

PROVINCIAL ISSUE BRIEF: FAMILY PLANNING IN KOSHI PROVINCE OF NEPAL



Introduction to terminologies

Sexual and Reproductive Health (SRH): Sexual and reproductive health is defined as “a state of physical, emotional, mental, and social well-being about all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity.”¹

Sexual and Reproductive Health and Rights (SRHR): Taken together, sexual and reproductive health and rights (SRHR) can be understood as the right for all, whether young or old, women, men or transgender, straight, gay, lesbian or bisexual, HIV positive or negative, to make choices regarding their own sexuality and reproduction, providing they respect the rights of others to bodily integrity. This definition also includes the right to access information and services needed to support these choices and optimize health.²

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”.³

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.⁴

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.⁵

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.^{6,7}

LARC services include IUCD and implants and are available only at a limited number of health centers where trained healthcare providers are available.⁸

Short-Acting Reversible Contraceptive (SARC): Short-Acting Reversible Contraceptive (SARC) is a short-acting contraceptive method that requires frequent or daily action by the user and provides protection for a maximum of 3 months.⁴ SARC includes male condoms, oral pills, and injectables that are available in every health center.⁸

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.^{9,10}

Background information

Koshi Province is one of the seven provinces of Nepal covering an area of 25,905 km² and a total population of around 4.9 million.¹¹ It is located in the eastern part of Nepal with 14 districts and borders with the Indian states of Sikkim and West Bengal on the East, Bagmati, and Madhesh Province to the West, Tibet on the North, and Bihar to the South. Biratnagar is the Province’s capital and the World’s highest peak Mt. Everest lies in this province.¹²

Family planning (FP) is one of the important components of Nepal’s national health system and a priority program of the Government of Nepal, Ministry of Health and Population. In Nepal, FP information and services are being provided through both government and private sectors. Female community health volunteers (FCHVs) are mobilized to provide information and education to community people and distribute condoms and resupply oral contraceptive pills.⁸

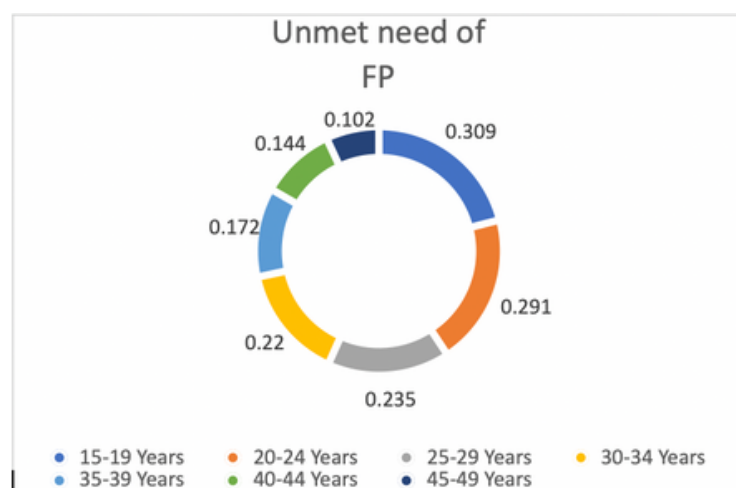


In Nepal, 57% of currently married women are using a method of contraception; 43% are using a modern method, and 15% are using a traditional method.¹³

Most of the clients seeking family planning services are female and very few are male. The most popular modern methods used are female sterilization (13%), injectables (9%), and implants (6%). Comparing the data of 10 years, the unmet need for FP declined from 25.1% in 2006 to 24.9% in 2016. The unmet need for FP among adolescents and young people is very high, the chart below reflects the national data on the unmet need for FP.¹³

Demand for FP increased from 77.6% in 2006 to 80% in 2016 and the Demand for FP satisfaction decreased from 59.4% in 2006 to 50.1% in 2016.¹⁴ However, 21% of married women in Nepal have an unmet need for family planning. Though the unmet need decreased in 2016, it is due to the increase in traditional methods.

In Koshi Province, the unmet need for FP is 17.6%, whereas the total demand for FP is 79.1%. The current number of users of contraception in the province is 61.5%, among which 43.5% are users of modern methods and 18% are traditional methods users.¹³



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.

