

# Youth Consultation for FP2030 commitment

## Issues & recommendations on Family Planning

Under the project 'YouAccess 2021', Visible Impact reached six provinces of Nepal to consult with young people and hear their say at the six days of consultation that started on 23<sup>rd</sup> to 29<sup>th</sup> November 2021. The consultation saw diverse participants contributing to generating profound recommendations for drafting the FP2030 commitments. The consultations took place in Province 1, Madhesh, Gandaki, Lumbini, Karnali, and Sudurpashchim provinces, whereas the recommendations from Bagmati province were derived from prior consultations with youths of the province.

The participants were informed about the process of FP2030 and the involvement of the Government of Nepal along with the Visible Impact as the Youth Focal point in the process. Participants discussed the issues and challenges regarding the access and availability of youth-friendly FP services in their provinces and gave their recommendations based on that discussion.

### Issues

Marriages take place mostly for the sake of dowry and child marriage is prevalent mostly among uneducated people in remote villages. People are uninformed of the legal age of marriage and the consequences of child marriage and even if youths are willing to report a child marriage incident to the police they are unable to do so as there is no confidentiality of who reported the case. A large number of child marriages happened during COVID.

Government service providers don't provide quality information and quality service and also

behave rudely. Hence, most youths prefer seeking family planning services from private providers. Class-wise discrimination against service seekers is a rampant issue.

Youths are comparatively more active in urban areas but those from the villages still shy away from the issues that relate to family planning.

Women decision-making authority and bodily autonomy and men tend to assign this responsibility of using contraceptive devices to their wives. A plethora of stigma on long-acting contraceptive devices exists, for instance, long-acting devices cause cancer.

Society looks at couples/women using contraceptives with an evil eye. For e.g. married women using contraceptives carry the risk of domestic violence for not giving birth to a baby.

Many families also tend to pressure their sons to remarry if their daughter-in-law does not give birth quickly after marriage.

A lot of school children opt for emergency contraceptives. Pharmacies are largely business oriented and readily don't provide counseling services to those who visit to buy them.

Sexual and gender minorities have a hard time visiting service centers due to the rampant stigma and judgment they have to suffer.

Comprehensive Sexuality Education (CSE) is not incorporated well into the school/college curriculum and the scant content on reproductive health is also mostly skipped by their teachers.

## Recommendations:

### Access to Information

Establish information centers and increase the use of IEC such as audio-visual, jingle, social media, etc. The establishment of local health booths disseminates information regarding contraceptives' pros and cons.

Address FP issues in policymaking, and allocate and implement budget on programs relating to SRHR. Health education in technical subjects should be included. Empower women and balance power relations.

Revise and implement school CSE curriculum including training of teachers on CSE delivery.

Conduct awareness programs targeting local-level school entertainment sectors such as dance bars, *dohori*, etc. Positively influence religious leaders and their followers in order to remove the stigma surrounding FP.

Ensure collaboration among NGOs, local clubs, and the government at the local level and ensure proper data collection while drafting local plans, etc.,

Initiate government-run apps providing information on services, service providers, and institutions nearby service seekers.

Make adolescents unions/groups and ensure regular monitoring and evaluation of FP-service providers by the health ministry.

### Access to Services

Avail of clear information and user-friendly services delivered by well-trained providers. Ensure quality, availability, and affordability of FP services/devices and place an emphasis on remote areas and people living with poverty and illiteracy. For instance, avail transportation

facilities in remote places in order to ensure access to health facilities.

Deploy trained/skilled personnel to remote areas by making better provisions of incentives and other facilities for them.

Ensure the provision of Adolescent Friendly Health Services and empower young people and enable them to be confident in the matters of seeking FP services and speaking on matters relating to FP.

Operate toll-free numbers, and ensure easy availability of FP devices such as ECON, Condom, etc. in local pharmacies.

Maintain confidentiality of service users. Increment in the number of FCHVs and mothers' groups. Ensure the provision of counseling to youths so that they can in turn counsel and make their elder generation understand and unlearn the superstitions surrounding FP.

Equal availability of FP methods in all regions including an equal focus on the unmarried.

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