

How to report on **Abortion?**

A Toolkit for Media and
Public Communication Professionals



March, 2022



How to Report on Abortion

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This toolkit is addressed to media and public communication professionals to facilitate rights-based and factual reporting on abortion.

This toolkit has been produced with financial support from the Safe Abortion Action Fund (SAAF). The contents of this toolkit are the copyrights of the Visible Impact.

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Abbreviations

ANM	Auxiliary Nurse Midwife
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
HIV	Human Immunodeficiency Virus
MA	Medical abortion
MBBS	Bachelor of Medicine and Bachelor of Surgery
MDGP	Medicine in General Practice
MVA	Manual Vacuum Aspiration
NDHS	Nepal Demographic Health Survey
NGO	Non-Governmental Organisation
RSS	Rastriya Samachar Samiti
SMRHR	Safe Motherhood and Reproductive Health Rights
WHO	World Health Organisation

Introduction

Abortion is one of the safest and most common healthcare and medical procedures for people who can get pregnant¹.

Globally one in every four pregnancies ends in abortion². Most abortions happen within the first 12 weeks, especially when medical abortion pills are available³.

Nepal has come a long way from criminalising to legalising abortion in 2002. Since 2016, free safe abortion services have been provided from the listed government safe abortion sites. Furthermore, enacting the Safe Motherhood and Reproductive Health Rights Act 2018 shows strong political commitment to reproductive health and rights and universal access to abortion care and other reproductive health services. Amid these legal and policy changes, misinformation, misconceptions, myths on abortion, and stigma and discrimination towards service users persist. The way abortion is portrayed in the media can significantly impact public opinion. Media presents an excellent platform for creating awareness and motivating discussion about sexual and reproductive health and rights, especially contested issues like abortion. The media coverage on abortion helps build an enabling environment where people have access to information and services and the capacity to make decisions on their own within the context of informed and supportive communities.

The media framing on abortion among young women are presented negatively. These portrayals can skew people's perceptions of abortion care and contribute to ongoing abortion stigma.

— Ranju Danuwar,
Radio Udayapur

Visible Impact has produced this toolkit for those working in the media and public communications to encourage accurate reporting of abortion facts and honest portrayals of abortion as part of people's lives, relationships, and, most importantly, choices.



Method of Abortion

There are mainly two methods to carry out an abortion; a medical abortion (which involves taking medicines) or a surgical abortion (which requires a surgical procedure).

The type of abortion depends on several factors, but the person should always be able to choose the method they would prefer as long as it suits their medical needs. The doctor or nurse advising them will tell which methods are suitable based on their medical history and gestation of pregnancy.

Medical abortion is not the same as emergency contraception, which can be taken to prevent pregnancy in the first few days after unprotected sex. In contrast, medical abortion pills are used to terminate an established pregnancy.

Medical Abortion (MA)

Medical abortion involves taking two medicines that end a pregnancy. It is commonly done through the combination of two drugs used sequentially – mifepristone and misoprostol. The first medication is mifepristone, which ends the pregnancy, and the second medication is misoprostol which expels the products of pregnancy. In Nepal, medical abortion is prescribed for pregnancy up to 10 weeks gestation, and it is one of the most frequently accessed methods of pregnancy termination⁴.

Medical abortion with a combined regimen of mifepristone and misoprostol is highly effective and safe, especially in early pregnancy. When given up to 10 weeks of pregnancy, the combined regimen of mifepristone and misoprostol is over 95% effective in causing complete abortion⁵. The medical abortion services are provided by trained Auxiliary Nurse Midwife (ANM) with staff nurses/midwives and/or trained doctors of listed health facilities⁶.

Surgical Abortion

Surgical abortion involves a minor operation. There are different procedures based on the duration of pregnancy and are guided by the Safe Motherhood and Reproductive Health Rights Regulation, 2077⁷:

Vacuum aspiration (up to 10-12 weeks of pregnancy)

- » Vacuum aspiration is a method performed under local anaesthesia through which the pregnancy contents in the uterus are sucked out using the negative pressure of the vacuum. It removes pregnancy contents by gentle suction.
- » Vacuum aspiration takes about 5-10 minutes from start to finish. Afterward, a person needs to rest for about 30-60 minutes.
- » Vacuum aspiration service within 10 weeks of gestation can be provided by trained staff nurses or midwives and/or MBBS doctors⁸ at the listed health facility. The listed health facility includes all types of health facilities- government, semi-autonomous, non-governmental, and private sector facilities. All the facilities need to meet the specifications of infrastructure set by the government⁹.
- » Vacuum aspiration services for up to 12 weeks can be provided by trained MBBS doctors or trained Obstetrician-Gynecologists at the listed health facility¹⁰.

