PROVINCIAL ISSUE BRIEF: FAMILY PLANNING IN BAGMATI PROVINCE OF NEPAL

Introduction to terminologies

Family Planning (FP): Family planning refers to “the ability of individuals and couples to anticipate and achieve their desired number of children, as well as the timing and spacing of their births. This is accomplished through the use of contraceptive methods and the treatment of involuntary infertility.”

Sexual and Reproductive Health and Rights (SRHR): Collectively, sexual and reproductive health and rights represent the entitlement of all individuals—regardless of age, gender, sexual orientation, or HIV status—to make informed choices about their sexuality and reproduction, while respecting the rights of others to bodily integrity. This definition also encompasses the right to access necessary information and services to support these choices and enhance health.

Sexual and Reproductive Health (SRH): Sexual and reproductive health is defined as “a state of physical, emotional, mental, and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity."

Human Rights: Human rights are the inherent rights of all human beings, regardless of race, gender, nationality, ethnicity, language, religion, or any other status.

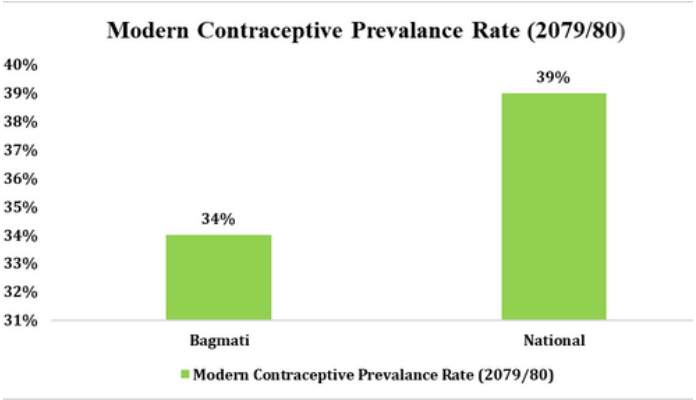
Modern Contraceptive Prevalence Rate (mCPR): The Modern Contraceptive Prevalence Rate (mCPR) is the percentage of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a specific time.

Adolescents, Youth, and Young People: The WHO defines 'Adolescents' as individuals aged 10-19 years, 'Youth' as those aged 15-24 years, and 'Young People' as covering the age range of 10-24 years.

Background information

Bagmati province is one of the seven provinces of Nepal covering an area of 20,300 km². According to the National Population and Housing Census 2021, the total population of Bagmati Province is 6,116,866 (49.84% male and 50.16% female) with a population density of 301 per km². There are 13 districts, and it is mostly hilly and mountainous. The capital of the province is Hetauda, and it is also home to the country’s capital, Kathmandu. The main residents of the province are Newar, Tamang, Tharu, Madhesis, Sherpa, Dalits, and Khas-Aryans ethnic groups.

The national Modern Contraceptive Prevalence Rate (mCPR) for the fiscal year 2079/80 is 39%. The Modern Contraceptive Prevalence Rate in Bagmati Province is 34%. Unmet need is highest among currently married women aged 15–19 (31%) and decreases with age. The unmet need for family planning in Bagmati Province is 16%, which is close to the national target of 15.2% set for 2082. Women with more than secondary education or higher are less likely (32.7%) to use modern contraceptive methods than women who have no education (54.3%) in Nepal.



Key findings

From the focus group discussion and key informant interview conducted by the family planning champions of Bagmati Province, the enlisted findings were noted. Three focus group discussions with undergraduate students, people with disabilities, and sexual and gender minorities were conducted. In a similar way, six key informant interviews with a pharmacist, health post-in-charge, FCHV, personnel from an INGO, and government officials were conducted that revealed several challenges in the delivery and utilization of family planning (FP) services. Age and marital status influence the quality and accessibility of FP services. Among youth, condoms remain the most commonly used method due to their availability, affordability, accessibility, and dual protection against STIs and pregnancy.

