

# PROVINCIAL ISSUE BRIEF: FAMILY PLANNING IN KARNALI 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.”<sup>1</sup>

**Contraception:** The purposeful prevention of conception using various devices, sexual behaviors, chemicals, medications, or surgical treatments is known as contraception. As a result, a contraceptive can be any tool or action that prevents a woman from getting pregnant.<sup>2</sup>

**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.<sup>3</sup>

**Comprehensive Sexuality Education (CSE):** Comprehensive Sexuality Education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical, and social aspects of sexuality. It enables young people to protect and advocate for their health, well-being, and dignity by providing them with a necessary toolkit of knowledge, attitudes, and skills.<sup>4,5</sup>

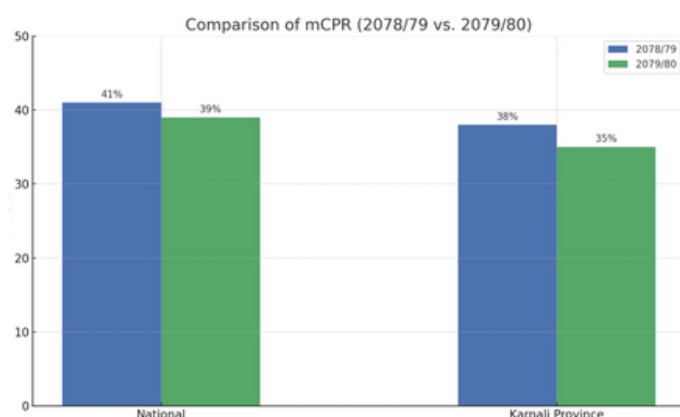


Figure 1 Comparison of mCPR of Karnali Province with national data

## Background information

Karnali Province, one of Nepal’s seven provinces, comprises ten districts: Humla, Mugu, Jumla, Dolpa, Kalikot, Dailekh, Jajarkot, West Rukum, Surkhet, and Salyan. It covers an area of 24,453 km<sup>2</sup> and has a total population of 1,570,418.<sup>6</sup>

Family planning plays a crucial role in achieving all 17 Sustainable Development Goals (SDGs) and is highlighted in Target 3.7 which mentions ensuring universal access to sexual and reproductive health care services, including family planning, information, education, and the integration of reproductive health into national strategies and programs by 2030. The national modern Contraceptive Prevalence Rate (mCPR) for the fiscal year 2079/80 stands at 39%, marking a two-percentage-point decline from 41% in the previous fiscal year (2078/79). Similarly, Karnali Province recorded a mCPR of 35% in 2079/80, reflecting a decrease from 38% in 2078/79.

Among the 10 districts of Karnali province, Mugu has highest mCPR of 42% whereas West Rukum has lowest of 28% in fiscal year 2079/80. Madesh province maintained the highest uptake of Post Abortion Family Planning (83%) which is followed by Karnali Province (82%) in the same year. Among new acceptors of limiting contraceptive methods, the uptake of female sterilization was highest in Koshi Province (96%), in contrast, male sterilization uptake was more prevalent in Karnali Province (81%) in the FY 2079/80. This shows better male engagement in permanent methods in Karnali.<sup>7</sup>

The chart below shows the method mix of modern family planning (FP) methods among new acceptors in Karnali Province during the fiscal year 2079/80. Among these new contraceptive users, 47% opted for Depo, while Pills and Condoms together accounted for 20%. Implants were chosen by 11% of users, whereas IUCDs and permanent methods collectively represented only 1% of the total.<sup>8</sup>

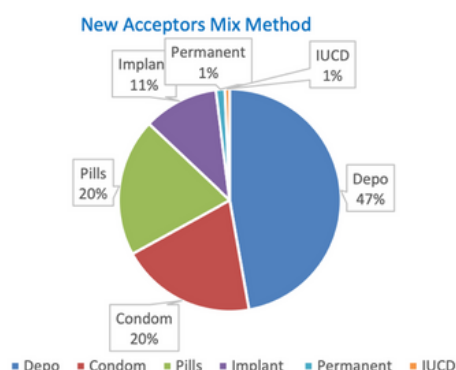


Figure 21 Method mix of modern FP(FP) methods among new acceptors in Karnali Province during the fiscal year 2079/80.

During the fiscal year 2079/80, Depo was the most commonly chosen family planning method among new users under the age of 20 in Karnali Province, followed by Pills and Implants. IUCD was the least preferred option in adolescents age group.<sup>8</sup> According to NDHS 2022, unmet need for FP in Karnali Province is around 23% which is slightly more than the national average of 21%.<sup>7</sup>

## Key findings

Youth Champions conducted key informant interviews (KII), focus group discussions (FGDs), and peer sessions with various stakeholders across Karnali Province. These activities provided valuable insights into family planning (FP) knowledge, attitudes, and practices, in the province which are summarized below:

Condoms and emergency contraceptive (EC) pills are considered the most suitable contraceptive options for unmarried individuals. However, emergency contraceptives are frequently overused among young, unmarried girls. Among married women, Depo is the most preferred contraceptive method, followed by pills and implants, which are commonly used as short- and long-acting methods, respectively.