Dilatation and evacuation (over 13- 28 weeks of pregnancy)

- » Dilatation and evacuation are carried out under general anaesthetic for abortion during 13-28 weeks. After dilating, the uterus is emptied with vacuum aspiration using narrow forceps through the cervix. It is sometimes also done under ultrasound guidance.
- » It can be done as an outpatient procedure and usually takes about 30-60 minutes to complete.



- » Dilatation and evacuation from 13-22 weeks can be performed by a trained Obstetrician-Gynecologists and Medicine in General Practice (MDGP) Specialist in a listed health facility with a Comprehensive Emergency Obstetric and Neonatal Care (CEONC) facility¹¹.
- » Dilatation and evacuation from 13-28 weeks can be performed by a trained Obstetrician-Gynecologist and an MDGP Specialist in a listed tertiary health facility. For the abortion from 23-28 weeks, the involved health care providers need to consult with other specialists as and when required¹².

Abortion: Myths vs Facts

MYTHS

Having an abortion negatively impacts fertility in the future

Abortion is dangerous to health

Abortion will not be needed if contraceptives are widely available

FACTS

Safe abortion does not cause fertility problems, and in fact, a person can become pregnant as soon as two weeks after an abortion. It's an unsafe abortion that might cause infertility and other serious health problems.

According to WHO, **Safe abortion is one of the safest medical procedures that exist**. There is no evidence of safe abortion-causing serious health problems.

There are no contraceptive devices with 100% effectiveness. Even when contraceptives are used accurately and consistently, there are chances of failure. Similarly, the stigma on contraception has made it difficult for people to access it easily. Many people lack education and information on how to use contraception accurately.

The failure of contraception or an unmet need for contraception is not the only reason for having an unwanted pregnancy. People have unwanted pregnancies because of various circumstances. Abortion can be needed at any point during the pregnancy, such as pregnancy resulting from violence/rape, a threat to the pregnant person's health if pregnancy is continued, e.g. preeclampsia, eclampsia and other conditions, complications in the relationship, poverty, uncertainty caused by humanitarian crisis, and many more. Hence, fulfilling the need for contraception alone will not guarantee that people will not need an abortion.

Adoption is an alternative to abortion

Continuing the pregnancy to full term could be traumatising for some people, and it could pose a threat to their mental and physical health. Similarly, the pregnant person will have to bear all the consequences of childbirth which could be challenging. Hence, adoption can never be an alternative to abortion, and it should be the pregnant person deciding what to do with their pregnancy.

Strict laws on abortion will stop abortion

Abortion rates in countries with restrictive abortion laws are similar to those in countries where abortion is permitted. This indicates that people will need abortion irrespective of the legal situation of the abortion. Criminalising abortion or strict laws on abortion will not stop abortion; it will only stop safe abortions because if safe abortion is not easily available, people will find dangerous and unsafe ways to terminate their pregnancy, risking their health and lives.

There is no need to use family planning/contraceptive devices after the abortion service

People believe in not using family planning/contraceptive devices after having the safe abortion service. They believe safe abortion services help to minimise unwanted pregnancy cases. But, the fact is safe abortion does not work as a contraceptive method. The use of family planning/ contraceptive devices reduces the risk of having an unwanted pregnancy.

Medical Abortion pills and Emergency Contraceptive pills are the same

Medical abortion is not the same as emergency contraceptive pills, which can be taken to prevent pregnancy within 72-120 hours after unprotected sex. In contrast, **medical abortion pills are used to terminate an established pregnancy.**

It is not safe to have more than one medical abortion

There is no evidence that having more than one medical abortion in a lifetime has any negative consequences for one's health or future pregnancies. However, if

a person requires more than one medical abortion, it suggests they are experiencing several unwanted pregnancies, which might be due to a lack of access to contraception, an inability to use contraception correctly, or a non-supportive or abusive partner who does not permit or cooperate with contraceptive usage. As part of the abortion counselling, these concerns must be discussed and addressed.

It is not safe for adolescents to have a medical abortion

Medical abortion using mifepristone and misoprostol, or misoprostol alone, has been found in studies to have equivalent or higher success rates in young women than in older women. **They also demonstrate that medical abortion is safer for young people than older people, with similar or lower complication rates¹³.** Therefore, there are no age limitations for undergoing an MA. It is safe for adolescents with an unwanted pregnancy to undergo an MA.