Most FP users are women, as many men fear potential side effects of permanent FP methods that may affect their physical ability and earning capacity. Decisions regarding family planning are often influenced by in-laws or elderly family members rather than being mutually made by couples. Although health providers emphasize that FP decisions should be based on proper counseling and agreement between partners, external family pressure often overrides this guidance.

There is a noticeable lack of open conversation about FP between youth and their family members or teachers, which creates gaps in knowledge and misinformation. However, when teachers, students, and parents engage in open dialogue, it helps address these barriers. In rural areas, frequent stock-outs of FP devices lead to the provision of alternative methods without adequate counseling, which limits users' informed choices.

The COVID-19 pandemic further complicates FP service delivery. Due to safety concerns and movement restrictions, many users shift from methods like Depo injections, which require clinical support, to those that can be used independently.owever, there is no systematic way to record these method shifts.FP services are not prioritized during emergencies, and seeking such services is often not considered a valid reason to visit health facilities.Although helplines and telecommunication services are available, they prove less effective in reaching users during crises

Data collection and coordination challenges also persist. Weak collaboration with private sector health providers results in incomplete and inconsistent FP data. Moreover, there is no dedicated FP program targeting people with disabilities or individuals from sexual and gender minorities, which limits inclusive service provision. Adolescent-friendly health services exist, but their implementation is weak and fails to address the specific needs of young people.

There is a high reliance on emergency contraceptive pills, especially among adolescents, many of whom lack awareness about regular FP methods or avoid counselling due to fear of judgment. Some intentionally depend on emergency methods despite health risks. The choice of contraception among women often depends on the experience and recommendation of people in their close social circle such as relatives, friends, or neighbors, indicating the strong influence of trust and peer advice.

Finally, improper human resource management affects FP service delivery. Some areas experience a shortage of health workers, while others have an excess, leading to inefficiencies and gaps in service coverage. This imbalance negatively affects the accessibility and quality of FP services in the province

Recommendations

Comprehensive sexuality education (CSE) should be included in the school curricula. Parents, teachers, and health service providers should be trained to create an enabling, respectful, and non-judgmental environment for better access to family planning (FP) services. Intersectional approaches should be applied in FP-related programs. Social media and other media should be used to disseminate information, which must be accessible to everyone.

Adolescent-friendly health services, supportive education, and practical-based teaching should be prioritized. SRH should not be treated as taboo. Couples and individuals must understand that FP devices must align with their health needs—for example, a method suitable for one woman might not suit another.

Appropriate policies should be developed to address emergency FP services during nationwide crises like the COVID-19 pandemic.

The government should ensure FP services are safe and provided by trained health workers. Service providers must be trained to address young people's concerns, such as privacy, safety, and respectful service. A strong data recording and reporting system should include device shift data and reasons, with private sector engagement in data input. The government should manage human resources by increasing and evenly distributing trained service providers based on population needs.

Informed choice and decision-making of users should be respected, and the practice of prescribing devices without proper counseling should not be encouraged. FP devices and information must be accessible to all, including people with disabilities and marginalized groups. FP programs should also highlight new technologies like IVF and child adoption. Policies should support the FP needs of all people and promote marriage equality.

All levels of government, service providers, and users, including SGM, people with disabilities, and youth, should be involved in policy-making. Client satisfaction and experience-sharing should be promoted to encourage non-users. The government should focus on community-level awareness using communication media and eliminate societal and service-related barriers to ensure effective AFHS implementation

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Acronyms

1. FCHVs: Female Community Health Volunteers
2.FP : Family Planning
3.mCPR: Modern Contraceptive Prevalence Rate
4.INGO: International Non- Governmental Organization
5.SRHR: Sexual and Reproductive Health and Right
6.AFHS: Adolescent Friendly health services
7.SGM : Sexual and Gender Minorities
IVF: In Vitro Fertilization

Contact information

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Visible Impact (Visim) is a young-women-led not-for-profit company that aims to create a 'visible impact' in the lives of youth, adolescent girls and women and their immediate families and communities with a focus on leadership development, advocacy, and realization of their sexual and reproductive health and rights.

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