

PRACTICE GUIDANCE

Making Abortion Safer in Nepal: Contribution of Nepal Society of Obstetricians and Gynecologists (NESOG) in the Success Story

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Traditionally, abortion was restricted and illegal in Nepal until recent legalization of abortion, but available evidence suggests that unsafe abortion was fairly widespread in the country and contributed significantly to the high maternal mortality and morbidity (FHD/MoH, 1998.¹ The *Muluki Ain (country code)*, 2020 prohibited abortion, even if it was as a result of rape or incest and it was considered as an offence against life. Abortion was only available in selected cases under medical ground to save women's life. It is estimated that up to 50 percent of all maternal deaths in Nepal's hospitals, were attributable to complications of unsafe abortion (Thapa et al, 1992).²

In March 2002, the House of Representatives passed the 11th amendment of *Mulki Ain*, and the royal seal of approval was given by the King in September 2002. This could be possible after almost two decades of continued advocacy efforts of many rights based organizations supported by findings of research studies and public opinion polls. Key players were Family Planning Association of Nepal (FPAN), Center for Research on Environment Health and Population Activities (CREHPA), Forum for Women, Law and Development (FWLD) and other NGOs/INGOs and professional organizations such as Nepal Medical Association and Nepal Society of Obstetricians and Gynecologists (NESOG).

According to new law, Abortion is legal in up to 12 weeks of gestation for any woman, up to 18 weeks of gestation if pregnancy results from rape or incest and at any time during pregnancy, with the advice of a medical practitioner or if the physical or mental health or life of the pregnant woman is at risk or if the fetus is deformed and incompatible with life. Sex selective abortion and abortion without the consent of the pregnant woman is punishable under the legal framework.

Nepal Society of Obstetricians and Gynecologists (NESOG) is an independent non-profit making professional organization of Obstetricians and Gynecologists in Nepal established in 1988 AD with initiative of highly motivated gynecologists Prof Dibya Shree Malla, Prof Sanu Maiyan Dali and Dr Bhola Rijal in the country and support from friends and well wishers of NESOG abroad including Prof. Hiroaki Soma from Japan, Visiting Consultant at Prasuti Griha and Visiting Prof at Institute of Medicine and Late Emeritus Prof Shan S Ratnam, the Secretary General of Asia Oceania Federation of Obstetrics and Gynecology.³

NESOG has established itself as a leading organization in very short time period and is one of the key stakeholders working for improving women's health in the country. This society has strong liaison with federations as an affiliated member such as South Asia Federation of Obstetrics and Gynecology (SAFOG), Asia Oceania Federation of Obstetrics and Gynecology (AOFOG) and recently Federation of International Society of Obstetrics and Gynecology (FIGO). NESOG has recently adopted the Ethical FIGO Code of Human Rights based Ethics.

The overall objectives of the society is to serve the people by rendering fully educational, scientific and public health oriented services of high standards in the field of obstetrics and women diseases.⁴ Key activities of this organization include organizing continuing medical education (CMEs), annual conferences/ seminars and symposia for NESOG members and other health care providers related to this specialty on various key theme topics that addresses vital health needs of Nepalese women. This organization works in close collaboration with the Government together with other stakeholders in different areas such as policy formation, developing guidelines and

training manuals, implementation program including trainings in all reproductive health services. It also organizes awareness campaigns not for its members but also for the general public and promotes and facilitates research in women's health issues.

NESOG has played crucial role together with other key stakeholders in making abortion safer for Nepalese women and saving their lives and disabilities by reducing the burden of unsafe abortion. Highly committed members of this organization have been strong advocates for raising voice against criminalization of abortion and violation of human rights of Nepalese women. NESOG has been one of the key stakeholder for advocacy effort and was actively involved in battle for legalization of abortion in Nepal.

Around 1980s, One of the past presidents of NESOG, raised his voice for making abortion legal when he noticed while working in Prasuti Griha (now named as Paropkar Maternity and Women's Hospital) that many lives of Nepalese women are simply lost because they could not avail provision of safe and legal abortion services. He published articles related to this issue in various newspapers and helped activate a national environment for discussion and gained international attention through interview broadcasted by BBC Sri Lanka and BBC London (G Shakya et al, 2004).⁵ In 1990, he participated in public debate on legalization of abortion on Nepal TV and challenged anti-abortion views, and clearly announced that he is willing to provide safe abortion services to women.