Easy access to abortion services will encourage unsafe sexual behaviour among young people

Easy access to safe abortion along with comprehensive sexuality education promotes safe and healthy sexual behaviours and provides young people with safe options in case of need for abortion. Easy access to safe abortion also ensures decreased cases of unsafe abortion.



Myths like abortion are sin, and abortion causes infertility or subfertility are widespread. Especially on YouTube, people make abortion a controversial issue only for the sake of views with inaccurate thumbnail images.

— Shikha Sharma, Radio Audio 106.3 MHz

Abortion Law in Nepal

Summary of a provision

Nepal took the monumental step of enacting the Safe Motherhood and Reproductive Health Rights Act on September 18, 2018. According to the SMRHR Act, 2075 (2018), to perform safe abortion: A pregnant woman shall have the right to get safe abortion performed in any of the following circumstances:

- a. Fetus (gestation) up to twelve weeks, with the consent of the pregnant woman,
- b. Fetus (gestation) up to twenty-eight weeks, as per the consent of such woman, after the opinion of the licensed doctor that there may be danger upon the life of the pregnant woman or her physical or mental health, may deteriorate or disabled infant may be born in case the abortion is not performed;
- c. Fetus (gestation) remained due to rape or incest, fetus (gestation) up to twenty-eight weeks with the consent of the pregnant woman;
- d. Fetus (gestation) up to twenty-eight weeks with the consent of the woman who is suffering from H.I.V. or other incurable diseases of such nature;
- e. Fetus (gestation) up to twenty-eight weeks with the consent of woman, as per the opinion of the health worker involved in the treatment that damage may occur in the womb due to defects occurred in the fetus (gestation), or that there is such defect in the fetus of the womb that it cannot live even after the birth, that there is a condition of disability in the fetus (gestation) due to genetic defect or any other cause.

The progressive laws and policies on abortion came later than other laws and policies. Since abortion is linked with women's health and choices, social factors are also responsible for the late enactment of laws and policies and their proper implementation.

— Prakash Adhikari, Sub-Reporter, Rastriya Samachar Samiti (RSS), Surkhet)

According to SMRHR Act, identifying the sex of a fetus in the womb and abortion after sex identification is prohibited.

Problematic Aspects

Despite the act being comparatively progressive and aiming to respect, protect, and fulfill reproductive rights, it still has a long way to establish the right to abortion as a human right. Some of the provisions in the current Safe Motherhood and Reproductive Health Rights Act, 2075 (2018) that impede the right to abortion are as follows:

— The issue of abortion is still placed under the strict criminal procedure in the Penal Code

The SMRHR Act has failed to remove

abortion-related provisions from the purview of criminal law. The SMRHR Act refers to the provisions of the Penal Code for the cases related to the punishment for abortion accessed beyond legal conditions. It has clearly stated that abortion-related punishment provisions will be dealt with according to the Penal Code¹⁴.

— A narrow definition of safe abortion

The SMRHR act has defined safe abortion as the service received at the licensed health institutions provided by the licensed health worker. This definition of safe abortion can make it illegal for pregnant people to receive the service during humanitarian crises through telemedicine or self-managed abortion. However, considering the challenges caused by this narrow definition of safe abortion during the COVID-19 pandemic, the government of Nepal issued Interim Guidance for Reproductive, Maternal, Newborn and Child Health Services in the COVID-19 Pandemic in May 2020. The interim guidance allows trained health service providers from NGO and private sector to provide home-based MA services¹⁵.

— Abortion after 28 weeks of gestation is denied

Despite the fact that abortion can be needed even after 28 weeks of gestation due to some critical health conditions of the pregnant person, the SMRHR act has denied an abortion after 28 weeks of gestation¹⁶.

— Women continue to be penalised for accessing abortion beyond legal conditions

By explicitly prohibiting women from seeking abortion beyond the prescribed legal conditions, the SMRHR Act continues to penalise women who access abortion be-

yond the prescribed gestational limit¹⁷ or from unlisted service providers or health institutions¹⁸.

Miscarriage is defined as abortion

Definition of abortion, as mentioned in the SMRHR Act, includes “spontaneous termination of a fetus from the uterus before it becomes capable of natural birth¹⁹.” This definition could lead to prosecuting a “natural miscarriage” as an illegal abortion.