School teachers who participated in a FGD mentioned that FP services are not utilized as per need and not readily available in the health facilities because many people do not discuss sex and FP with their families and the services that are offered do not cater to the needs of people with disability and LGBTIQ+ people.

Many updates and changes have occurred in terms of FP and many service providers do not have updated information. In addition, trained service providers are not available in all health centers making it difficult to provide LARC services everywhere.

“Clients may not be able to use their device of choice due to a lack of trained service providers. Creation of more trained professionals should be focused.” – Service Provider from Morang

“FP-related training was provided nearly 7-8 years ago but not in recent years.” – Service Provider from Morang

“The pills and condoms won’t be provided to us at times sometimes people come to take pills and condoms but, we cannot provide them services until we do get them this is the main problem sometimes.” – FCHV from Morang

Regarding utilizing the FP services among married couples, the decision is mostly influenced by the husband whereas among unmarried couples the decision is mutual. In a few of the cases, the decisions of married couples are also affected or influenced by in-laws and/or elders from the family. Marginalized communities are more backward in terms of FP utilization in the province.



People are reluctant to use these services because of widespread misunderstandings and misconceptions, which are deeply ingrained due to the poor information and awareness on family planning. Service providers conduct various awareness campaigns and seminars to dispel these myths. Some of the government health facilities are not youth-friendly causing barriers to accessing FP services by these groups, but some health institutions are providing proper counseling and services to youth in a friendly manner.

Studies have reported a lack of knowledge, unavailability of same-gendered providers or the presence of different-gendered providers/clients nearby, structural barriers including the attitude of service providers, and fear of side effects as the perceived barriers to the use of family planning methods in addition to the above-mentioned issues.^{16 17}

Recommendations

Health professionals should be trained to debunk the myths among the community people as well as to improve service expansion. Those skilled providers must be regularly monitored and appraised. The capacity building of the service provider should be focused on, and regular follow-up is required to maintain the quality of services. For the cafeteria approach of informed choice in family planning, health centers should have trained service providers and necessary equipment (devices) to provide all updated family planning services.

Sexuality education should be provided on right based and tailored approach for adolescents. Comprehensive sexuality education (CSE) should be included in the school curriculum to reach adolescents and youth and a larger population. CSE will enable the youths to make informed choices. School health nurses should be mobilized to educate the students about the importance of FP.

The attitude and behavior of service providers influence the service-seeking behavior of adolescents. With the developing concept of right-based family planning, it is important to provide proper and similar services to all clients without any discrimination.

Similarly, it is important to provide correct information about the devices available along with their risks and benefits and leave the decision to the client focusing on informed choice. Ensuring continuous device availability is necessary to stop discontinuity of services and lower the dropout rate as the users might discontinue the services if the device of choice is not available at the right time and it may lead to unwanted pregnancy.

Youth-focused and youth-friendly services and campaigns are needed for service delivery. Such spaces might be more effective if separate days are allocated to provide services to the youth so that their schools/colleges are not missed while seeking services. Different youth-related creative activities regarding FP and SRHR e.g. road dramas, debates, and workshops can be done. The best approach can be the Helpline number because it is easier for youths to share their information via digital media rather than in face-to-face conversation.

Community members should be educated and enabled to act in a non-judgmental manner. Since our culture is set up in a way that prevents us from discussing FP devices, various advertisements, and movies could be useful in spreading these ideas



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9. SARC: Short-Acting Reversible Contraceptive
10. SRH: Sexual and Reproductive Health
11. SRHR: Sexual and Reproductive Health and Rights

Contact information

This issue brief has been published with technical support of Population Action International (PAI), under the project YOUAccess, which advocates for an enhanced experience for young people in family planning.

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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Published January 2022

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Acronyms

1. CSE: Comprehensive Sexuality Education
2. FCHVs: Female Community Health Volunteers
3. FGDs: Focus Group Discussions
4. FP: Family Planning
5. KIIs: Key Informant Interviews
6. LARC: Long-Acting Reversible Contraceptive
7. LGBTIQ+: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual