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Original Research Article

Awareness and Attitude Towards Safe Abortion Practices Among Medical Interns of a Tertiary Care Centre in Western Nepal

Anjana Kafle[1], Swasti Bhandari[1], Deepak Shrestha[1], Shanta Chauhan[2], Parshal Bhandari[3]

ABSTRACT:

Introduction: As abortion is a safe service that authorized health care workers can provide, they must have adequate knowledge, attitude, and training to prevent complications and potential litigation. **Methods**: This study was a descriptive cross-sectional study conducted among 103 intern doctors of Lumbini Medical College, Nepal, after obtaining ethical approval. Interns responded to the survey online, which consisted of 32 item questionnaires regarding demographics, knowledge, and attitudes of interns regarding safe abortion services. Data were collected online from January to March 2026 and analyzed using PSPP 2.1.1. **Results**: The mean age of participants was 25.1 ± 1.3 years, of which 52 (57.1%) were female. All participants were unmarried, and 88(96.7%) were Hindu. The participants had good knowledge regarding abortion law, methods of safe abortion, and its complications. Only 38 (41.8%) had formal training, and 29 (31.9%) felt prepared; a significant gap was observed between knowledge and training. There was a positive attitude among interns regarding abortion; they were supportive of women's rights and its legalization. While acknowledging stigma and unsafe abortion as persistent public health issues, the majority were willing to offer services if given the necessary training. **Conclusions**: Supporting women's autonomy, adequate knowledge and positive attitudes towards safe abortion services were observed among intern doctors. However, a huge gap existed between knowledge and training, which undermined the preparedness to provide safe and efficient service.

Keywords: Attitude; Intern doctors; Knowledge; Safe abortion.

INTRODUCTION:

The Government of Nepal passed a law to legalize abortion services in 2002. Only registered institutions and health care workers can practice safe abortion services in Nepal.[1] Despite legalization, unsafe and illegal abortion is prevalent in Nepal, and rural areas still lack safe abortion services.[2]

Abortion is allowed under certain circumstances under Nepal's Right to Safe Motherhood and Reproductive Health Act, 2075. Up to 12 weeks into her pregnancy, a woman may request an abortion. In situations of rape, incest, severe maternal illness, HIV infection, or notable fetal abnormalities, it is permitted up to 28 weeks on a doctor's suggestion.[3]

A health care provider should be aware of the laws; failure to follow them may lead to legal liabilities. Therefore, academic curricula should incorporate the education relevant to safe abortion, and this study will assess related knowledge and awareness.

METHODS:

A descriptive cross-sectional study was conducted among intern doctors who were enrolled in a one-year compulsory rotational internship in Lumbini Medical College & Teaching Hospital, Palpa, Nepal. Ethical clearance from the institutional

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1 - Department of Obstetrics & Gynaecology, Lumbini Medical College & Teaching Hospital, Palpa, Nepal
2 - Himal Hospital, Kathmandu, Nepal
3- Department of Anaesthesia & Critical Care, Lumbini Medical College & Teaching Hospital, Palpa, Nepal

Corresponding Author:
Anjana Kafle
e-mail: anzanaa.cafle@gmail.com
ORCID: https://orcid.org/0000-0002-7317-3055

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review board (protocol no: 19/25/V1.R1) was obtained prior to conducting of this study. Interns who completed Bachelor of Medicine, Bachelor of Surgery (MBBS) from Lumbini Medical College and were undergoing internship, and who gave consent to participate in this study were included. Incomplete responses were excluded.

A total of 90 participants was required, using standard formula for a finite population (N=103), with a 95% confidence level, 5% margin of error, and 10% non-response rate. A structured questionnaire was disseminated electronically using Google Form, and responses were collected from 15th January 2026 to 20th March 2026. Among 103 interns who were working in the hospital, complete responses from 91 interns were obtained and analyzed.

The questionnaire was prepared by the subject experts, verified and pre-tested before dissemination. It included 32 questions related to demographics, knowledge, and attitude of participants towards safe abortion services in Nepal. Questions related to attitude were accessed in Likert scale ranging from 1=strongly disagree to 5=strongly agree. The responses were extracted in a Microsoft Excel sheet, later entered in PSPP 2.1.1 and analyzed. Descriptive analysis was performed to calculate mean±SD for continuous variables and frequency and percentage for categorical data.

RESULTS:

Among 103 distributed proforma, 91 (88.34%) participants completed the form. The minimum age of the participants was 23 years, and the maximum was 29 years, with a mean age of 25.1±1.3 years. There was a slight female preponderance. Demographic details of all participants is presented in **Table 1**.

***Table 1**: Demographics of participants (N=91)*

Variable	Category	n (%)
Age (years)	<25	33 (36.3)
	25–29	58 (63.7)
Gender	Male	39 (42.9)
	Female	52 (57.1)
Marital Status	Unmarried	91 (100)
Religion	Hindu	88 (96.7)
	Buddhist	3 (3.3)
Duration of Internship	< 3 months	8 (8.9)
	3-6 months	49 (53.7)
	> 6 months	34 (37.4)
Rotation in Department of Obstetrics & Gynecology	Yes	48 (52.7)
	No	43 (47.3)

The majority of interns, 86 (94.5%), were aware of the legalization of abortion in Nepal, and 58 (63.7%) correctly identified 2002 as the year of legalization. They had good knowledge regarding legal indications of abortion beyond the first trimester: 83 (91.2%) answered if risk to mothers' life, 84 (92.3%) identified pregnancies that are due to rape or incest, and 77 (84.6%) thought fetal congenital anomalies as lawful reasons. However, 10 (11%) wrongly identified economic reasons as a legal indication. Most interns correctly answered that safe abortion services should be provided by trained and certified medical practitioners (89, 97.8%) and only be performed in approved health institutions by the government (86, 94.5%). They also had good knowledge regarding methods of safe abortion, as 87(95.6%) identified mifepristone and misoprostol for medical abortion, 79 (86.8%) answered manual vacuum aspiration, while only 49 (53.8%) recognized dilation and curettage.

