PROVINCIAL ISSUE BRIEF: FAMILY PLANNING IN MADHESH 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]

Contraceptive Devices: The purposeful avoidance of conception through the use of various devices, sexual behaviours, 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.[2]
Contraceptive Prevalence Rate (CPR): Contraceptive prevalence rate is the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time.[3]

Sexual and Reproductive Health 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. [4]

Total Fertility Rate (TFR): The number of children that would be born per woman (or every 1,000 women) if she or they went through the childbearing years carrying children in accordance with the most recent chart of age-specific fertility rates.[5]

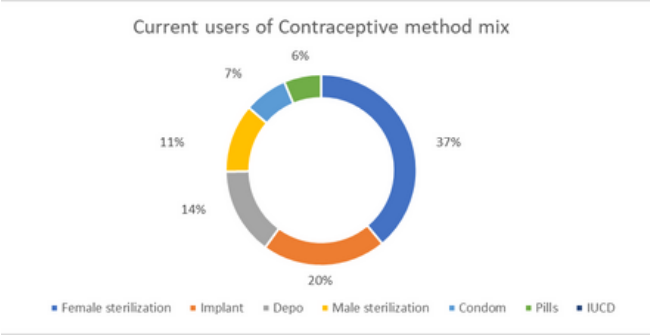
Background information

The Madhesh Province was established with the approval of the Nepali Constitution and is located in the country's southeast. It is the smallest and second-most populous province in all of Nepal. India is to the south, Bagmati Province to the north, and Koshi Province to the east. Madhesh Province covers 9,661 km², accounting for approximately 6.5% of Nepal's total area.

It is bordered by India in the south, Makwanpur and Sindhuli districts of Bagmati Province and Udaypur of Province 1 in the north and Chitwan district of Bagmati Province in the west. Administratively, there are 8 Districts in Madhesh Province. According to the 2021 Nepal Census, it has a population of 6,114,600, making it the most densely populated province in Nepal.[6]

FP is now recognised as a fundamental human right for both individuals and married couples. The number of pregnancies a woman has, and the time she spaces between them, directly impact both the outcomes of her pregnancies and her overall health and well-being. The TFR in Nepal is 2.1 children per woman. The fertility rate is higher among women in rural areas than among those in urban areas (2.4 versus 2.0). Madhesh Province has the highest TFR of 2.7, with Bagmati Province having the lowest. In comparison to women with an SLC or more, who have 1.6 children on average, women with no education give birth to 3.3 children on average. Most women of reproductive age lack appropriate knowledge about how to get and use modern contraceptives. Even though the government provides free FP services, there is still a large unmet need for spacing and restricting pregnancies, up to 21%.[7]

According to the DOHS 2079/80, among all current users, female sterilization (37%) makes up the largest portion of the contraceptive method mix, followed by Implant (20%), Depo (14%), Male sterilization (11%), condom (7%), pills (6%) and IUCD (5%) in 2079/80. [8]



At the national level, the prevalence rate of modern contraceptives (mCPR) is 39% in 2079/80. Sudurpaschim Province exhibits the highest mCPR at 46%, followed by Madhesh Province at 45%, while Gandaki Province records the lowest at 33%. Four provinces have mCPR values that are below the national average: Bagmati, Gandaki, Karnali, and Lumbini. The national and provincial mCPR was lower in 2079/80 than it was the year before which is shown in the figure below. [8]

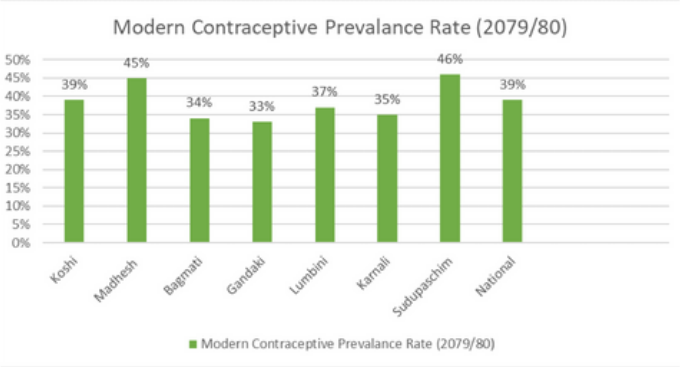


Figure 1 Comparison of mCPR across seven provinces and national data for FY 2079/80

