in marriage in the urban population.

Obviously, a culture of contraception and small family size has become more common among women in urban Nepal. The data suggest that levels of effective contraceptive use could be even higher if certain improvements were made: If people using contraceptives, particularly those who do not want any more children, would either use more effective methods or use methods, such as condoms, more effectively; if there were increased promotion of emergency contraception to decrease the percentage of women who cite “unplanned” pregnancy as their primary reason for seeking abortion; and if there were increased availability of contraceptive counseling for those who do not want additional children.

**Conclusion**

A desired family size of two children is now the norm in urban Nepal. This is a very different situation than 10–15 years ago. Clearly, fertility transition is underway in urban Nepal, with fertility being controlled within marriage by contraceptive use and to some extent by induced abortion. In urban Nepal, a significant percentage of women cite the desire for no more children as their primary reason for seeking pregnancy termination, particularly in the capital city of Kathmandu. The overwhelming majority of women seeking termination have at least one living child.

To improve abortion prevention, the data clearly suggest the need for increased use of contraceptive methods, including emergency contraception. On the curative side, the availability of menstrual regulation by manual vacuum aspiration should be considered the first and foremost policy option for addressing the problem of unwanted pregnancy in Nepal. Maternal regulation has been acceptable to women around the world, including in countries like Bangladesh, where abortion is not permitted.14 Easier and regular availability of menstrual regulation services could go a long way toward reducing health problems and misery for many women in Nepal.1 Without access to such services, only a small percentage of Nepalese women, mostly those of better socioeconomic conditions, will have access to safe abortion services; other women will likely have no choice but to submit to the inherently high-risk and high-priced clandestine abortions.

**References**


6. Ibid.


13. Ibid., p. 57.


**Resumen**

**Contexto**

Casi toda la información que se dispone acerca de las mujeres que procuran aborto en Nepal, se ha logrado a través de los datos de mujeres que han sido admitidas a los hospitales a causa de las complicaciones relacionadas con el procedimiento. Se tiene muy poco conocimiento acerca de las mujeres que obtienen abortos “seguros” por parte de personal capacitado.

**Métodos**

Se recopiló información y datos sobre los aspectos sociales y demográficos de (continued on page 151)