— Failed to establish abortion rights as a human right

The SMRHR has failed to decriminalise abortion and hence has become unable to establish abortion rights as human rights. The provisions and conditions to access abortion services themselves limit pregnant people’s bodily autonomy, resulting in forced pregnancy or unsafe abortion, which is a violation of human rights. Similarly, prosecuting pregnant people for receiving a fundamental health service beyond their legal conditions is against human rights sentiment.

We had expected progressive changes and proper implementation of abortion laws and programmes at the local level. But the local government has failed to prioritise and implement it. (Geeta Kunwar, Co-Editor, Achham News National Daily, Achham)

We had expected progressive changes and proper implementation of abortion laws and programmes at the local level. But the local government has failed to prioritise and implement it.

— Geeta Kunwar, Co-Editor, Achham News National Daily, Achham)

Language: Do's and Don'ts²⁰



Embryo (Upto 10 weeks gestation)

Fetus (From 10-week gestation onward)



Baby/Child, unborn baby

REASON/WHY

The medically accurate terminologies for the product of pregnancy growing in the womb is 'Embryo' and 'Fetus'. Baby and child are used only after the birth.

Pregnant person

Mother

The word mother refers to a relationship of the pregnant person with a child. Using the term mother implies that the fetus is a child, which is medically inaccurate. Similarly, the word mother denies the independent identity of the pregnant person. Also, not all pregnant women are mothers of children, nor are all male partners fathers.

Abortion/ Termination of pregnancy/ end a pregnancy

Killing, aborting a child, feticide

The word killing/cide is inappropriate when talking about abortion. Because abortion is a medical procedure to terminate a pregnancy and the terminologies killing/cide are misleading, it further stigmatises abortion.

Anti-Choice, Anti-Abortion

Pro-life, Pro-family

Pro-life means someone who supports life. Using pro-life to imply the groups that oppose abortion can mean that people who support abortion are anti-life, which is not true because abortion saves lives and advocating for abortion rights is advocating for the lives of pregnant people.

Similarly, the groups that support abortion are not anti-family. Hence alternative terms should be used to imply the groups who oppose abortion.

**Abortion in second/
third-trimester**

**Late-term
abortion**

Always mention the gestation period of the pregnancy as XX weeks or XX months instead of using the term “Late-term” because the use of the word ‘late’ may stigmatise the pregnant person for seeking the abortion service “late” and thus for being irresponsible.

**Abortion at XX weeks
gestation**

**Abortion after the
sex determination**

**Female
feticide,
Gendercide,
killing girls**

The suffix ‘cide’ implies killing, which is misleading and should not be used to discuss abortion.

**Abortion on the
grounds of serious
fetal anomaly**

**Abort disabled
children**

Abortion rights advocates strongly oppose all discrimination based on disability. However, the human right to protection against discrimination is applicable only after birth. Similarly, the term “aborting disabled children” implies that the fetus is a child, which is inaccurate.

**More than one
abortion**

**Repeated
abortion,
Multiple
abortions**

The words ‘multiple’ and ‘repeat’ can have negative connotations of irresponsibility. These words can also imply that each abortion experience for a pregnant person is the same, which is not true; in fact, each abortion can be surrounded by unique circumstances.

**Continue the
pregnancy**

Keep the baby

It is medically inaccurate to describe the pregnancy product as a baby or child. It is recommended to describe the situation as a pregnant person choosing to continue the pregnancy.

A pregnant person's right to life and health

The right to life of an unborn child

There is no such thing as the 'right to life of an unborn' because our human rights start only after birth. In addition, the life and choices of the pregnant person should be prioritised over the possible life in the future.

The conversation on abortion is emotionally charged. It is important to be careful about the terminologies you use to avoid mixing up terms and concepts and generating misunderstanding. Here are a few phrases to remember:

TERMINOLOGY

EXPLANATION

Illegal abortion and unsafe abortion

Illegal abortion implies abortion that does not comply with the country's laws on abortion. Still, it can be safe abortion if performed with high-quality medication and with support from a trained provider. It is possible to have illegal safe abortions.

Unsafe Abortion is, on the other hand, performed by an untrained health service provider or without appropriate medicines or equipment.

Unwanted pregnancy and unplanned/unintended pregnancy

Unwanted pregnancy is the pregnancy that a pregnant person does not desire to continue.

Unplanned/unintended pregnancy means a pregnancy that has occurred despite the pregnant person not trying to get pregnant.

