

**EXPEREINCE OF YOUNG
PEOPLE, SEXUAL AND
GENDER MINORITIES
AND PEOPLE WITH
DISABILITIES WITH
FAMILY PLANNING
SERVICES IN NEPAL**



Visible
Impact

This study was conducted by Visible Impact and supported by Champions of Global Reproductive Rights. Visible Impact, is a young women led organization that aims to bring visible impact on the lives of every women, every girl and every youth by unleashing the social and economic leadership of girls, women and youth through human centered and innovative interventions.

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Abstract

Family Planning has been an essential part of Nepal's National Health Strategy since 1959. Family planning information and services are provided through Government, social marketing, Non-Governmental Organizations (NGOs), and the private sector in Nepal. Despite all these efforts, young people have a high unmet need for family planning. Young people still face many barriers and challenges in accessing family planning services. The situation is even graver for LGBT people and people with disabilities. The objective of the study is to explore the experience and barriers of young people, LGBT people and people with disabilities when accessing family planning related services and information. Qualitative study design was used to collect data from young people, LGBT and people with disabilities. The data collected through FGD and IDI were analyzed using thematic analysis. It was found that young people mostly learnt about family planning in their schools. The participants stated that the attitude of the service providers acted as a major barrier to access family planning services for young people, LGBT people and people with disabilities. A need was felt to develop policies and programs that specifically address the needs of young people, LGBT and people with disabilities. This study revealed that the policies developed need to be more inclusive of the needs of LGBT people, young people and people with disabilities, in order to truly ensure that family planning services are accessible to all groups of people.

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1. Introduction

Family Planning (FP) has been an essential part of Nepal's National Health Strategy since 1959. Family planning information and services are provided through Government, social marketing, Non-Governmental Organizations (NGOs), and the private sector in Nepal. This has been done to ensure access to safe FP services and also ensure that the nature of family planning services being provided are socially acceptable. The Government of Nepal further committed to meeting its family planning goals by joining the global initiative known as FP2020 in 2015. Since 2015, the Government has provided annual updates on the progress made and challenges faced in pursuing its commitment, including specific pledges concerning policies, financing, programs, and service delivery.(1)

Nepal has a young population, with 44 percent of the population under age 20. Of Nepal's total population in 2015 of 28.5 million, 2.3 million are between ages 15 and 19. The age of sexual debut for young women in Nepal is very young. By the age of 15, 10% of married women aged 20-24 begin having sex; by age 18, 40 percent have their sexual debut.(2)

Of married women aged 15-19 years of age, 14% are using a modern method of contraception, which is less than half when compared to the women of age group 25-29 years of age. Condom is mostly preferred by married young women aged 15-19 years, using contraception. Majority of the young people use male condoms (37%), followed by injectables (28%), pill (17%), withdrawal (12%), rhythm (5%) and implants (1%). (2) The proportion of never-married male adolescents and youth who used a condom during last sex, was found to be 73% in 2011. (3)

Approximately 14 percent of married women ages 15–19 are using a modern method of contraception, a percentage significantly lower than for older women, which is less than half of the usage compared to women belonging to the age group 25-29.(2)

Unmet need for family planning in Nepal is high. Around 40% of married women aged 15-19 years of age have an unmet need for family planning. The youngest women have the highest unmet need. Only a quarter (25%) of 15-19 years young women have their demand satisfied for modern family planning. The reliance of young people 15- 19 years to obtain contraceptives from government sources currently lies at 51% which is lower than the people from age 20-24 years (57%).

Nepal has been facing a stagnant contraceptive prevalence. To achieve its goals and FP2020 commitments, the government of Nepal has been recently increasing the efforts to reduce barriers to family planning, to increase methods and services available, and to satisfy the demand for modern contraception.(1) However, young people and people of vulnerable group still face barriers at various levels.

