

## **Legalization of Abortion in Nepal: The Way Forward**

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Abortion has been legalized in Nepal since September 2002 by the 11<sup>th</sup> amendment to the "Muluki Ain". As per the law, the woman can procure abortion if she wishes, for any pregnancy up to 12 weeks of gestation, and up to 18 weeks if the pregnancy follows rape or incest. Abortion can be done if the fetus has a major congenital anomaly incompatible with life. Abortion can be done if continuation of pregnancy poses a serious threat to the mother's life.

Abortion has been legalized in Nepal after a prolonged period of advocacy by various non-governmental and professional organizations. Research organizations have done a commendable job by bringing to the fore the plight of women who had to undergo unsafe abortions under clandestine conditions. Family Health Division of the Department of Health Services, Ministry of Health (MOH) has taken a leading role in formulating the policies, strategies and the procedural order to implement the law. Donor agencies like the DFID and GTZ have given a strong support in this endeavor, and the MOH is all set up to expand abortion services with the support of various External Development Partners. During development of the procedural order, several consultations were held with leading agencies to make it liberal and flexible so that the women in need could access abortion easily. Learning from the experiences of other countries, technical guidelines were developed to incorporate all the details while the main legal documents were kept very general so that amendments could be made in the technical documents, as required, without much hassle. Apart from many issues that have been highlighted in the procedural order relating to method, types of providers etc, two specific points have been mentioned in the procedural order that are of high importance. One, only a trained and listed provider can provide abortion services at a facility that is listed. Second, fetal sex determination with the purpose of terminating the pregnancy is illegal. The procedural order aims at improving access to high quality, safe abortion services to the Nepalese women. As with all good intentions, their merits will be tested only if they are properly and effectively implemented.

Safe abortion requires the provision of good quality abortion services, which should include proper counseling, trained human resource, infection prevention practices and adequate logistic support. For many women, especially for developing countries like ours, safe abortion may not be available, affordable or accessible despite the liberalization of abortion law. Information and education to the women and the families should be one component of the comprehensive abortion care services. The message "Earlier the better" should be widely disseminated. Effective collaboration with the department of drug control and administration should be made to provide license for drugs that are safe and effective.

In the last few months following legalization of abortion and the endorsement of the procedural order, abortion complications constituted almost 40% of the total gynecological admissions in a central referral hospital in Kathmandu, and ten percent of these cases had history of induced abortion. Medical persons, mainly doctors, had performed most of these cases and dilatation and curettage was the most commonly used method. Although the legal limit of termination was 12 weeks with the woman's consent, more than a third of the cases were performed at more than twelve weeks gestation. Women presented with various complications, some of them life threatening. It is clear that having liberal law is not enough. It can still endanger women's lives, if procedural orders and the technical guidelines are not followed strictly and monitored rigorously.

Disseminating the information about legalization of abortion, places where abortion can be accessed and the names of the trained and listed providers is an important step towards providing safe abortion services. Existing health facilities should be strengthened and the availability of services should be ensured in the peripheral health institutions. Teaching hospitals, both government and private, should take up a lead role in training, and the curriculum of medical schools should incorporate training on safe abortion including various methods that are available.

Abortion should not be used as a means of population control, but should be available to women with

counseling, contraceptives and other reproductive health services to promote the well being of the woman, her children and her family. Safe abortion

free from coercion and violence is a reproductive choice the women should be allowed to have.