PROVINCIAL ISSUE BRIEF: FAMILY PLANNING IN GANDAKI PROVINCE OF NEPAL

Introduction to terminologies

Family planning (FP): Family planning is “the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through the use of contraceptive methods and the treatment of involuntary infertility”. [1]

Sustainable Development Goals (SDGs): The Sustainable Development Goals (SDGS) are a group of 17 worldwide objectives meant to change the world. They are a component of the UN 2030 Agenda for Sustainable Development and were created as a "blueprint to ensure a brighter and more sustainable future for everybody." In September 2015, 193 nations approved them. [2]

Modern Contraceptive Prevalence Rate (mCPR): Modern Contraceptive Prevalence Rate (mCPR) is the percentage of women of the reproductive age group who are using (or whose partner is using) a modern contraceptive method at a particular time. [3]

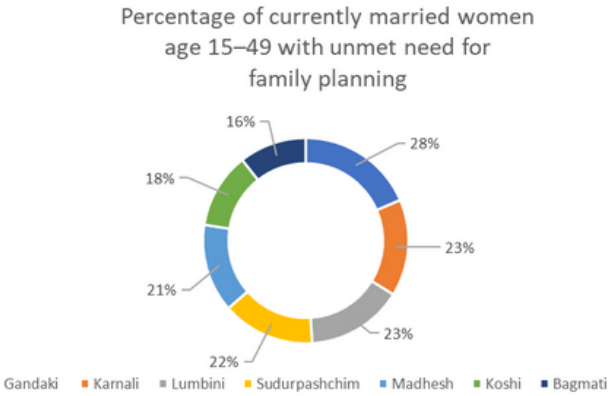
Adolescent Fertility Rate (AFR): The annual rate of births among females between the ages of 15 and 19 per 1,000 females in that age range is known as the adolescent fertility rate (AFR). It is also known as the fertility rate for women between the ages of 15 and 19.[4]

Long-Acting Reversible Contraceptive (LARC): Long-Acting Reversible Contraceptive (LARC) is the most effective reversible contraceptive method for long-term use that does not require user action and provides at least 3 years of continuous pregnancy protection.LARC services include IUCD and implants and are available only at a limited number of health centers where trained healthcare providers are available. [5]

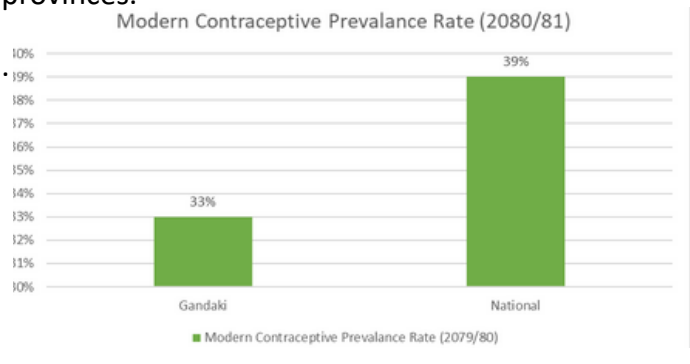
Background information

Family planning plays a crucial role in achieving all 17 Sustainable Development Goals (SDGs) and is explicitly highlighted in Target 3.7: ensuring universal access to sexual and the integration of reproductive health into national strategies and programs by 2030. Gandaki Province, one of Nepal's seven provinces, contains 11 districts with a combined population of 24,66,427 (including Manang, Gorkha, Lamjung, Tanahun, Nawalparasi (Bardaghat-Susta East), Kaski, Syangja, Parvat, Baglung, and Mustang. Females make up 52.5% of this group. [6]

The percentage of currently married women aged 15–49 using modern contraceptive methods in Gandaki Province is 35%, the lowest among all provinces. Additionally, the unmet need for family planning among currently married women in this age group stands at 28%, which is significantly higher than the national average of 21%.



As of the annual report 2080/81, the national modern contraceptive prevalence rate (mCPR) is 39%, while Gandaki Province records the lowest at 33%. Furthermore, the post-abortion FP uptake in Gandaki Province is only 62%, the lowest among all provinces. [7] [8]



Key findings

In line with the evidence-generation activity, Visible Impact conducted numerous Focus-Group Discussions (FGDs) and Key-Informant Interviews (KIIs) with the service providers and others in each province with the help of Youth Champions from the respective province. The discussions and findings made during these FGDs and KIIs are presented here as the key findings.

