)*		
Not discussed with any one	0.5	2
Discussed with husband, if married	96.2	377
Discussed with boyfriend, if unmarried	1.0	4
Discussed with other members in the family	12.5	49
Discussed with non-family members	7.1	28
Other	0.3	1
Total	na	392
First person with whom discussed *(multiple response)*		
Discussed with husband, if married	94.6	371
Discussed with boyfriend, if unmarried	1.3	5
Discussed with other members in the family	2.6	10
Discussed with friends / non-family members	1.0	4
None	0.5	2
Total	100.0	392
Primary person who made the decision about termination		
Self	10.2	40
Person who made pregnant	6.4	25
Joint decision – self and husband / partner	83.2	326
Other	0.3	1
Total	100.0	392
Time it took to decide to terminate the pregnancy		
0-6 days	55.9	219
7-13 days	35.7	140
14-20 days	7.4	29
21 or more days	1.0	4
Total	100.0	392
Mean 6.6±4.5	na	392
Whether any previous abortion		
Yes	20.9	82
No	79.1	310
Total	100.0	392
Whether would undergo abortion again in case of unintended pregnancy		
Yes	27.8	109
No	10.2	40
Can't say now	62.0	243
Total	100.0	392

Table 9. Past, current and future contraceptive use among women who had abortions at the Maternity Hospital, 2010

Variable	%	N
Whether contraceptive used at the time of pregnancy		
Yes	52.8	207
No	47.2	185
Total	100.0	392
Among women who used a contraceptive method, method used		
Safe period	15.9	33
Withdrawal	27.1	56
Condom	29.0	60
Pills	19.3	40
Injectable	6.8	14
Vasectomy	1.4	3
Minilap	0.5	1
Total	100.0	207
Among women who did not use a contraceptive method, reason for non-use *(multiple response)*		
Health	46.5	86
Forgotten use – self or husband	13.0	24
Dislike – self or partner	18.4	34
Perceived low risk of pregnancy	18.4	34
Infrequent sex	2.2	4
Child too small	2.7	5
Other	6.5	12
Total	na	**185**
Whether feels received full information about various contraceptive methods		
Yes	57.1	224
No	42.9	168
Total	100.0	392
Interest in using contraception in the future		
Yes	96.2	377
No	3.8	15
Total	100.0	392
Contraceptive method dispensed at the time of discharge		
Condom	20.2	79
Pills	22.4	88
Injectable	29.8	117
Other	5.9	23
None	21.7	85
Total	100.0	392

Table 10. Reason for selecting the clinic / hospital among women who obtained abortions at the Maternity Hospital, 2010

Variable	%	N
Whether ever visited this particular clinic before		
Yes	31.6	124
No	68.4	268
Total	100.0	392
Source of information about the availability of abortion services at this hospital		
Through friends who have obtained services before	59.2	232
Read in the paper or heard on the radio	6.6	26
Other	34.2	134
Total	100.0	392
Primary reason for choosing this clinic for services **(***multiple response***)**		
Close proximity to residence / convenience	5.6	22
Less expensive than other places	48.5	190
Availability of good and quality services	92.6	363
Not knowledgeable about other places	9.4	37
No need to wait for longer duration to get services	14.3	56
Other	0.5	2
Total	na	392

Table 11. Cost of services and price elasticity at the Maternity Hospital, 2010

Variable		%	N
Fee / charges for the services			
Average	Rs. 1,284.8±143.4	na	389
Did not know		0.3	1
Not paid / free		0.5	2
Total		na	392
Primary person responsible for paying the service fee			
Self		18.1	71
Person who made pregnant		79.6	312
Relatives		1.8	7
Other		0.5	2
Total		100.0	392
How the money would have been spent if services were free of cost			
For food		56.6	222
For clothes		2.6	10
For household expenses		18.6	73
Save		11.2	44
Other		4.1	16
Not sure		6.9	27
Total		100.0	392
Opinion about amount paid for clinic fee / charges			
Too high		6.1	24
Too low		1.0	4
About right		92.3	362
Do not know		0.5	2
Total		100.0	392
Among those who thought what they paid was about right or too low, would they still come if the cost was Rs300 higher			
Yes		79.3	311
No		0.8	3
Not sure		19.9	78
Total		100.0	392
Among those who thought what they paid was about right or too low, would they still come if the cost was Rs200 higher than they actually paid			
Yes		79.8	313
No		0.5	2
Not sure		19.6	77
Total		100.0	392

Table 12. Complications with the procedure among women who obtained abortions at the Maternity Hospital, 2010

Variable	%	N
Technique used		
MVA cannulae & syringe	99.7	391
Other	0.3	1
Total	100.0	392
Whether feels the procedure was less, about the same or more painful and scary than anticipated		
Less	56.9	223
About the same	32.1	126
More	11.0	43
Total	100.0	392
Whether any complication occurred that resulted in delay in discharge from the clinic		
Yes	1.5	6
No	98.5	386
Total	100.0	392
Type of complications		
Shock	16.7	1
Perforation	16.7	1
Incomplete abortion	50.0	3
Hysteria	16.7	1
Total	100.0	6

Table 13. Satisfaction with the services obtained among women who had abortions at the Maternity Hospital, 2010

Variable	%	N
Whether met with the counselor		
Yes	100.0	392
No	-	-
Total	100.0	392
Level of satisfaction with the counselor		
Very satisfied	99.2	389
Somewhat satisfied	0.8	3
Little or not satisfied at all	-	-
Total	100.0	392
Opinion about the quality of services received		
Very satisfied — better than expected	93.9	368
Mostly satisfied — but certain things could have been done better	3.8	15
Okay — Neither very good nor very bad	1.8	7
Satisfied only to a small extent — that is, not satisfied with many things	0.5	2
Not satisfied at all	-	-
Total	100.0	392
Whether recommends the same clinic to a friend		
Recommend	98.5	386
Not recommend	1.5	6
Total	100.0	392