Women predominantly use FP services compared to men, largely due to the limited availability of male contraceptive methods and the restricted decision-making power of women within families.

While most people are aware of contraceptives and hold positive attitudes toward their use, many hesitate to access FP services at healthcare facilities due to stigma and misconceptions. Misinformation, such as the belief that Depo and oral contraceptives cause cancer, infertility, or severe side effects, or that implants are painful and may dissolve in the body, contributes to this reluctance. Additionally, the distance between communities and healthcare facilities further limits access.

Adolescents often prefer obtaining contraceptives from private pharmacies rather than government hospitals and health posts. Privacy concerns, secrecy, and the fear of stigma are key factors influencing this preference.

Pre-marital sex is widely opposed, even by some healthcare professionals. In many communities, cultural and religious beliefs favor child marriage over pre-marital sexual activity, with claims that while sex before marriage is prohibited, early marriage is socially and religiously acceptable.

The pandemic significantly influenced contraceptive choices, with many Depo users shifting to methods like condoms and oral pills that do not require direct medical assistance. Limited access to information and a lack of open discussions with family members and educators have further contributed to gaps in FP service utilization.

The persistent high demand for emergency contraceptives remains a pressing concern in the province, highlighting the need for strengthened FP education and service delivery mechanisms.

These findings emphasize the need for targeted interventions to address misinformation, promote gender-inclusive FP services, and enhance access to contraception, particularly among youth and marginalized groups.

## Recommendations

Widespread misinformation and stigma continue to hinder individuals from seeking FP services.



It is essential to implement targeted awareness and sensitization programs at the community level to dispel myths, promote accurate information, and empower individuals to make informed decisions regarding their reproductive health.

Comprehensive Sexuality Education (CSE) should be integrated into both in-school and out-of-school curricula through a rights-based and age-appropriate approach. Facilitating open dialogue among teachers, students, and parents can foster a supportive environment and help dismantle long-standing misconceptions around FP.

Training and capacity-building programs for FP service providers must be prioritized. Service providers should be equipped with the skills to offer confidential, respectful, and non-judgmental care while addressing youth-specific concerns such as privacy, method safety, and informed choice.

FP policies and programs must be inclusive, addressing the unique needs of all population groups, including sexual and gender minorities, persons with disabilities, adolescents, unmarried individuals, and other marginalized communities. Tailoring services in this manner will foster equitable access and utilization of FP services.

Access to FP services must be expanded by strengthening both public and private healthcare facilities. Ensuring the affordability and availability of a wide range of contraceptive options will enable individuals to access the method of their choice without financial or logistical barriers.

Digital platforms, including social media, websites, and mobile applications, should be actively used to share accurate FP information. Highlighting positive experiences from satisfied users can help normalize service use and counteract fear and stigma among hesitant individuals.

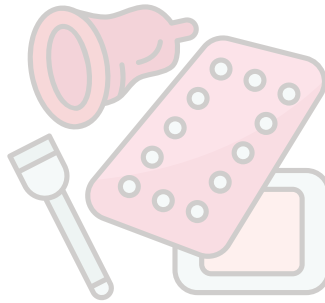
The government must regulate and ensure that all FP services, including safe abortion care, are delivered only by trained and licensed professionals. A publicly accessible and regularly updated registry of certified facilities and providers is crucial to maintain quality, safety, and public trust in service delivery.

## References

1. [WHO, 2008]. Partnership for Maternal Newborn and Child Health
2. National Library of Medicine
3. Gates Open Res. 4:113. DOI: 10.12688/gatesopenres.13125.1
4. Comprehensive Sexuality Education Implementation Toolkit, UNESCO
5. Comprehensive Sexuality Education, UNFPA
6. कर्णाली प्रदेश एक चिनारी | कर्णाली प्रदेश सरकार <https://ocmcm.karnali.gov.np/index.php/about>, (Karnali Province Official Website)
7. Nepal Demographic and Health Survey Report 2022
8. PROVINCIAL HEALTH ANNUAL REPORT F/Y 2079-80, Karnali Province

## Acronyms

CSE: Comprehensive Sexuality Education  
EC: Emergency Contraceptives  
FGDs: Focus Group Discussions  
FP: Family Planning  
IUCD: Intrauterine Contraceptive Device  
KIIs: Key Informant Interviews  
mCPR: Modern Contraceptive Prevalence Rate  
NDHS: Nepal Demographic and Health Survey



## 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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