Depo-Provera and Norplant are the most popular contraceptives for both married and single people, as Depo-Provera is widely available and lasts for three months, and Norplant is a long-acting reversible contraceptive (LARC). Most young people use temporary (Short-acting devices) methods as their husbands are not in the country, some of them are unmarried, and those mentioned methods are easy to use. The utilization of Oral contraceptive pills, Depo-Provera, is decreasing day by day.

Even though some people think that both couples should decide because raising children is everyone's responsibility, others claim that it's difficult for women to make decisions on their own and that most women confer with their husbands before seeking out family planning services. Before selecting the techniques, the woman consults their acquaintances. However, it appears that decision-making has undergone a significant adjustment because fewer women are aware of their options. The patriarchal structure of society, peer pressure, family pressure, women's educational status, counseling services offered by service providers, side effects and duration of action, and length of time spent with the husband are important elements that have a significant impact on their decision.

Many people are aware of contraceptives and have a positive attitude toward them, but some of them rarely use any contraceptives because of myths and rumours associated with them. People have heard that Depo-Provera and oral pills can cause cancer, weight gain/weight loss, menstrual irregularities, infertility, etc. One of the participants noted that a woman in their community who used a copper T during her pregnancy died after giving birth from extensive bleeding. As a result, the participants associate copper T with her death and believe that it should not be used. Teenagers are wary of working with skilled personnel due to issues with confidentiality and Privacy. This has caused adolescents to use contraceptives ineffectively. Lack of knowledge from friends, family, and schools prevents the young group from using the FP services.

According to the service providers, FP services are conveniently available at local government officials and health posts. FCHVs, or mobile clinics, provide access to family planning for the general public. When Depo-Provera users are unable to attend a health centre for their 3-month dose and medical professionals are called to the patient's house to give services and counselling, health personnel from the health post also get in touch with the affected individuals.

Many youths were found to have little knowledge of SRHR and contraceptives. They also stressed that programs related to family planning must be carried out more often in Gandaki Province, where social media platforms like TikTok and Facebook can be effective tools to disseminate information on contraceptives.

Given that many of the customers were unable to access FP services, COVID-19 had some effect on how FP services were delivered. They were unable to contact the service sites because of the lockdown's effects. One of the participants said that she wasn't taking any form of birth control and became pregnant when the area was under lockdown. Due to the extreme lockdown in place, she wanted to abort the child but was unable to do so. She was already over three months pregnant when the lockdown eventually ended, so she gave birth to a child even though she did not want to.

Recommendations

The confidence and privacy of the clients should be properly preserved at all times. A list of safe abortion and family planning facilities where only staff who have undergone training are permitted to give services should be maintained and made available to every individual.

Legally recognized and trusted organizations should be promoted in SRHR that have a leading role throughout the phases of life i.e. Marie Stops, FPAN, IPAS, etc. There should also be regular training for the service providers, both in the public and private sectors.

FP micro-planning, in wards and municipalities with low contraceptive prevalence, should be implemented. The FP services in private hospitals should be increased and improved. Carry out door-to-door initiatives, satellite clinics, and focused mobile outreach on a regular basis.

FP education, information, awareness, and services should be provided on a regular basis to adolescents, marginalized, and vulnerable populations, including migrants, day laborers, people with disability, LGBTIQA+, youth, etc. School curricula should be implemented to promote better decision-making and health, including the more widespread use of voluntary family planning to delay childbearing. Adequate teachers' training should be ensured for the effective delivery of the content.

Ensuring more investment in family planning policies and programs in order to increase access to contraceptives and reduce AFR should be prioritized. Collaboration of Government and Private Sectors for providing training and information should be ensured, along with the follow-up/ evaluation of clients who had taken family planning services, helps to manage any complications early and make services more effective.

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Acronyms

1. FHVs: Female Community Health Volunteers
2. FP: Family Planning
3. mCPR: Modern Contraceptive Prevalence Rate
4. LARC: Long Acting Reversible Contraceptive
5. LGBTIQA+: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual
6. SRHR: Sexual and Reproductive Health and Right
7. FPAN: Family Planning Association of Nepal
8. AFR: Adolescent Fertility Rate

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.

Authors

Shilpa Lamichhane
Dipesh Limbu
Rupa Pun
Sadhana Sapkota
Anjali Gurung

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For further information, please contact:

Visible Impact
611, Shrijanshil Marga, Basundhara,
Kathmandu, Nepal
mail.visim@gmail.com
www.visim.org