The Family Health Division (FHD) under the Department of Health Services (DoHS), Ministry of Health and Population (MoHP) has played the lead role in formulating policies, strategies, and procedural order to implement and expand safe abortion services within the legal framework following legalization of abortion in the country. *Technical Committee for Implementation of Comprehensive Abortion Care (TCIC)* headed by the Director of FHD/DoHS was established in February 2003 to support the implementation of the CAC services. The members of TCIC are representatives from the MOHP and Ministry of Law and Justice, NGOs, and donor agencies to collectively assist the government in implementation of the country's safe abortion strategy.

As of mid-May 2008, 508 (482 doctors and 26 Nurses) were trained for providing CAC service. Among these trained providers, 323 were from the government were 185 were from private/NGOs. Training on second trimester abortion was also organised for 9 gynecologists and 7 nurses by FHD/MoHP in June 2007 in maternity hospital. The government has approved 206 sites-98 government affiliated and 108 non-government affiliated CAC sites in 74 districts out of the total 75 districts of the country.

After legalization, NESOG was a member of Abortion Task Force Committee formed by Family Health Division to draft the procedural order for implementation of the amendment and to develop the Policy and Strategy document. Technical input from NESOG was incorporated in all legal and technical documents related to comprehensive abortion care services including procedural order, abortion policy and strategy, implementation plan and reference and training manual.

NESOG members are not only technical experts and key providers but are involved extensively for training of not only specialists but also medical doctors and nurses. NESOG has strongly supported task shifting in abortion care services and facilitated training of mid level providers (nurses) to increase access to services in districts and lower level facilities where there is paucity of gynecologists. Apart from training, NESOG has also been involved in monitoring and evaluation program and members are also supporting research activities related to abortion in various hospitals.

"Preventing women from unsafe abortion" was the theme topic of Eighth national conference of NESOG in the year 2004 when program implementation was just started. Post-conference workshop was organized on safe abortion services with the support of Ipas. Making abortion safer has also been a very much discussed topics among members and various CMEs are conducted on this issue in last few years.

Currently, NESOG has been a member of comprehensive abortion care (CAC) advisory committee and is supporting the Govt. in all orientation and training activities of CAC services. With support of Ipas/FHD/MSI it has organized short comprehensive CAC training course for all its members to facilitate their listing as legal providers and their service delivery site as listed sites. NESOG is also supporting recently launched medical abortion pilot project in six selected districts by FHD/Ipas to help Nepalese women get a choice of abortion methods.

NESOG participated in FIGO initiative on unsafe abortion, 2008 and developed the report on situational analysis of unsafe abortion in Nepal with the support of core working group members from FPAN, FHD (Govt. of Nepal), CREHPA, TCIC/Ipas, UNFPA, Paropkar Maternity and Women's Hospital, Safe Motherhood Network Federation (SMNF), FWLD and MSI/Sunaulo Pariwar Nepal.

The main reasons for persisting unsafe abortion in this country even after the legalization are- lack of awareness about new abortion law and availability of safe abortion services, inadequate access to safe abortion services, cost of services, reluctance or fear of utilizing the services in time, growing number of unapproved abortion clinics, lack of women's decision making power, poor supportive environment and social

stigma, and legal restriction to abortion in the past. Moreover, abortion is still considered as a sin in Nepalese society and women usually seek clandestine street abortions to ensure confidentiality.

Legalization of abortion brought forward new challenges for Nepal as is witnessed in many countries where abortion laws were revised from a highly restrictive to a liberal abortion law. Moreover, there are many obstacles to overcome to ensure rights to safe and legal abortion services for Nepalese women. It is indeed encouraging to see that safe abortion services has expanded to almost all districts of Nepal within five years of commencement of services in the country and this reflects highly committed and well coordinated team of various NGOs/INGOs and private sectors led by the Govt. of Nepal. NESOG is committed to ensure Women's right to safe abortion not only by providing services and training but by continued advocacy and creating a supportive environment particularly for release of women who are still in prison in charge of abortion related crime.

ACKNOWLEDGEMENT

My sincere thanks go to Dr Mahesh Puri of CREHPA, Nepal who collected and compiled information from published and unpublished papers/reports and helped to prepare the draft report of Situation Analysis of Unsafe Abortion in Nepal (unpublished) for NESOG.

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