

PROVINCIAL ISSUE BRIEF: FAMILY PLANNING IN SUDURPASCHIM 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

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.^{6,7}

Background information

Sudurpashchim is one of the seven provinces of Nepal, covering an area of 19,999.28 km². With a population density of 138 km², the total population of the province is 2,694,783, where 47.2 % are male and 52.8 % are female. There are 9 districts within its borders, the Tibet Autonomous Region of China to the north, Karnali Province and Lumbini Province to the east, India's Kumaon to the west, and Uttar Pradesh to the south. The literacy rate of the province for male and female is 83.6% and 69.4% respectively.^{8,9}

Key findings

The government of Nepal has reaffirmed its commitment to ensuring sexual and reproductive health rights for all people in light of the 2015 Constitution of Nepal's declaration of every woman's right to reproductive health and other reproductive affairs.¹⁰

In Sudurpaschim Province, the median age for marriage is 18.3 for women in the 25–49 age range, and for men aged 25-49, it is 21.2. With the legal age of marriage being 20 years, many women still marry before they reach 20, leading to high teenage pregnancy rates in the province (12.5%).¹¹ The median age of women at first sexual intercourse age (20-49) is 18.3 and the age (25- 49) is 18 and that of men age (25-49) is 19.9 in Sudurpaschim Province.¹¹





This means that, in Sudurpashchim Province more than half of the girls are sexually active before the age of 20. In the absence of comprehensive sexuality education (CSE) and adequate information and access to contraceptives, this might lead to a high rate of teenage pregnancies. The modern contraceptive prevalence rate of this province is 46 % which is higher than the national rate which is 39 % and other provinces in FY 2079/80. The most common method of contraceptive among all temporary methods are Depo followed by condoms, pills, implant, and IUCD.¹²

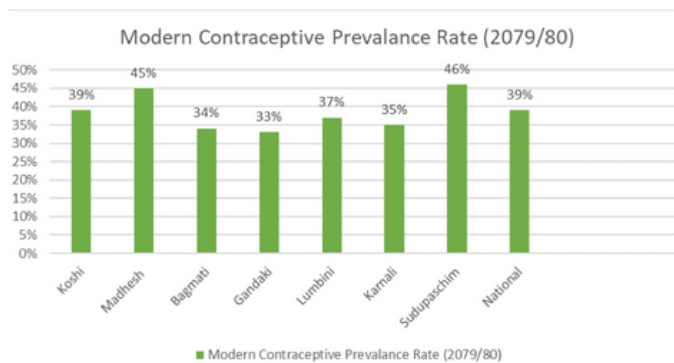


Figure 1 Comparison of mCPR across seven provinces and national data for FY 2079/80

The NDHS data shows that 22% of married women aged 15-49 in the Sudurpaschim Province have an unmet need for family planning which is higher compared to Bagmati (16%), Koshi (18%), and Gandaki (21%) Province. It suggests that a significant number of women want to avoid or delay pregnancy but are not using any contraceptive method which indicates gaps in access to family planning services.

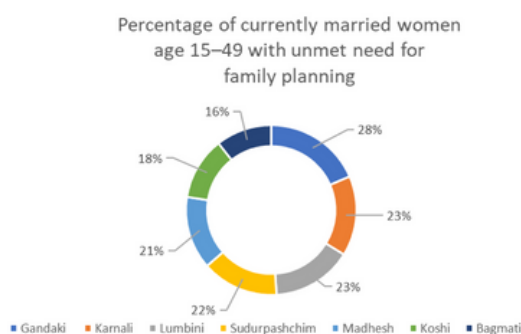


Figure 2 Percentage of currently married women age 15-49 with unmet need for FP among seven provinces

NDHS 2022 report shows that the prevalence rate of modern contraceptive use has seen no increase over the past 12 years and has remained stagnant at 43%.¹¹