The level of using modern contraceptives among the more vulnerable group for 15-19 years age remains far below compared to 20-29 years of age. The health care professionals come from a background where LGBT is stigmatized which affects the quality of services they receive. This has innate effect on the fulfilment of their basic health needs including sexual and reproductive health and rights. The fear of discrimination from the side of service providers and onlookers also prevents them accessing family planning services along with other services.(4)

In numbers, the policies and legislations have been developed to strengthen the family planning programs of Nepal.(2) However, these policies have been able to address the specific needs of the young people, LGBT people and people with disabilities only limitedly. People with disabilities are still viewed with stereotypical belief that they do not have any unique sexual and reproductive health needs, and it is similar to that of other people. (5)

Only little research has been done regarding SRHR needs of sexual and gender minorities and people with disabilities, with little emphasis on family planning. In the process of literature search, specific research on people with disabilities and their family planning needs in Nepal was not available. This indicates the big gap in evidence which has not been bridged by the current policies. This study was conducted with the aim to unveil the true experiences of young people for accessing family planning services and to explore the gaps that need to be bridged from the policy level.

2. Objective of the study

The main objective of the study is to explore the experience and barriers of young people, LGBT people and people with disabilities when accessing family planning related services and information.

The specific objective of the study are as follows:

1. To understand the perception of young people, LGBT and people with disabilities about family planning
2. To explore the current practices of young people, LGBT people and people with disabilities on family planning
3. To identify the barriers and challenges faced by young people, LGBT people and people with disabilities when accessing family planning services
4. To derive recommendations that need to be taken to make family planning services accessible for young people, LGBT people and people with disabilities.

3. Methodology

Study Design: A qualitative study design was used to gain deeper understanding of the experience of young people, sexual and gender minorities and people with disabilities to access family planning services.

Study Area: Nepalgunj and Sunsari districts in Province 5 and Province 2 were selected for the consultation with young people. These districts were primarily selected as they represented the urban city of the western region and eastern region of Nepal. People from all the districts in the far, mid western and eastern region of Nepal migrate to these cities for education or employment opportunities. Hence, an amalgamation of different ethnic groups, religion, caste, class, education level etc. can be found here.

The study area for people of sexual and gender minorities and people with disabilities was chosen to be Kathmandu as many organizations working on their welfare are based in Kathmandu, and it would be convenient to reach out to them.

Study participants: The study population comprised of male, female and third gender belonging to the age group of 15-49 years. A total of 19 young people and 30 young people were enrolled in the FGD with youth in Nepalgunj and Sunsari districts. The participants were selected in coordination with local organizations to ensure inclusion of people from all background. Three people from LGBTI community and people with disabilities each were interviewed in Kathmandu.

Data Collection Method: The data for consultation with young people were collected through focus group discussion (FGD) in Nepalgunj and Sunsari district. Separate focus group discussions were conducted for males and females in each district.

In-depth Interview (IDI) were conducted to collect data from people of sexual and gender minorities and people with disabilities.

The tools for FGDs and IDI were conducted in Nepali but have been translated into English for this report purpose (See Annex). The FGDs and IDIs took almost 45-60 minutes each and were conducted by two female researchers. All the discussions were tape recorded and note taking was done simultaneously as well.

Data Collection Tool: The data were collected using FGD and Interview guidelines. The tools were developed through literature review of previous studies.

Data management and Analysis: The data was obtained through recordings of the discussion along with the notes from the note taker. Verbal and non-verbal interaction of the participants were also noted. The data was transcribed and then translated into English. Thematic analysis was performed to identify the main themes from the data obtained.

Ethical considerations: Before starting FGDs and IDI, detailed information about the study was given to all the participants. The participants were also explained about the maintenance of confidentiality and privacy and that the data collected would be only accessible to the research team. Verbal consent was taken from all the participants before starting the FGD and IDI. The discussion only took place after the participants had given their consent. Participation in the discussion was completely voluntary. Consent was also taken before taking photographs of the discussion.

Limitation of the study: The study only used qualitative tools and did not use any quantitative tools due to which triangulation with information from other sources could not be done.

4. Results and Analysis

4.1 Family planning among young people

4.1.1 Perception regarding family planning among young people

The participants in both the study location were hesitant to share about their behavior and perception regarding family planning. When the moderator reformulated the question asking about the behaviors of their peers and friends, they were more open. This shows that the perception and acceptance for family planning is still curbed by the social norms.

