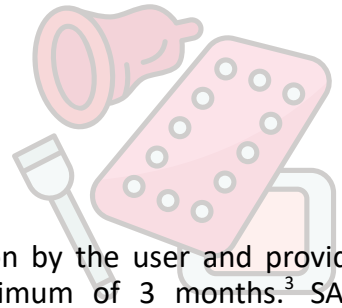
PROVINCIAL ISSUE BRIEF: FAMILY PLANNING IN LUMBINI PROVINCE OF NEPAL



Introduction to terminologies

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.[1]

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."[2]

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.[3]

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.[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.[5,6] LARC services include IUCD and implants and are available only at a limited number of health centers where trained healthcare providers are available.[7]

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.[3] SARC includes male condoms, oral pills, and injectables that are available in every health center.[7]

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.[8,9]

Background information

The Lumbini Province is one of the seven provinces of Nepal, covering an area of 17,810 km^2. It covers 12.1% of Nepal's total area. According to the 2021 census, the total population of the province is 5,122,078, of which 2,454,408 (47.92%) are male and 2,667,670 (52.08%) are female. The population density of the province is 230 per square kilometer, and the gender ratio is 92.01. Lumbini Province consists of twelve districts as per Schedule-4 of the Constitution, which include Nawalparasi (Bardghat Susta West), Rupandehi, Kapilvastu, Palpa, Arghakhanchi, Gulmi, Rukum (Eastern part), Rolpa, Pyuthan, Dang, Banke, and Bardiya.

The province is divided into six districts in the Terai, five in the hills, and one in the Himalayas. Lumbini Province has a total of 109 local levels, including 4 sub-metropolitan cities, 32 municipalities, and 73 rural municipalities, with 983 wards.The literacy rate of Lumbini Province is 78.1%, where the male literacy rate is 85.2% and the female literacy rate is 71.7%. Lumbini Province is known for its unique features, including Lumbini, the birthplace of Lord Buddha, Tilaurakot, and several other historical and cultural heritage sites of the Buddha era.It also includes Asia's largest Dang Valley.

This province is named Lumbini Province as per the decision of the Provincial Assembly on 20th September 2020, and the capital of the province is set as Rapti Valley (Deukhuri) in Dang.[10,11]

In Nepal, family planning 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. Short-Acting Reversible Contraceptives (SARC) and Long-Acting Reversible Contraceptives (LARC), both services are available in different health centers. SARC includes male condoms, oral pills, and injectables that are available in every health center. LARC services include IUCD and implants and are available only at a limited number of health centers where trained healthcare service providers are available.[7]

In Nepal, fifty-seven percentage (57%) of currently married women are using a method of contraception out of which, 43% are using a modern method, and 15% are using a traditional method. The use of any family planning method among currently married women rose from 29% in 1996 to 57% in 2022. In Lumbini Province, 43% of currently married women aged 15–49 use a modern contraceptive method. The percentage of currently married women aged 15-49 using a contraceptive method is shown in the chart below.[12]

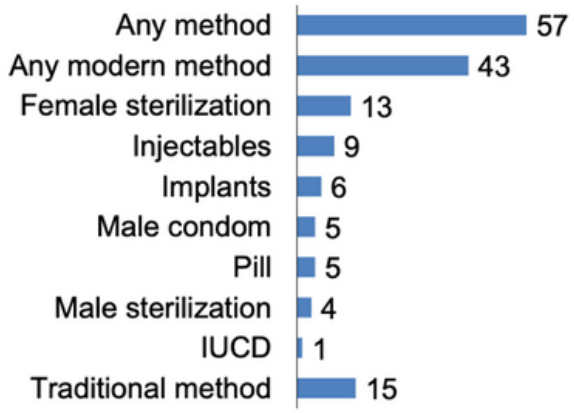


Figure 1 Percentage of currently married women aged 15-49 using a contraceptive method

It is vital to be aware of the adolescent fertility rate as it assists in the development of programs, plans, and policies to address the group's emerging issue. When adolescent girls delay childbearing, they have better opportunities for education and employment and are more productive. In Nepal, the adolescent birth rate is high i.e. 71 births per 1000 women aged 15-19 in FY 2078/79.[13] According to NDHS 2022, around 14 % of teenagers aged 15 to 19 years have been pregnant, and 10% have had live births.[12]

Unmet needs is one of the indicators to know the family planning status. In Nepal, the unmet need for family planning among currently married women aged 15-49 is 21%. The unmet need for family planning is highest among married adolescents aged 15-19 years which is 31% but unmet needs among unmarried adolescents/youth are not well documented. The unmet need for family planning among currently married women aged 15–49 is 23% in Lumbini Province.[12.]

