most likely considerably smaller than that of women seeking unsafe services. Also, women who receive safe abortions are generally more educated and are from relatively higher economic backgrounds. Even so, it is still important to understand how and why these women obtain abortions. Only with both perspectives can efforts that encourage women to utilize safe practices be made more effective. We know of no previous studies that provide primary data on women seeking termination of pregnancy in Nepal.

Data and Methods

In 1997, data were collected by interview with and clinical examination of all women who attended a private clinic in Kathmandu to obtain induced abortion. In all, data were collected from 160 women. All of the abortions were by manual suction evacuation, were within 10 weeks of the last menstrual period and were performed by one senior female gynecologist. The average total cost for the services was Rs3,000 (approximately US$50) per client. After the procedure, patients were advised to return to the clinic after one week for a follow-up visit. During the subsequent visit, they also received contraceptive counseling.

We analyzed the women’s social and demographic information and their reasons for seeking early pregnancy termination at the clinic. We compared the women’s profiles with those of women from two other data sets: data from the Nepal Family Health Survey, carried out in 1996 as part of the Demographic and Health Surveys project; and data from 1998 on all gynecology patients admitted to the largest maternity hospital in Kathmandu.

Finally, we examine here the extent to which the fertility behavior of women in Nepal differs from that of a “natural fertility” population (i.e., one in which the practice of contraception or abortion is negligible). In such societies, marital fertility varies by women’s age according to a standard pattern. When marital fertility is controlled (through the use of contraceptives or induced abortion), the age-specific birthrate declines more steeply with age than is seen with the standard pattern—i.e., older women prevent births more rigorously than younger women because a higher percentage of the former do not want any more children. Using a standard age-specific schedule of natural fertility, we can calculate an index of the degree of control of marital fertility, based on age-specific marital fertility rates. In this analysis, we estimated such indexes for urban and rural women in Nepal and contrasted the resulting patterns with those of women from two populations it is concave (see reference 10).

Results

The frequency with which clients sought induced abortion was highest in mid-November to mid-December, the period immediately following Nepal’s biggest national festival, which lasts nearly a month. The festival is a special time for families, as people who have been away often return home to be together. Mid-May to mid-June, the month immediately following the Nepalese New Year, was another period that had a high frequency of clients seeking induced abortions.

Thirty-six percent of the women surveyed were between 25 and 29 years of age (Table 1) and 43% had two children—generally one of each sex (not shown). A majority of the women were somewhat educated; two-fifths had more than a high school education, while only one-fifth were without any formal education. One-fifth of the women surveyed were employed in the service or business sector. The overwhelming majority (91%) lived within the Kathmandu Valley.

Just under half of the women (48%) reported using some method of contraception prior to becoming pregnant (Table 2). Condoms were the most frequently used method (15%), followed by hormonal injectables (13%), the pill (8%) and the IUD (6%). Three women (2%) reported using hormonal implants and one woman’s husband had had a vasectomy (less than 1%).

Thirty-four percent of women surveyed cited the desire for no more children as their primary reason for seeking pregnancy termination (Table 2). Sixteen percent chose to undergo abortion because their most recent child was still too small for them to take care of another. Although birthspac-