The male participants in Nepalgunj were hesitant to spell out family planning themselves. They used word like 'that thing' or 'like that' while referring to family planning. They also said that using other words for family planning devices was very common among their friend circle. This wasn't found to be the case among young people in Sunsari among both male and female participants. This could be because of the difference in background of the participants. The participants in Sunsari district mostly comprised of young people who had participated in trainings or workshops regarding family planning or sexual and reproductive health which could be the reason for them speaking less reluctantly on the topic.

"Me and my friends use words like chocolate, candy, etc. or use hand and eye gestures to tell condom, when we go to the drug store because we feel awkward to spell out the word in the presence of other people". (21 year male, Nepalgunj)

The male and female participants both stressed on the fact that sexual relationships between unmarried partners is not accepted by the society. One male student in Sunsari said *"The word sex cannot be pronounced out loud in the society."* This shows the challenge young people have while discussing about sexual relationships and family planning with their peers or their family members.

The female participants considered males were more open about talking about their sex life than the females were. One female participant in Sunsari even raised a question that *"If men are comfortable talking about their physical relationship, why we girls cannot speak up?"* Though hesitation lies on both sides regarding the family planning but the males were more likely to discuss and share their experience with their peers while the girls remained silent.

The Terai belt of Nepal sees the highest rate of child marriage in Nepal, and the outskirts villages and pocket areas of Nepalgunj and Sunsari also see high rate of child marriage. The researcher tried to include the voice of young people from these areas as well, but the local coordinator and the participants mentioned that the perception of these communities towards family planning is not positive due to other social cultural norms.

This can be triangulated with the information received from other participants. *"The fertility rate is quite high in certain population such as those who follow Muslim religion, areas near Indian border that are neglected by both the countries, slum areas, newly migrated population*

etc. The women in these areas have around 6-7 children. The level of education is very low and reliance on family planning is very low" shared female participants of FGD in Nepalgunj.



Figure: FGD with female participants in Sunsari district

whatever ways and we should not show our concern for it" she shared.

When asked with a local journalist and community leader in Nepalgunj, the reason for it, he shared that for Muslim communities, their religion bans use of family planning devices. For other population, the level of education is very low, child marriage is very high and women do not have decision making authority. They do not perceive the importance of having a small family, he shared

A graduate of child club in Nepalgunj shared that she was often shooed away when she tried to convince and educate these women about family planning. "They ask us to mind our own business, and that they would take care of their children in

4.1.2 Information regarding family planning

The main source of information regarding family planning for both male and female was sexuality education classes in schools. Though they agreed that there are gaps in sexuality education classes, they believe that the class has provided them with information about family planning to some extent. The discussions with female participants in both the districts showed that some of their first source of information were media like radio shows and even "condom advertisements" shown in the movie halls. One female participant said "I remember seeing the condom dancing for the first time, but I didn't know what it was back then. But now I know that it is a method of Family planning." (23 year female, Sunsari).

"I had learnt about family planning through news on television. I used to watch TV with everyone and information or advertisements on Family Planning would be displayed on the screen. I used to feel awkward before to watch it with my parents but now I am less hesitant as there has been change in their thinking."(18 year female, Nepalgunj)

Teachers were often reluctant to talk about family planning and did not answer the questions raised by the students. Girls and boys in a class would often be segregated during sex education classes. The male participants stated that the girls would be shy in the classroom when "such topics" were being taught, which coincided with the information shared by the girls as well. In rare cases, the source of information would be media or their parents.

"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)

"The teacher used to teach the sexuality education session separately to boys and girls. The teacher are often nervous themselves and there is no proper environment to ask questions and get clarification. However, these classes are still one of our most reliable source of information related to sexual and reproductive health and rights" (18 year female, Nepalgunj)

When asked to state about the methods of family planning they know, none of the participants mentioned about natural methods or permanent methods of family planning in Nepalgunj, while natural and permanent methods of family planning were stated by the participants in Sunsari district. Most of the participants mentioned only about temporary methods, and that too condom, pills, depo provera injection. In both the groups in Nepalgunj, after-pills (emergency contraceptives) were mentioned by majority of the participants as the method of family planning. Only one male participants in Nepalgunj mentioned about femidom while none of the participants in Sunsari mentioned about femidom. It was interesting to note in Sunsari that only the male participants stated about emergency contraceptive pills.