Key findings

From the focus group discussion (FGD) and key informant interview (KII) conducted by the family planning champions of Madhesh Province, the enlisted findings were noted. Three focus group discussions with undergraduate students, nursing students, and youth participants were conducted. In a similar way, 6 key informant interviews with pharmacists, health post in charge, youth leaders, doctors, and personnel from INGO were conducted. The major findings are;

While conducting FGDs and KII on the topic of family planning and SRHR, we found that most people in rural regions are still unaware of family planning methods, and when they do discuss or use family planning services, they still lack confidence and feel uncomfortable. Madhesh Province also lacks family planning services that are accessible and friendly to adolescents and youth, persons with disabilities, and LGBTIQA+ people. Additionally, one of the main issues, particularly during pandemics like COVID-19, was the supply scarcity at FP Logistics. Service users are unable to receive family planning services because Madhesh Province is short on trained clinicians and has device accessibility issues.

Because of its conservative outlook, the Madhesh Province community prohibits open discussion of sexual topics, including family planning. As a result, both youth and adults constantly worry about being stigmatized for using contraceptives by their healthcare providers, parents, and community members. Unmarried young people asserted that service providers behave impermissibly, unjustly, and rudely, particularly toward young single people, and that they violate service users' confidentiality.

Access to family planning services, particularly in distant locations, was another issue raised by service consumers. Despite the inclusion of SRHR and family planning in the curriculum, teachers usually avoid discussing these subjects, leaving adolescents and young people with knowledge and information gaps. It is also found that Muslims face a religious hurdle, as some Muslims are prohibited from using family planning services because their faith views having children as a heavenly blessing.

Another important issue that continues to exist in Madhesh Province is the overall lack of knowledge among the populace about family planning and contraceptive methods, as well as their advantages. Due to Madhesh Province's relatively high dropout rate among family planning users, this is another serious problem.

Recommendations

Comprehensive Sexuality Education (CSE) should be included in the curriculum and provided to all students, and teachers should have the necessary training to teach FP and SRHR to students in an engaging and effective manner.
Since social context and family planning are commonly entwined in Madhesh Province, it is important to train service providers, parents, and other community members to act in a non-judgmental manner. Additionally, health professionals must receive training in order to improve service expansion, and those skilled providers must be regularly checked and overseen.

All around the province, accessible, user-friendly health services should be provided by well-trained healthcare professionals (doctors, nurses, FCHVs, and youth leaders) who have a good attitude and are sensitive to the importance of confidentiality.

Campaigns for awareness and online campaigning must be organized to persuade adolescents and young people to use family planning services, especially in rural areas. Programs for strategic behavior communication must be developed for specific target populations, such as LGBTIQA+ individuals and people with disabilities.

For some ethnic groups where family planning is considered sinful in their faith, religious leaders should be educated, encouraged, and used as change agents in their communities since people are easily affected by their religious leaders.

References

1. [WHO, 2008].Partnership for Maternal Newborn and Child Health
2. National Library of Medicine
3. WHO Stat 2006 Contraceptive Prevalence Rate, WHO
4. UNICEF, UNFPA, UNDP, UN Women. “Gender Equality, UN Coherence and You
5. Data For Impact, USAID
6. National Statistics office
7. Nepal Demographic and Health Survey, 2022
8. Department of Health Services, 79/80

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. LGBTIQA+: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual
8. mCPR: Modern Contraceptive Prevalence Rate
9. SARC: Short-Acting Reversible Contraceptive
10. SRH: Sexual and Reproductive Health
11. SRHR: Sexual and Reproductive Health and Right

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.

Authors

Shilpa Lamichhane
Dipesh Limbu
Bikram Kumar Das
Sanjana Sah
Neha Sah

Published January 2022
For further information, please contact

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