Unplanned/unintended pregnancy could be a wanted or unwanted pregnancy.

Pictures to Illustrate Safe Abortion while Reporting

Pictures give the reader and viewer a quick way to comprehend what you're saying.

Even the most carefully framed content on abortion can be swiftly reinforced or sabotaged by the pictures used. Most of the time, misleading images are used for attracting a large number of readers, which in return can influence the negativity in the readers regarding the issue²¹. Therefore, it is imperative to use an accurate image to convey your messages on abortion.

Few common photo mistakes to avoid:

Avoid using photographs of pregnant bellies

This is because most abortions occur before a person exhibits any visible outward signs of pregnancy. Images of large bellies try to distort reality to cause guilt and delay a decision that a person feels they need to make.

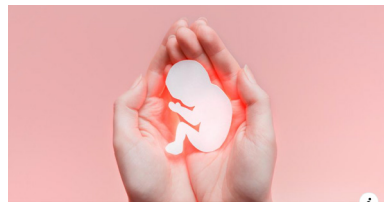


THEHIMALAYANTIMES.COM
For safe abortion practices
For safe abortion practices



Avoid using images of babies

Abortions involve embryos and fetuses, not babies. Using images of babies to illustrate abortion stories is inaccurate. Images of babies, their fingers and toes are often used by anti-choice and anti-abortion groups to distort reality and create feelings of shame and guilt around abortion.



KATHMANDUPOST.COM
Health Ministry continues to defend new abortion law even as gynecologists express strong reservations



Avoid using images of ultrasound scan

Ultrasound scans can be used to detect the stage of pregnancy, although they aren't required. An ultrasound scan is not required for everyone who has an abortion. Anti-choice and anti-abortion groups, on the other hand, advo-



cate for compelling to look at scans before undergoing abortion in the hopes of changing their views.

Avoid using images of weapons and blood/cuts

Abortion involves safe medical equipment. The use of weapon images, blood or cuts is inappropriate and can distort reality, misleading the message's accuracy.

Here are some images you could use to illustrate abortion articles/stories and media posts.

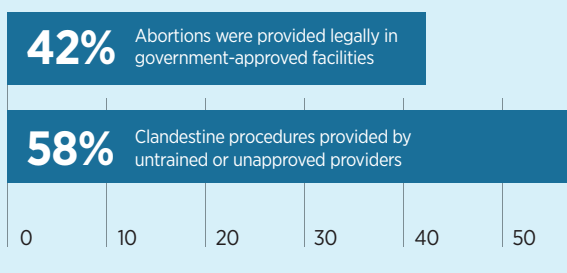
- An empty exam room or ward of safe abortion sites
- Logo of government-designated safe abortion sites
- Clinics or hospitals that provide safe abortions
- Medications commonly used in abortions
- Clean medical instruments used to perform the abortion
- Non-identifiable photos of a person



Most of the time, misleading images are used for attracting a large number of readers, which in return can influence the negativity in the readers regarding the issue.

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Fact Checks about Abortion in Nepal



Abortion Incidence and Unintended Pregnancy in Nepal, International Perspectives on Sexual and Reproductive Health, 2016

42 Abortions

per 1000 Women aged 15–49.

Facts and Figures

Today, safe abortions happen in lakhs every year in Nepal. In 2014, an estimated 323000 abortions were performed. This number translates to a rate of 42 abortions per 1,000 women aged 15–49.

- In 2014, fewer than half (42%) of all abortions were provided legally in government-approved facilities. The remaining (58%) were clandestine procedures provided by untrained or unapproved providers or induced by the pregnant woman herself²².
- A total of 912 sites for MA, 604 sites for both MA and MVA and 22 sites

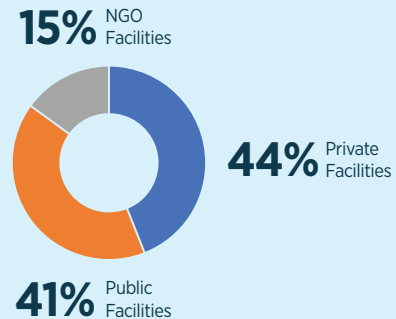
for abortion in/after the second trimester were listed to provide safe abortion services till FY 2076/77²³.