Alternative source of information such as app and internet was found to be upcoming among youth in Nepalgunj. Radio show seems to be admired by many girls and boys. *"Khulduli is our favorite radio show. It comes from 10 pm, so we can listen to it at our own private time. Also, we do not need to worry about our family members judging us like when watching these information in TV or Internet because we can listen to it with earphone. So, late evening radio shows are the best"* (20, female, Nepalgunj)

All the participants agreed that the unmet needs of family planning is more in rural areas than urban areas.

The participants also shared the concern that the organizations that are providing information and services on family planning are targeting easy to access and educated areas only. The most in need of family planning services were felt to be missed out on. *"Organizations have provided us with three sessions on SRHR already, as Nepalgunj is accessible, but no one goes to villages and other key areas. The investment in awareness programs is hence flawed."* (17, female, Nepalgunj)

The participants also shared that even though they have heard about the contraceptives, the knowledge provided was very theoretical, and so they do not know the proper method of use. They also indicated the gap in knowledge and practice. *"Many of my friends have heard about condom, but do not use it because they do not know how to use it. They have been told that condom is ineffective is not used properly, and so they are hesitant to use it at all"* (19, female, Nepalgunj)

4.1.3 Methods being used

Most of them shared that the married women used depo-provera injections. One of the female participant shared the information she had received during a consultation program regarding female sex workers and their use of family planning methods “ *I recently attended a consultation program on female sex workers in Itahari and it was revealed that majority of the female sex workers used 3 months injection (Depo provera)*”.(24 year old female, Sunsari).

The male participants stated that the main method of family planning among the unmarried was emergency contraceptive pills. The use of emergency contraceptive pills is being used as the main method of family planning all over the country in recent days, as per the news coverage by a leading newspaper.(6) The female participants however didn't mention anything about emergency contraceptive pills in Sunsari district. The use of family planning devices among the unmarried is surrounded by myths and is stigmatized therefore the choices have not been explored. Upon exploring the reasons, it was found that young people preferred using emergency contraceptive pills because the packaging of the pills made it seem like any other medicine which helped them avoid the stigma. This indicates the increase in unsafe sex practices among the young people and the lack of preparedness among them.

One of the participant mentioned that he had read in a local newspaper that emergency contraceptive pills was the most sold out method of Family Planning during Tihar in Sunsari district. When the researcher probed on why do they think it's used in such a scale, one of the participant revealed “*It may be the case of pleasure so males do not prefer using the condoms and opt for after-pills. It is also convenient since emergency contraceptive pills act as a backup plan.*” (21 year male, Sunsari).

This was true even for youth who have received information about family planning devices. This depicts that there is rising negligence among the young people, and they do not have adequate or correct information. “*Ask anyone in my friend circle, and everyone will say that emergency contraceptives is the best method*” shared a participant in Nepalgunj. This shows that merely education is not enough, there is a need for behavior change communication.

One of the male participant in Sunsari said “*Usage of regular pills by females may not be accepted by their family members as it may be a matter of shame*” (22 year male, Sunsari). The researcher's question on the lack of use of condoms even though it was available for free revealed the skepticism of the people towards the quality of the product. *One of the participant said “It's a matter of quality of condoms available in the health facilities, there are chances of it tearing. Since it is available for free, people are skeptical about the quality of the product.”* (19 year male, Student).

Abortion was also found to be used as a method of family planning among young people. When the emergency contraceptive pills were unsuccessful, they would opt for abortion services. Even though abortion is conditionally legal and free in Nepal, young people still prefer to receive services from pharmacies, where pills for medical abortion are available, though

illegally. Since, young people can obtain the pills easily, do not have to discuss the medical situation, and the risk of other people judging them while entering a safe abortion service site is reduced, more and more young people are opting for this illegal abortion services.

The female participants also shared the negative effects of family planning on the health of women. One of the major questions raised in the discussion was *“Why are family planning devices targeted only for women?”* One of the participant shared *“Women menstruate; they handle the whole family herself, why does she have to be the one to use family planning methods.”* (26 year female, Sunsari)

4.1.4 Decision on family planning

The participants shared that the decision of the usage of family planning should be made through discussion and consensus among the couples. However, one of the married female participant in Sunsari highlighted that men are usually the sole decision maker in terms of the type of the family planning medium to be used after marriage, which is similar to what the female participants had shared in Nepalgunj.