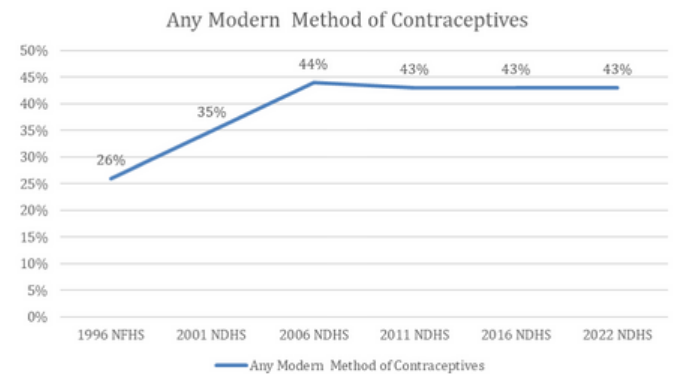


Figure 3 Trend of use of modern contraceptives from 1996 to 2022 AD

A research has mentioned that the use of modern contraception has stagnated and mentioned various reasons for this trend: spousal separation (couples living apart), FP services being replaced by Medical Abortion (MA), and an increasing number of people preferring natural methods of contraception.¹⁴ This leads women in turning to unsafe abortion. Despite the wide distribution of abortion services, women still face unwanted pregnancies due to limited access to family planning services. Inequality in the use of modern contraception can be seen clearly by wealth status it is notable that the richest-to-poorest difference has decreased over time.

Putting up a progressive side CDC (now CEHRD) has also placed Environment Population and Health as an optional subject in grades 9 and 10 which ultimately questions their decision to address the importance of CSE to young people.¹⁵ Due to limited access to comprehensive sexuality education, there might be inadequate education on sexual and reproductive health rights, and decision-related regarding marriage, fertility, and sexual behavior.

Also, national level surveys do not include data related to sexual and gender minorities, due to which the demographic, health, and other issues applicable to the community are not brought into highlight. Including them in national surveys would support reducing stigma, and also provide valuable evidence for advocacy.



Recommendations

Innovative and context-specific interventions should be initiated to enhance FP access for adolescents and underserved communities. Special attention must be given to ensuring privacy and confidentiality, which are crucial for increasing service uptake among young people. Additionally, training and behavior change efforts should target service providers to ensure they offer respectful, non-judgmental, and adolescent-friendly services that build trust and encourage consistent engagement.

With the country now operating under a federal structure, Provincial Governments should be empowered to develop and implement contextualized policy frameworks—including acts, directives, and guidelines—aligned with or exceeding federal standards. These policy tools should prioritize the sexual and reproductive health and rights (SRHR) of young people and include the development of Information, Education, and Communication (IEC) materials in local languages to enhance community understanding and participation.

Comprehensive Sexuality Education (CSE) must be integrated into both in-school and out-of-school settings to reach a broader audience, including adolescents not enrolled in formal education. Given the autonomy granted to local governments, municipalities should take the initiative to make “Health” a compulsory subject and enrich the curriculum with locally relevant SRHR content. This will empower adolescents with the knowledge necessary to make informed choices about their reproductive health.

Furthermore, supportive supervision and regular monitoring of health service centers should be strengthened to maintain service quality and accountability. This should be paired with intensified community-level awareness campaigns to normalize conversations around FP and SRHR, thereby fostering a more informed and health-seeking population.

References

1. Commission on sexual and reproductive health and rights, Guttmacher-Lancet
2. UNICEF, UNFPA, UNDP, UN Women. “Gender Equality, UN Coherence and You”.
3. [WHO, 2008]. Partnership for Maternal Newborn and Child Health
4. National Library of Medicine
5. Gates Open Res. 4:113. DOI: 10.12688/gatesopenres.13125.1.
6. Comprehensive Sexuality Education Implementation Toolkit, UNESCO
7. Comprehensive Sexuality Education, UNFPA
8. National Population and Housing Census 2021
9. Sudurpaschim Government official website <https://ocmcm.sudurpashchim.gov.np/pages/state-introduction/>
10. MoHP(2011). Nepal Adolescent and Youth Survey 2010/2011 [Available from: <https://nepal.unfpa.org/en/publications/nepal-adolescents-and-youth-survey-201011-highlights>.
11. NDHS 2022
12. DOHS Annual Report 2079/80
13. Ranjit BK. Integration of Comprehensive Sexuality Education (CSE) into Curriculum of School Education System of Nepal. 2013.
14. Pokheral T, Adhikari R, Aryal MK, Gurung R, Dulal MBP, Dahal MHR. Socioeconomic determinants of inequalities in use of sexual and reproductive health services among currently married women in Nepal. 2021.
15. WHO. Family Planning contraception 2019 [Available from: <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>.



Acronyms

1. CDC: Curriculum Development Centre
2. CEHRD: Center for Education and Human Resource Development
3. CSE: Comprehensive Sexuality Education
4. FP: Family Planning
5. IEC: Information, Education and Communication
6. IUCD: Intra Uterine Contraceptive Device
7. MA: Medical Abortion
8. mCPR: Modern Contraceptive Prevalence Rate
9. SRH: Sexual and Reproductive Health
10. SRHR: Sexual and Reproductive Health and Right
11. WHO : World Health Organization

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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