- Thirty-seven percent of the estimated 137,000 legal abortions were performed in public-sector facilities, 34% in NGO facilities and 29% in private-sector facilities²⁴.
- An estimated 80,000 women were treated in health facilities in 2014 for complications related to abortion and miscarriage. Sixty-eight percent of these women had complications that resulted from a clandestine abortion²⁵.
- Forty-four percent of women

receiving post-abortion care were treated in private facilities, 41% in public facilities and 15% in NGO facilities²⁶.

- Out of every 1,000 women of childbearing age in Nepal, **eight were treated for complications of illegal or legal abortions** in 2014²⁷.
- According to NDHS 2016, only 41% of women of age group 15-49 were aware that abortion is legal in Nepal, and only 48% of women of the same age group knew about safe abortion service centres.
- The status of access to safe abortion services among unmarried people is still missing from the national level surveys.

Women receiving Post-Abortion Care



Abortion Incidence and Unintended Pregnancy in Nepal, International Perspectives on Sexual and Reproductive Health, 2016

Data on many aspects of abortion are still difficult to trace. But a lack of data and information doesn't have to stop you from reporting. Sometimes, explaining the absence of data and information can also be a story in itself.

41%

age group 15-49 were aware that abortion is legal in Nepal,



48%

age group 15-49 were aware about safe abortion service centre

Why do young people have abortions?



“I have heard about family planning but never used it because my husband does not allow me to do so. I cannot do family planning because my husband thinks it will free me to sleep with other men when he is not home. Also, family planning will make me weaker to do the household chores. **He is hesitant to use condoms as it disrupts sexual pleasure and does not want to do vasectomy as it will make him weak.** So, the only alternative we have is not to use any device and abort children,” shared **a 28 years old woman of Sindhuli**. This shows that women still do not have control over decisions regarding family planning or other aspects of sexual and reproductive health and rights²⁸.

He is hesitant to use condoms as it disrupts sexual pleasure and does not want to do vasectomy as it will make him weak. So, the only alternative we have is not to use any device and abort children,

“I am a young woman residing in Kathmandu, and I am aware of contraceptive devices. **But despite using the contraceptives, I had an unintended pregnancy.** I was not ready to have children at that time. Hence, I had an abortion. Having an abortion gave me a sense of relief and freedom because I was anxious about my pregnancy, and it was negatively affecting my mental health.”- Shared by **a 25 years old woman living in Kathmandu**²⁹.



I already have a daughter, and I came to know that the fetus I was carrying at that time was also a female. **My family expected from me that I would give birth to a son.** Being brought up in a discriminatory society where girls are unsafe at every step and have to compromise in almost all aspects of their lives, I do not want my children to go through the same fate as I had to. Deep inside, I also wanted to have a son. I also knew that if I gave birth to a daughter again, I would be treated with hatred and burdened by my in-laws. I was really anxious about that pregnancy because of the same reason. Hence, I had to have an abortion.”- Shared by **a 30 years old woman from Bhaktapur**³⁰.

Karuna Shahi, a 26 years old woman from Mugu, never went to school. Three years ago, **she took abortion service because she had 4 daughters already.** She decided to choose abortion in another city, assuming better service. In total, she paid 12500 NPR directly to the hospital and 80,000 NPR, including other indirect costs. When she returned home after the abortion, the bleeding still continued for 3 months. In the beginning, she tried the herbs found locally, but that did not work. Only after 3 months she decided to go for post-abortion care, but then her bleeding stopped, and she decided not to go. However, if she had to go to Nepalgunj again, she would have to spend another 80,000 again. Since farming is the only occupation, she had to borrow money from others and could pay the debt only in 2 years³¹.



I would be treated with hatred and burdened by my in-laws. I was really anxious about that pregnancy because of the same reason. Hence, I had to have an abortion.

Evidence-Based Reporting Tips

- **Write your headlines carefully.** If your headings are not written factually, it can oversimplify and even distort your pieces or news coverage.
- **Use factual evidence from genuine sources** like renowned academic journals and their publications, government or non-governmental institution reports so that your articles/publication or reporting is grounded in the most comprehensive and up-to-date statistical information and health data.
- **When looking for data and information, try to make sure it's recent and specific to Nepal** or a similar country context. If there isn't any data or information, let your reader or listener know that. Then look to see if there are regional or global statistics that might give your audience an idea of what the problem looks like in places similar to Nepal.
- **Avoid contributing to stereotypes** about people who have abortions.
- Even if viewpoints and moral perspectives may differ, you **do not need to publish misleading information** or repeat false arguments from your sources as if they were genuine while writing about anti-abortion activists to prevent bias in reporting.
- The pro-choice position is inherently balanced since it **respects each person's freedom to choose what is best for them.** The pro-choice perspective also respects people's right to plan the size of their families and opposes mandatory family size restrictions.
- When writing about abortion—whether safely or unsafely performed—**respect a person's request for confidentiality and anonymity.**
- While reporting on abortion, especially about abortion after the sex determination of the fetus, **try to understand the discriminatory social structure we live in** and be empathetic with the pregnant person.