“Men say they will use condoms if they had paid for sex .Why would I use condom for my own wife? Men say it’s no fun to have sex with condoms.” (25 year married female)

“When there is no discussion, there is no question of decision. But, the males often offer us to buy after pills the next day, and we have to agree as we usually do not have other alternatives. We do not have time or confidence to go buy contraceptives, so we willingly allow unprotected sex. They buy us the after pill the next day” (19, female, Nepalgunj)



Figure : Group photo with male participants of FGD in Sunsari district

This information was triangulated with male participants and community leaders, and they all agreed that male usually buy the after pills. Since, unmarried women rarely go to store to buy contraceptives, and are dependent on men for the purchase, it can be inferred that the decision is often relied on male. There is a need to include more male in awareness programs related to family planning.

The young people also shared that there is very little to no discussion about family planning among unmarried couples. Since, sex is still prohibited in the society, the young people have to wait for opportunities to have consensual sex.

So, wherever they see the opportunity, they have sex, which often is unprepared and so the sex ends up being unsafe.

"We are often unprepared for sex, and do not carry contraceptives. We cannot carry contraceptives at other times because our friends would tease us. We have to be careful that our parents don't know about it. So, carrying a condom at all times is not possible at all." (18 year male, Nepalgunj) Even the females shared that they would have a negative perception towards anyone carrying contraceptives, because pre-marital sex is not allowed in the society. However, the married women shared that it is easier to discuss family planning within marriage, and they had a discussion regarding the method to be used.

However, the myth associated with contraceptives did exist. For eg: condom and IUD do not give sexual satisfaction, vasectomy makes a man weak, and the patriarchal perception led to women using family planning. Pills and Depo Provera Injection are the most commonly used methods, which is similar to what women use throughout the country.

4.1.5 Access to services

The attitude of the service providers was highlighted as a major hindrance for accessing the services. The participants shared that the attitude of the service providers was judgmental and not youth friendly when young people sought family planning services. Unmarried young people seeking FP services were often treated with suspicion and the service provider were biased towards them.

"When I went for check-up, the doctor suspected that I was sexually active and pregnant. He asked me to do a series of tests amongst which was a pregnancy test as well. The doctor did not inform me about the pregnancy test and I felt bad that he had asked me to get the test without informing me." (19 year female, Nepalgunj)

A male participant even shared his experience on going to buy a condom *"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)*

The male participants in Nepalgunj shared that they go to doctors with SRHR concerns rarely. They are hesitant to share their concern if there is a female attendant. *"If there is a female nurse at the hospital, we give them hints and gestures, and she transfers us to a male doctor"* (19, male, Nepalgunj)

One of the participant said *"I had recently participated in a research associated with safe abortion. So I went to the doctor and told him my girlfriend was pregnant then he further inquired me on how, when and where and made the situation very uncomfortable but later a married couple came for the service and they were given a different kind of treatment."* (21 year male, Sunsari)

The opening hours of the gynecology clinic was also not suitable for young people as shared by the female participants in Nepalgunj. *"The gynecology clinic is open only twice a week, and it is often crowded with married females. The time during which the clinic runs is also not favorable*

for us since we have to go to school”, shared a female participant. Though the behavior of the service provider is friendly, youth are hesitant to go because of fear or privacy breach.

So, when the site is not open 24 hours, and it is often crowded, youth are not comfortable to go there for asking for family planning services. Hence, the visits are often for other health problems only, especially related to menstrual health.

“The government has made it easier for people to access FP services but the public doesn’t want to go, especially the unmarried young people. Fear of meeting someone they know at such places has deeply affected service seeking behavior.” (19 year male, Nepalgunj)

4.1.6 The way forward

The participants felt that it was important for everyone to understand the effects of not adopting family planning and how it has consequences on a person’s life. Emphasis needs to be given on the disadvantages of contraceptives and its side effects to ensure that people are not encouraged to use emergency contraceptive pills.

