

Young people and family planning: An Issue Brief for Province One of Nepal



Background

Province 1 is the eastern most province of Nepal covering an area of 25,905 km². The total population of the province is around 4.5 million, with a population density of 175 km². There are 14 districts with three-fold geographical division from Himalayan in the north to Terai in the southern part varying between an altitude of 60 meters and 8,848 meters. The capital of the province is Biratnagar, one of the six metropolitan cities of the country. The main residents of the province are Rai, Limbu, Sherpa, Tharu, Rajbansi, Madhesi and Khas-Aryans ethnic groups (1).

Sexual and Reproductive Health and Rights (SRHR)

is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. Sexual and reproductive health is the concept of human rights applied to sexuality and reproduction, and a lifetime concern for every person (2). It comprises of Sexual Health, Sexual Rights, Reproductive Health and Reproductive Rights. SRHR, especially of young people, was explicitly addressed for the first time in global document by the Cairo International Conference on Population and Development and 4th World Conference on Women (1995) (3, 4).

According to World Health Organization (WHO), family planning (FP) is defined as “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 use of contraceptive methods and the

treatment of involuntary infertility (5). In order to ensure well-being and autonomy of women and to foster the health and development of communities, ensuring access to preferred contraceptive method is pivotal (5).

In Nepal, family planning program is a top priority program of the government. It is also considered as a component of reproductive health package and essential health care services of Nepal Health Sector Program II (2010-2015), National Family Planning Costed Implementation Plan 2015-2021, Nepal Health Sector Strategy 2015-2020 (NHSS) and the Government of Nepal's commitments to FP2020. FP information and services are being provided through government, social marketing, non-governmental organizations and private sectors (6).

The Government of Nepal has pledged to reposition family planning to foster sustainable, social and economic development and to execute the Costed Implementation Plan on FP (2015-2020) within the Nepal Health Sector Program III (2015-2020) in the Family Planning Summit in London, UK. Nepal is committed to identifying barriers to accessing family planning services faced by individuals and couples, including adolescents and youth, those living in rural areas, migrants and other vulnerable or marginalized groups. The government also pledges to formulate policies and strategies to address these barriers. Furthermore, Nepal is committed to improving the regulatory framework to promote public-private partnerships.

In terms of financial commitment, Nepal is focused on increasing funding for family planning programs by at least 7 percent annually from 2015 to 2020 and engage with external development partners to raise additional resources. The government of Nepal pledges to broaden the range of modern contraceptives available and improve method mix at different levels of the health care system, raise awareness of family planning among populations with a high unmet need for modern contraception, focusing particularly on adolescents and young people, strengthening the evidence base for effective program implementation through research and innovation (7).

Zooming into SRHR practices in the province

With the **Interim Constitution of Nepal (2007)** asserting “Every woman shall have the right to reproductive health and other reproductive matters” Article 20 (2), the government has reaffirmed its commitment to ensure sexual and reproductive health rights for all the citizen (8).

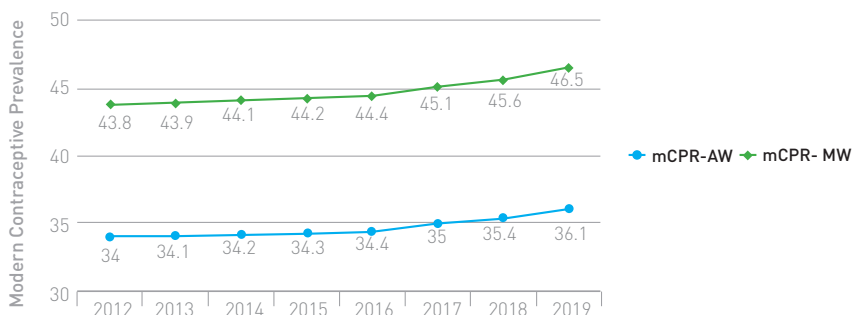
The literacy rate of women is 77.7% and men is 91.7%. The median age for first birth is 21.5 years and the total fertility rate is 2.3 per women in Province 1. The number of children per woman decrease with increasing education. Women with no education

have 3.3 children on average, as compared with 1.8 children among women with a school level education or more in Nepal. 62.2% of the deliveries happen at health facility, but only 50.5% households are located near to health facility (<30 mins). Only twenty-one percent of young women and 27% of young men age 15-24 have comprehensive knowledge of HIV (9).