Enrolled interns had good knowledge, identifying sepsis 87 (95.6%), hemorrhage 86 (94.5%), uterine perforation 71 (78%), death 65 (71.4%), and infertility 55 (60.4%) as complications related to unsafe abortion. The need for parental consent for abortion was answered by 88 (96.7%), and 85 (93.4%) were aware of the information regarding availability of safe abortion service at their hospital. Surprisingly, only 38 (41.8%) thought that they had formal teaching on safe abortion service during their medical education, and 43 (47.2%) believed that their education covered the law regarding it. Hands-on training was also less; 46 (50.5%) had been involved in or observed the procedure during internship, and 29 (31.9%) felt that they were prepared adequately to provide or counsel for safe abortion services. Detailed questionnaire and their responses on awareness of interns on safe abortion service is presented in **Supplementary Table S1** which is available only online.

We found a positive attitude of the participants toward the abortion service in Nepal. They agreed or strongly agreed that abortion is a reproductive right of women (77, 84.6%) and legalization of safe abortion reduced maternal mortality 76 (83.5%). The majority agreed that safe abortion services should be a part of comprehensive reproductive health care 81 (89.0%), and proper training should be given to interns regarding counselling and techniques to provide services in the future. A varied response was obtained on the statement which believed that abortion should be allowed only under medical or

social indications; only 60 (66.0%) agreed with this. Regarding participants' religious or personal beliefs against abortion, 64 (70.3%) disagreed/strongly disagreed. A good proportion of interns, 64 (70.4%), stated that they were comfortable discussing abortion with patients, and the majority accepted that stigma remains a significant barrier, 72 (79.1%), leading to unsafe abortion being a serious public health issue in Nepal, 78 (85.7%). Despite the hurdles, most participants, 83 (91.2%), expressed willingness to provide safe abortion services in the future if trained properly. The detailed responses of the participants regarding their attitude towards Safe Abortion Services is presented in **Supplementary Table S2** available only online.

DISCUSSION:

The current study showed that intern doctors have a good level of awareness about safe abortion laws and practices in Nepal, along with generally positive attitudes toward abortion care, but there are gaps in training and preparedness. Most participants were aware of the legality of abortion and identified the key legal provisions accurately, including gestational limits and indications beyond the first trimester. They had adequate knowledge regarding safe abortion methods and complications of unsafe abortion, but some misconceptions, including economic reasons as a legal indication, and relatively lower recognition of procedures like dilation and curettage, suggested the need for more comprehensive and standardized teaching. Other cadres and Sexual and Reproductive Health and Rights (SRHR) professionals in Nepal have been found to exhibit similar patterns of partial but incomplete knowledge, reporting confusion regarding gestational limits, indications, and the practical application of policies.[4,5]

Deaths attributed to unsafe abortion are often underreported, and a review of 2009–2020 data found that approximately 8% of maternal deaths were linked to abortion. Mortality may drop to less than one per 100,000 under proper medical supervision, but in places where unsafe practices are common, it may rise to more than 200 per 100,000.[6] Medical interns are the healthcare professionals who will be directly involved in health care facilities and provide abortion service in the near future.

Despite good awareness regarding safe abortion services among participants, less than half of the participants had formal training or practical experience, and only one-third felt ready to counsel and offer care. Around 54% of the participants said that the MBBS curriculum did not adequately cover abortion-related legislation and procedures, which is consistent with the perceived shortcomings in the current medical curriculum. Similar gaps between knowledge and clinical competence have also been discovered in earlier studies.[3,7,8] Abortions should only be performed by qualified health professionals in Nepal. Research indicates that mid-level providers with training are just as safe, and increasing training increases access and decreases unsafe abortions.[9] These outcomes emphasize the value of skill-based learning, structured training programs, and increased clinical exposure during internships, particularly during rotations in obstetrics and gynaecology.[10,11]

While most interns had largely positive attitudes toward abortion, believing it was a woman's right, that abortion reduces maternal mortality, and that they would provide the service if trained. A minority felt there was a conflict with their personal beliefs, stigma, and different views regarding restrictions. These findings reinforce the importance of addressing stigma in addition to ensuring robust competency-based education and practical training to ensure safe, legal, and patient-centered abortion care.

CONCLUSIONS:

Intern doctors had sufficient knowledge of abortion legislation, risk-free procedures, and consequences. They were supporters of women's autonomy, recognized its role in reducing maternal mortality, and demonstrated a readiness to provide such services in the future, which provides a strong basis for the efficient provision of reproductive healthcare.

But even with knowledge and positive attitudes, gaps remain in practical training and readiness, with many interns reporting formal training and hands-on experience, and a substantial proportion feeling unprepared to counsel and provide services. This underscores the importance of competency-based training, clinical exposure, and curriculum coverage of safe abortion care.

Conflict of Interest:
Deepak Shrestha and Parshal Bhandari did not take part in any editorial decision.

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