Awareness campaigns need to focus on males and females equally and should be delivered segregating males and females, as shared by majority of the participants. This indicates how both gender not comfortable not are talking to each other about SRHR.

Approaches need to include drama and theatric performance which appeals to people. Practical demonstrations should be shown about the ways to use the products. This shows the current gap in the awareness approaches and how it is essential to go beyond the theoretical approaches.

4.2 Sexual and Gender Minorities

4.2.1 Perception about family planning

It was observed that all the participants were comfortable to talk about family planning. This could be because of the participants have worked in the sector of gender equality and HIV/AIDS.

Family planning was mostly viewed as a method to ensure safe sex and not as something for “spacing the birth of children”, specifically among lesbians and gay. So, the contraceptives were used for safe sex only, and planning spacing wasn’t felt necessary. It could also be due to lack of legal provisions for adoption for third gender couples.

4.2.2 Methods used

People mostly used condoms with lubricant as the family planning method. Condoms were mostly preferred because of their dual protection nature. Other hormonal contraceptives aren’t applicable to homosexual relationships as well. Transmen used oral contraceptives and other hormonal contraceptive devices to enhance their feminine features.

“I used to take oral pills to enhance my feminine features such as for enlarging the breasts. People from my community do the same too. It started to have negative impact on my health and I have stopped using it now. I started to have breakouts, pigmentation, gain weight. Hormonal contraceptives can be easily accessed and can be bought without prescription as well.” (32 year, Transwoman, Kathmandu)

4.2.3 Access to services

The participants said that it wasn't challenging for them to access family planning services. Condoms and lubricants were easily accessible to them through “Blue Diamond Society (BDS)” (an organization for LGBTI in Nepal).

“It's easy for me to go to any pharmacy or medical shop to buy condom. I directly ask for condom and specify the brand that I want. Transgender people face difficulty in accessing family planning services. The service providers think that we are sex workers and treat us differently.” (24 year, Gay man, Kathmandu)

The participants also shared that lubricant wasn't available in the market or was available only at a high price. LGBTI people mostly rely on BDS for the provision of condoms and lubricants. The transgender participant also pointed out the lack of hormone specialist in the country. People aren't informed about the interaction between oral pills with the hormone therapy they are taking. This points out a significant gap in terms of manpower to cater to the needs of LGBTI people.

The researcher also found that LGBTI people face discrimination when accessing family planning services or in general, sexual and reproductive health services. The service providers are not aware about the needs of LGBTI people. Coming from a traditional society, the service providers make fun of LGBTI people, deny them services or avoid even talking with them.

“After finding out that I am a homosexual, the doctors and nurses look at me differently. Before I was a normal patient to them, but after finding my sexual orientation, I am judged and not treated respectfully. Also, when I go to a medical shop and ask for male condom, the shopkeeper gives me a shocked look”. (32 year, Gay man, Kathmandu)

“My friends have shared with me that the attitude of nurses and doctors towards trans people is different. They try to avoid making eye contact with us, whisper when they are around us or go the corner and laugh. My friends have avoided going to the hospital because of such instances.” (32 year, Transwoman, Kathmandu)

4.2.4 The way forward

Strong need towards training the health professionals about LGBTI community and their specific needs was felt by the participants. The participants also felt the need for the inclusion

of LGBTI issues in the school curriculum. Inclusion of such topic will help adolescents identify themselves at a young age and will also instill the knowledge to practice safe sex behavior.

4.3 People with disabilities

4.3.1 Perception about family planning

It was observed that all the participants were comfortable talking about family planning as well as issues related to sexual and reproductive health. Their participation in trainings, workshops related to sexual and reproductive health have made them more open to discuss on such issues. All of the informants shared that such issues were still not discussed out in the open among the people with disabilities.

Family planning was viewed as birth spacing devices by all of the participants and not as “contraceptive devices”. The two unmarried participants shared that they had less knowledge on family planning as they were unmarried.