The **mean age at marriage is higher in province 1** (men = 22.7, women = 19.4) compared to national mean (men = 21.7, women = 17.9) for both men and women. With legal age to marry being 20 years, though some women are still married below 20 years, it has positive implications that the age at marriage is higher for women in Province 1, leading to slightly lower teenage pregnancy rates in province 1 (16%) than national (17%). Women and men with school level or higher education marry almost 5 years later than those with no education in Nepal.

Women and men in Province 1 initiate sexual intercourse comparatively later than women and men in other provinces(9) (National: Men = 20.5, Women = 17.9; Province = 21.6, Women = 19.3) (9). This means that, like nationwide, in Province 1 half of the girls are sexually active before 20, probably most of them are sexually active before marriage. In absence of comprehensive sexuality education, and adequate information and access to contraceptives this might lead to high rate of teenage pregnancy (9).

Fig: Projected trends in mCPR (Modern Contraceptive Prevalence)



Source: FP 2020. Nepal Commitment Maker Since 2015. Available from: <http://www.familyplanning2020.org/nepal>.

The use of the modern contraceptives among the age group 15-49 is (40%) in Province 1, which is lower than national data (43%). Hence, **24.9 percent of married women age 15-49 in Province 1 have an unmet need for family planning** (9). The primary concern of women when choosing a contraceptive was the possible undesirable effects (10).

Only half of the adolescents and youth (45.42%) aged 10-24 in Nepal discuss issues related to family planning with anybody (8). 61.7% of women in Province 1 did not discuss family planning with a health worker or female community health volunteer or at a health facility, similar to national scenario (9). Researches have shown that discussing with youth about their reproductive rights and the importance of family planning will help them to lead healthy life with understanding and dignity (11). Youths are vulnerable to transmission of HIV and other sexually transmitted infections(8). Thus, appropriate information to youth helps to prevent pregnancy related health risks in women, empower people and enhance education which contributes in reduction of adolescent pregnancies (5).

“In EPH (Environment, Population and Health) classes most of the girls used to sit in the last bench and boys used to sit in the front benches. The boys used to ask unnecessary questions and it used to be uncomfortable for us.” (18 year female, Sunsari)(12)

Several access-related barriers to commodity-based methods, including geographic inaccessibility, limited or inconsistent provider operating hours, and a small number of method types locally available are still prevalent in eastern Nepal. Youth are often found to face stigma and discrimination from service providers while accessing family planning services (10). The attitude of the service providers has been reported to be judgmental and not youth friendly when young people go to service centers to seek family planning services. Also, the opening hours of the service center is not accessible to young people as it mostly operates during the time when young people are in school or work (12). With many households relying on foreign employment for income, women were poorly prepared for using contraception when their husbands returned home, often intending to start a hormonal method only after he arrived which could result in unwanted pregnancies (10).

“When I asked for condoms, the shopkeeper showed some hesitation, he glanced me for few seconds before he gave it to me. This made me more hesitant to go to buy condoms later. Infact, I stopped going to the office.” – 20 year male, Sunsari (12)

Call for action

- △ With restructuring of the country, several progressive policies and act (e.g.: Safe motherhood and reproductive health act) have been developed at the national level. Provincial Government should take initiatives to formulate provincial policy documents (such as policy, acts, directives, guidelines) based on federal policies, or make them even further progressive to ensure young people's right to sexual and reproductive health and rights.
- △ Engage young people effectively at all levels of provincial programming and policy formulation so that the important voice from the largest group having unmet needs, i.e. young people is not left out.
- △ With provider bias acting as a main challenge to access family planning services, service providers need to be sensitized on counselling diverse groups of young people including young people with disabilities, sexual and gender minorities.
- △ The operating hours of the service centers needs to be consistent and needs to be designed in such a way that young people can access it easily. There also needs to be presence of trained service providers and sufficient supplies of the contraceptive method-mix to avoid stock-outs.

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Visible Impact, is a young woman led organization that aims to bring visible impact on the lives of every woman, every girl and every youth by unleashing the social and economic leadership of girls, women and youth through human centered approaches.

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