Some potential topics for reporting abortion:

- Show the facts**
 Disaggregated data on abortion is lacking in Nepal, which is one of the major barriers to effective programme planning. Reports on what the government is doing to collect all the relevant information, challenges in collecting abortion data, and what can the government do to solve this can be interesting.
- Task shifting for abortion care:**
 Nepal has auxiliary nurse midwives who operate at the health posts at the local level. The health system also has a pharmacist in its structure. However, they are not permitted to provide abortion care. Could these health workers be used to help expand access to safe abortion in Nepal? If so, how and what could be the challenges? How are other countries using similar kinds of health workers in similar ways?
- Stigma is not just for the patient**
 Many healthcare providers and advocates from government, semi-autonomous, non-governmental and private sector facilities who provide abortion information, counselling and termination services face stigma from their colleagues and the communities they serve. In this case, the reporting can highlight what can be done to combat the negative attitudes and improve working conditions.
- Expanding access to abortion through Public-Private Partnership**
- Information and services on abortion for adolescents through adolescent-friendly health services**
- Integrating safe abortion services with family planning, AS-RHR, immunization services**

Abortion: Mamata's story

At age 18, just before completing her higher secondary level, Mamata (name changed) found out she was pregnant and decided she wanted an abortion. Read Mamata's experience of what happened and why her choice remains the right one 10 years later.

I was sitting in a college's toilet with two of my closest friends waiting for me outside.

"What does the kit say?" Both of my friends whisper to me.

"It is positive."

"Are you sure?"

"Yes."

I had just taken a pregnancy test. The first one I had ever taken. I did not believe the result and raced to the nearby pharmacy to buy another one. The pharmacist looked surprised and concerned. I think he recognised me from before, but he didn't say anything.

I went to my hostel and did it again. It was positive. I couldn't sleep and think about how this could happen even after my boyfriend had used a condom. "How can this have happened? What can I do? I'm pregnant. I can't have a baby. I'm not ready to have a baby. I have 12th final exams coming up."

I was terrified, and I called Sandeep.

While the mobile phone was ringing, I was getting nervous. We had only been together for 4 months.

Sandeep picked up the call.

"I need to tell you one very important thing, but please don't freak out. I'm pregnant."

"What? How? We had safe sex... how?" he was confused and shocked, but he was still there with me on the phone. We spoke about the situation, and he asked if I would have an abortion. I told Sandeep that I wanted to and asked if he was okay with my decision. He was also not ready to have a baby any more than I was. Both of us decided to do an abortion, but none of us had an idea about it. Sandeep asked me to talk to my aunt and get help from her.

The next day, early in the morning, I went to my aunt Rita. We talked. She respected my decision and helped me think through my options and what would happen next. I knew she wouldn't judge and turn me away, and most importantly, I knew she wouldn't tell anyone else.

Rita aunty arranged an appointment in a government-designated safe abortion site. I was taken to a private room where a service provider talked to me and provided me with options of safe abortion methods. After getting information about all

the safe abortion methods, I chose Manual Vacuum Aspirations.

Immediately after that, I was given an antibiotic and a pain killer, which I took orally. After a few minutes, I was invited to another room to perform surgical abortion. While walking to the room, I was really anxious and scared. Multiple thoughts were dominating my mind at that time. “Is this the right thing? I’m young and don’t have any clear future plans; maybe this is what’s meant to happen? What would happen if my family and relatives knew about my abortion? No. I’m young and not ready. Sandeep is not ready. Maybe we will be in the future, but not right now at the age of 18.”

Doctor asked me to lie down with my legs open in the surgical room. I could not see the process at that time, but the nurse was explaining it to me. I felt uncomfortable for a while, and at one point, it was very painful, but the nurse was very good at distracting me from the pain. Then the process was over within less than 5 minutes, and my pain was slowly recovering. I was surprised to know that my abortion process was over within a few minutes. Then I was taken to a resting room where I rested for a while. After resting, I felt normal, like nothing had happened to me. Then the nurse

counselled me about contraception and things to take care of after having an abortion. During the counselling, the nurse asked me to visit for a follow up after three weeks. Then within 30 minutes after having an abortion, I departed from the hospital with my aunt.