Key findings

Key informant interviews (KII), focus group discussions (FGD), and peer sessions were conducted with different key stakeholders in Lumbini Province by the Youth Champions through which information on family planning in this province was gathered and documented. KIIs were conducted with both service users (People with Disability, Youth leaders) and service providers (Health Assistants, Pharmacists, FCHV, and Community Nurses).

In Lumbini Province, according to service providers, the major issues on the FP utilization included the myths regarding contraceptive methods among service users, stock out of FP logistics (FP devices, recording reporting tool, IEC materials, etc.), improper recording and reporting of FP services usage. According to the service user, FP services in Lumbini Province were difficult to access majorly in rural areas, including a lack of disability-friendly FP services and IEC materials.

Also, the negative attitude of service providers, discrimination based on gender and physical appearance while going for the utilization of FP services, and lack of confidentiality, hindered the utilization of the FP services.A peer session conducted with an adolescent group highlighted critical issues related to family planning. Societal structures, religious beliefs, and cultural norms create significant barriers that prevent individuals, whether married or unmarried, from openly discussing family planning and sexual and reproductive health. Due to these constraints, many individuals experienced hesitation, shyness, and discomfort when addressing these topics.

Although the government has introduced adolescent-friendly health services, their implementation remains inadequate in practice. The gap between policy and on-the-ground execution limits access to essential reproductive health information and services for adolescents. Service providers often give inadequate and unclear responses about family planning and sexual and reproductive health and rights. There is also a lack of reliable information on where to access accurate FP services. The age gap between service providers and young people in health facilities makes it difficult for youth to express their concerns. Additionally, there are very few programs that specifically address the family planning and SRHR needs of young people. Improving youth-friendly services and providing clear, trustworthy information is essential to addressing these issues.

Recommendations

To ensure widespread access to knowledge on family planning and sexual and reproductive health and rights, Comprehensive Sexuality Education (CSE) should be integrated into the school curriculum. Making health education a compulsory subject would help equip all students with essential information on FP, preventing gaps in knowledge.

Additionally, there should be a stronger emphasis on public education and awareness campaigns targeting mothers' groups, Female Community Health Volunteers, local communities, and marginalized population. Localizing key messages in native languages would enhance understanding and engagement.

Health services should be made more youth-friendly, with well-trained healthcare providers who demonstrate positive and supportive attitudes towards service users of all ages. Accessible and non-judgmental services across the province are crucial in improving FP and SRHR outcomes.

For ethnic groups where FP is considered a religious taboo, religious leaders should be educated, engaged, and empowered as advocates for change within their communities. Their influence can play a vital role in addressing misconceptions and encouraging informed decision-making.

Furthermore, government-endorsed mobile applications, such as Khulduli (which provides information on adolescence, nutrition, relationships, sexually transmitted infections, menstruation, pregnancy, abortion, and sexual violence) and Meri Sangini (which offers guidance on temporary and short-term FP methods, including their side effects), should be actively promoted to increase accessibility to reliable information.

Evidence-based planning and research on adolescent and youth reproductive health should be prioritized. Data-driven strategies will enhance the effectiveness of interventions and ensure policies are responsive to the needs of young people.

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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. IEC: Information, Education and Communication
6. IUCD: Intrauterine Contraceptive Device
7. KIIs: Key Informant Interviews
8. LARC: Long-Acting Reversible Contraceptive
9. mCPR: Modern Contraceptive Prevalence Rate
10. NDHS: Nepal Demographic and Health Survey
11. SARC: Short-Acting Reversible Contraceptive
12. SRHR: Sexual and Reproductive Health and Rights

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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