“I myself am not fully aware of the sexual and reproductive health needs. I am someone who has attended different trainings and workshops even on these issues, yet, I feel I have less knowledge on it. The people with disability in the rural areas where they have no access to such information their situation is even worse.” (39 year female with spinal cord injury)

4.3.2 Methods used

The participants had limited knowledge on the family planning methods used by other peers. *“I think I will have to guess on the type of family planning device being used. I think its pills among the women. (Oral contraceptive pills).”* (Female with blindness, 26 years)

The informant who had physical disability (both her legs were amputated) shared that her husband used natural method of family planning. *“My husband uses natural method of family planning. I considered using norplant but my doctor recommended against it as it may create complications for me.”* (33 year married female with physical disability)

Also, the participant share about how about certain contraceptives cannot be effectively used by people with physical disabilities. *“Since we don’t feel any pain below the spine therefore if any dislocation or something else happens with such externally placed devices than people with spinal cord injury will not feel anything.”* (39 year female with spinal cord injury)

4.3.3 Access to services

All of the participants shared that they faced difficulty while accessing sexual and reproductive health services. They described attitudinal as well as structural challenges while accessing the services. The participants pointed out that the attitude of the health service provider were not friendly and they judged them for being sexually active. Also, the premise of the health facility itself would be difficult to maneuver for people with disabilities. This indicates the gap in

planning while designing the structures for the health facilities and also shows the lack of training provided to the service provider.

“It’s difficult to identify which rooms are where. We have to go to the hospitals along with an assistant. Not everyone can afford an assistant. The problem is graver in terms of rural health facilities.” (26 years female with blindness)

“Firstly family planning topics are not discussed out in the open and when it is concerned with persons with disability then health service providers often say. Even they need these devices. We are often questioned and viewed in such way. Once I went to buy Kamal chaki (vaginal tablets) the pharmacist looked at me in such a way like I’ve committed a murder. Since then I have never gone to buy contraceptive device on my own.” (33 year married female with physical disability)

4.3.4 Privacy related challenges

The participants all expressed that use of assistants by them in their day to day activities definitely interferes with their privacy. *“People even suppress their feelings while using the assistant as there may be a breach of privacy. So there is a requirement of the assistant to be trained.”* (Female with spinal cord injury, 39 years)

4.3.5 Way forward

There is requirement for the sensitization of the people with disability regarding sexual and reproductive health and issues as the stigmas surrounding it still exists and such issues are not discussed out in the open. The participants felt the need that it is necessary for the recognition of the people with disabilities as beneficiary while designing any health programs.

5. Conclusion and Recommendation

Young people have a high unmet need for family planning. Various factors such as stigma around sexual relationship among unmarried people, silence around the topic of family planning, biased attitude of the service providers has hindered young people seeking family planning services. This has led to development of wrong information amongst young people and use of contraceptives without complete information on them. Additionally, due to the biased nature of service providers, young people have been found to be practicing unsafe sex and rely on emergency contraceptives as a fall back plan. The behavior of the service providers is not youth friendly or gender friendly which has affected the usage of services by young people.

This study revealed that the policies developed need to be more inclusive of the needs of LGBT people, young people and people with disabilities, in order to truly ensure that family planning services are accessible to all groups of people.

Hence the following recommendations has been provided:

1. The family planning policies of Nepal should be inclusive of the needs of young people, LGBT people and people with disabilities.
2. The service providers need to be trained and oriented about sexual orientation, the needs of people with disabilities and young people in order to create a favorable environment where young people can access family planning devices easily.
3. The civil society organizations need to expand the horizon of research to identify the needs of sexual and gender minorities, young people and people with disabilities which can be used to generate evidence for policy formulation.

6. References

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7. Annex

Tools for FGD and IDI

Objectives of the study

1. Youth friendly family planning services

The main objective of the study is to generate evidence regarding young people's experience with family planning services in Nepal. Some of the questions this consultation aims to address is as follows:

1. What are the experiences of young people on accessing family planning services?
2. What are the perception of young people towards family planning services currently being delivered in Nepal?
3. What kind of barriers or challenges do young people face in accessing family planning services?
4. What kind of approaches would they like to see being used to ensure easier access to family planning services?

