



Nepal

Shanti, a mother of three, was four-months pregnant when she took medication to cure a migraine. She recognized instantly that something had gone wrong. With her husband at work and her children at school, Shanti found herself alone; drenched in blood, she enlisted the help of her landlady who brought her to the hospital. What Shanti did not realize was that the landlady had also reported her to the police — as owner of the property, she was required to under law. Shanti was arrested on her sickbed under suspicion of inducing an abortion and was sentenced to 20 years in jail. Finally freed after reform of the abortion law, Shanti said, “I thought I was going to rot in jail. I never thought I would be released” (Singh 2004).

Background

Nepal has come a long way over the past decade. In 2002, with monarchy approval, the Nepali Parliament passed an amendment to legalize abortion and expand women’s rights in divorce, property ownership and education. Formerly one of the few countries worldwide that jailed women for ending pregnancies, abortions can now be performed on demand in the first 12 weeks of pregnancy or up to 18 weeks in cases of rape, incest, fetal malformation or when the woman’s life is endangered.

Nepal’s complete ban on abortion prevented women from receiving safe services yet did little to deter them from seeking unsafe abortions or self-inducing using drugs, herbal potions and foreign objects inserted into the uterus.

In addition to the ban, many factors — persistent poverty, low rates of contraceptive use and a high percentage of deliveries lacking a skilled birth attendant — contributed to Nepal’s historically high maternal death rate. High-quality health care was and continues to be hindered by a lack of physicians and other health-care personnel in rural and remote areas; according to World Health Organization (WHO) estimates, there were only two doctors for every 10,000 Nepalis in 2004.

Since the ban was overturned, Nepal’s maternal mortality ratio has shown evidence of decline; however, reducing women’s risk of death and injury from unsafe abortion remains a top priority. Many Nepalis still do not know that abortion is legal, and without information about their right to safely terminate a pregnancy, women may seek clandestine procedures from unqualified providers instead of safe, government-sponsored services.

As Nepal expands women’s rights, Ipas will continue working to ensure that abortion is safe and accessible for every woman. Ipas Nepal works to increase public awareness, train and educate current and future abortion providers, and make safe abortion services available in the NGO, public and private sectors throughout the country. Ipas continues to collaborate with the Nepali government and the Technical Committee for Implementation of Comprehensive Abortion Care (TCIC) through the Support to Safe Motherhood Program (SSMP).

Statistic	Data
National population	27,800,000
Total fertility rate for women aged 15–49	3.1
Maternal mortality ratio (deaths per 100,000 live births)	830
Percent age of married women married aged 15–49 using modern contraception	44

Key accomplishments

Through a nationwide program, which began in 2001, Ipas Nepal and TCIC have:

- Established four comprehensive abortion care (CAC) training sites;
- Trained more than 413 clinical providers and 331 nurse assistants;
- Expanded services to increase clinic hours and include nurses as providers, reducing deferment of services from nearly half of all clients to zero;

Ipas Nepal has broadened women's choices by:

- Expanding CAC trainings to private providers in partnership with Marie Stopes International (MSI), the Family Planning Association of Nepal (FPAN), the Nepal Medical Association and the Nepal Society of Obstetricians and Gynecologists (NESOG);
- Offering trials of medical abortion (MA) using mifepristone and misoprostol for first-trimester procedures in association with Gynuity;
- Scaling up training of midlevel providers;
- Starting to integrate safe abortion care with Nepal's family planning services
- Enabling approval from the Nepalese government for second-trimester abortion drugs with dilatation and evacuation (D&E) and medical induction, as well as providing training for skilled providers. Second-trimester drugs will be available in six hospitals by the end of 2009.

What Ipas's work means for women

Since 2004, Ipas Nepal has supported more than 158,000 safe abortions. Ipas's work to expand the availability of CAC services throughout Nepal will allow women discreet access to a broad range of safe, high-quality reproductive health services — many CAC facilities even offer reduced prices and extended operating hours to avoid turning away clients. By training providers throughout Nepal in CAC and safe abortion care, Ipas will improve the reproductive health of all Nepalese women, especially the marginalized and rural populations who need it most. Ipas's efforts to increase a sustainable supply of abortion-related technologies, particularly manual vacuum aspiration (MVA) and MA, will also provide women with services that are most appropriate for their needs and personal preferences.

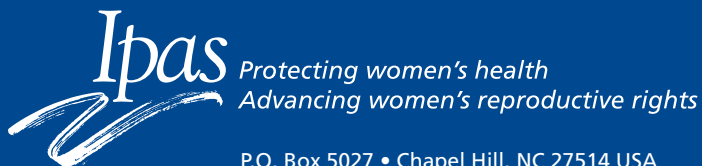
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