After three weeks, Sandeep and I went for post-abortion checkups. The nurse welcomed us and treated me in a very friendly manner. They rechecked my pregnancy with a pregnancy test kit, and the result was negative. Then we left the clinic; the visit took us less than an hour.

It was then that I realised it was all over—no regrets but only relief that I could carry on with my life and career.

This was 10 years ago. I sometimes wonder what it would have been like if I had opted to carry the pregnancy to term — would I be a cool mother now? Would Sandeep and I still be together?

I have no regrets about my decision, and I consider myself quite lucky to have had that option. It wasn’t an easy choice, and it wasn’t taken lightly. But it was the right decision for me.

Choosing to do an abortion enabled me to finish my higher studies, attend college, start a career in the development sector and live an independent life.

Questions to think and reflect

1. What new information did you learn from this story?
2. How does this relate to your media work?
3. What will you take away from this story to your reporting?

Reading Materials

Resources	Publishers	Source/links
The Right to Safe Motherhood and Reproductive Health Act, 2075 (2018)	Ministry of Health & Population and Law Commission Nepal	https://bit.ly/SMRHLAW
Right to Safe Motherhood and Reproductive Health Regulation, 2020	Center for Reproductive Rights, Ipas Nepal and Forum for Women, Law and Development	https://bit.ly/SM-RHRRegulation
Decriminalisation of Abortion in Nepal: Imperative to Uphold Women's Rights	Center for Reproductive Rights and Forum for Women, Law and Development	https://bit.ly/CRR-FWLD
Landmark Decision of Supreme Court of Nepal on Abortion Rights	Forum for Women, Law and Development	https://bit.ly/landmark-court
Position Paper: Provision of quality, stigma-free and youth-friendly safe abortion services in Nepal	Visible Impact	English: https://bit.ly/vism-position Nepali: https://bit.ly/visim-position-N
E-paper and online journalism Media Monitoring Report. 2020.	Visible Impact	https://bit.ly/media_monitoring
Collection of the decision of Supreme Court of Nepal on Reproductive Health Rights	Forum for Women, Law and Development	https://bit.ly/SC-decision
Legal landscape: Gender-biased Sex Selection in Nepal	Center for Research on Environment, Health and Population Activities (CREHPA)	English: https://bit.ly/GBSS-E Nepali: https://bit.ly/GBSS-N
Abortion attitude transformation: A values clarification toolkit for global audiences	Ipas	https://bit.ly/VCAT-abortion
Myths and Facts on Abortion	Ipas Nepal	https://bit.ly/abortion-myths-facts

Abortion resources, facts and figures	Guttmacher Institute	https://bit.ly/N-facts
Abortion and Unintended Pregnancy in Nepal, Fact Sheet	Guttmacher Institute	https://bit.ly/UP-Nepal
Reproductive Health Research Policy Brief	CREHPA	https://bit.ly/RHR-Brief
Nirnaya, web series on abortion	Visible Impact	https://bit.ly/Visim-Video
Safe Abortion during the pandemic (video)	YoSHAN (Youth-led Sexual and Reproductive Health rights Advocacy Nepal)	https://bit.ly/YoSHAN-Video
Let's talk podcast titled "Young people and safe abortion."	Yatra Creatives	https://bit.ly/YATRA1
Let's talk podcast titled "Safe Abortion Rights."	Yatra Creatives	https://bit.ly/YATRA2

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- 7 Ibid.,
- 8 Ministry of Health & Population. Right to Safe Motherhood and Reproductive Health Regulation, 2020. Available at: <https://fwld.org/publications/safe-motherhood-and-reproductive-health-rights-regulation-2077/>
- 9 Ibid.,
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- 11 Ibid.,
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- 18 Ibid., at part 4, sec. 18
- 19 Ibid., at part 1, sec. 2(d)

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- 20 Most of the information on the language are taken from, IPPF's How to talk about abortion: a guide to rights-based messaging. (unless and otherwise cited) IPPF's guide is available at: https://www.ippf.org/sites/default/files/2018-08/ippf_abortion_messaging_guide_web_0.pdf
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- 28 Visible Impact. A study on young people's experience with abortion services in Nepal. 2018.
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- 30 Ibid.
- 31 Ibid
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