2. Family planning services for marginalized population

The main objective of the study is to generate evidence regarding experiences of people with disabilities and LGBTI community to access family planning services and the quality of service they have been receiving. Some of the questions this consultation aims to address is as follows:

1. What are the experiences of people from LGBTI and people with disabilities on accessing family planning services?
2. What kind of barriers or challenges do they face in accessing family planning services? (attitude of service provider, equipments, infrastructure, IEC materials)
3. What is their access to awareness campaigns, health camps and IEC materials on Family Planning?
4. What innovative approaches would they like to be used in the field of Family Planning?

Tools to be used

1. Youth consultation : FGD with young people, both male and female
2. LGBTI community: IDI with transgender people, lesbian or gay
3. People with disabilities: IDI with visually impaired and people with spinal cord injury

Tool 1A

Guideline for FGD with young people

For this, try to get to respondents who are working in SRHR sector and have procured FP services themselves. In case, these cases cannot be found, try to contact accompanies as

most of the time young people are comfortable sharing their own story as their friend's story.

Respondents

Number of participants: 10-15

Age group: 16 to 25 years

Materials required:

guideline questions, notebook, pen

Logistics:

Venue: Any safe space in the community [Eg: community hall]

Time: 1 hours, preferably after 12 noon

Snacks: Arrange snacks for the participants

Materials required:

Notebook to take notes, Pen, FGD guideline, Loose sheets for each participant, Voice Recorder, registration form

Before the FGD

- Request the partner organization at the district to coordinate appropriate participants and the venue.
- Inform the participants about the time and venue at least 2 days in advance. Convey well to them that they do not need any preparation for the discussion.

Conducting the discussion

- In the beginning, warm up and build rapport with the participants. Help them get acclimatized to the setting.
- Introduce the facilitator and the note taker.
- Explain about the purpose of the discussion and mention clearly about the confidentiality of the discussion.
- Also convey properly that this participation is completely voluntary, they do not need to answer all the questions if they don't want to and can leave the discussion whenever they want.
- Set some basic ground rules such as respect for each other and safe space
- If you plan to do the introduction of the participants, do not record it on the recorder. Give a code to each contestant on a sticky note and record the code only.
- Get verbal or written consent from the participants to record the discussion.
- If you are planning to take pictures, obtain permission from the participants

Discussion questions

1. **Inquire about the background** of the participants [Eg: ethnicity, age, marital status, class, education status, no. of children if any etc.] Note the answers in the

remaining part of the discussion and see if you can find any pattern. This question is optional and do not force anyone to reveal the information if they don't want to.

2. Information about Family Planning

- a. Do you know about FP?
- b. How did you gain information about it?
- c. What family planning methods do you know about?

3. Current usage of FP

- a. What FP methods are currently being used by young people?
- b. What is their motivation behind using those products?

4. Decision on family planning

- a. In a relationship, who do you think is responsible for taking the decision about FP? Why?
- b. What factors come into play when taking such decision?

5. Access to services

- a. Where do young people go to seek FP services?
- b. What is the attitude of the service provider?
- c. How difficult is it to access FP services?
- d. What gaps do they see in the current FP services?
- e. What barriers and challenges do they face when accessing FP services?

6. The way forward

- a. What innovative approaches should be used to reach out to young people on FP?
- b. What changes should be made in the current FP policies?

Tool 1B

IDI with people with disabilities and LGBTI community

Materials required:

Notebook to take notes, Pen, Interview guideline, Voice Recorder, registration form

Respondents

Number of participants: 4-6

Age group: 15-49 years

Materials required:

guideline questions, notebook, pen

Interview questions

1. Enquire about the background of the participants [Eg: ethnicity, age, marital status, class, education status etc.] Note the answers in the remaining part of the discussion and see if you can find any pattern. This question is optional and do not force anyone to reveal the information if they don't want to.
2. Do you know FP? How did you get the information?
3. Were you denied FP service considering your disability or your sexual orientation? If yes, why do you think you were denied of FP?
4. What do you think of the current FP services?
5. What gaps do you see in the current FP services?
6. What barriers and challenges do you face while accessing FP services?
7. What innovative approaches should be used to reach out to young people of FP?
8. What are your recommendations for developing policies that are inclusive to all groups of people?
9. Does your family/ community know about where to access such services? If yes, how did they know? Does it affect you that they know?