

A Note on Family Planning Attitudes and Prevalence in Nepal

RAM SHARAN PATHAK*

The recognition of the need for family planning program as an antinatalist population policy came early in the development process of Nepal. At present, Family Planning and Maternal Child Health Project (FP/MCH) and Integrated Community Health Service Development Project (ICHSD) (government organisations) and Family Planning Association of Nepal (FPAN) (non government organisation) are the three main suppliers of family planning services in the country. They have been supplying both permanent as well as temporary family planning services in the national scale right from their initiation. In this regard, the role of international donor agencies like United States Agencies for International Development (US/AID), United Nations Fund for Population Activities (UNFPA) and United Nations International Children Emergency Fund (UNICEF) cannot also be overlooked.

High infant mortality rate (1981 : 150 per 1000 live births), substantial economic value of children, deep rooted socio-cultural traditions which favour sons, extreme lack of information, education and communication (IEC) facilities, low status of women in society, low literacy rate (1981 : 23.5 percent) wide spread poverty and geographical condition of the country, etc., all constitute the familiar list of restraints in which the family planning program is not an easy activity. But however, given the restraints the little progress that we have achieved so far in terms of knowledge, attitudes and practice (KAP) should not be overlooked. In this regard, the KAP results of Nepal Fertility Survey (NFS) of 1976 and Contraceptive Prevalence Survey (CPS) of 1981 can be put forward (Table 1) to have an idea about the effects of family planning program in the country.

The knowledge of family planning methods (of at least one method) seems to be encouraging, as the percentage of married women having knowledge of family planning methods has increased from 22 in 1976 to 52 in 1981 showing an increase by 136 percent (an increase of 30 percent of married women) in a period of five years (1976-1981). Thus,

* Mr. Pathak is an Assistant Lecturer in Economics at Tribhuvan University, Kirtipur.

Table No. 1
Knowledge, Attitudes and Practice of Family Planning
(Percentage of Married Women)

Knowledge, Attitudes and Practice	1976 (NFS)	1981 (CPS)	Percentage Change
Knowledge of family planning methods	22	52	136
Attitudes to use family planning methods	10	34	240
Practice of family Planning Methods Continuously	2.3	7	157

Sources: I. *Nepal Fertility Survey* (1976). II. *Contraceptive Prevalence Survey* (1981).

it requires motivating those married women (potential users) to adopt family planning methods.

Likewise, both the surveys also solicited informations on the future intention to adopt family planning—an indicator of demand for family planning. In this regard, If the NFS found 10 percent of married women (including former users) intending to use contraception in future, the CPS showed 34 percent of married women desirous to accept the family planning methods if they are provided, thus showing an increase by 240 percent (an increase of 24 percent of married women) in a period of five years (1976-1981). It looks quite encouraging and it necessitates providing family planning services to those already motivated married women.

But regarding current practice of family planning methods, though it has increased by 157 percent (an increase of 4.7 percent of married women) to the level of 7 percent of married women in 1981 from the level of 2.3 percent of married women in 1976, the contraceptive prevalence rate is very low in Nepal as only 7 percent of married women were said to be actually using continuously the various methods of contraception at the time of survey of 1981 (CPS). This proportion is so small that Nepal can be described as having almost a non-contracepting population.

Surveys of married women of reproductive age (15-49) show wide variations in contraceptive use among the countries and the contraceptive prevalence rate of Nepal seems to be very low while compared to the contraceptive prevalence rates of other developing countries of Asia (Table 2).

Thus, in these five Asian developing countries, the contraceptive prevalence rate is found to be highest in China (69) and lowest in Nepal (7).

The table 1 also clearly shows a gap between knowledge, attitudes and practice of family planning methods in Nepal. In regard to attitudes to use the family planning methods, the latest contraceptive prevalence survey of 1981 showed 34 percent of married women desirous of limiting family size, yet the contraceptive prevalence rate was only 7, which reveals the situation of unmet demand for contraception.

Table No. 2
Percentage of Married Women of Childbearing Age (15-49)
Using Contraception (1981)

Countries	Contraceptive Prevalence Rate
China	69
Shrilanka	55
India	28
Bangladesh	19
Nepal	7

Source: *World Development Report, 1984* (Washington, D. C. : World Bank), p. 256.

Thus a sizeable 'unmet demand' for family planning exists in Nepal, which requires special emphasis on the expansion of family planning services so as to meet this unmet need for contraception. But given the present socio-economic framework of the country, it appears, however, that available of birth control devices will not automatically lead to a high level contraceptive use in the near future. This really necessitates to quicken the pace of socio-economic development to assume the greater effectiveness of the family planning program in regard to contraceptive use for birth control in Nepal.

References

1. Nepal Family Planning and Maternal Child Health Project, His Majesty's Government of Nepal (1979): *Proceedings of National Conference on Nepal Fertility Survey, 1976* (Kathmandu, Nepal).
2. Nepal Family Planning and Maternal Child Health Project, His Majesty's Government of Nepal (1982): *A Preliminary Report of the Nepal Contraceptive Prevalence Survey, 1981* (Kathmandu, Nepal).
3. World Bank, *World Development Report, 1984* (Washington, D. C.).

Book Review

Shelton H. Davis, *Victims of the Miracle*, Cambridge University Press, New York, pp. xviii + 205, Price \$ 6 50

Fundamental contention of the present book is that the massive amount of disease, death, and human suffering of Brazilian Indians in the past few years is the economic development policies (or 'economic miracle') by the military government. The building of the Trans-Amazon Highway and its consequent development programs was one part of the highly acclaimed "economic miracle" in Brazil.

Talking about the negative social implications and costs of economic growth the author also attempts to analyse what happens when modern forms of capitalist development begin to penetrate one of the last and largest frontier regions of the Americas. Careful assessment of the human and ecological consequences of neocapitalist development in Amazon region of Brazil and also the long term effects on the delicate ecology of the Amazon rain forest have been made. In other words, the author seems to have accepted the pledge to protect Indians against the destructive effects of frontier expansion and to defend their lives, liberty, and property against extermination and exploitation.

As a result of development programs it took just two years for Brazil (1971 to 1973) to achieve the same export record as Japan had taken six years (1958 to 1964) to produce. Brazilian exports positively exploded during the 1973 economic boom. Thus the "sleeping giant of the Americas" was finally "awake and stretching" 'operation Amazon'-a special five year development program with the capital of \$ 2 billion picked up development inertia. In 1972, Brazil surpassed Japan as the largest borrower from the U.S. Export-Import Bank and was the major debtor nation to the World Bank.

Two opposing models of Indian policy existed in Brazil. The first model advocated that the Indian tribes should be protected by the federal government from frontier encroachments in closed Indian parks and reserves, and be prepared gradually, as independent ethnic groups, to integrate into the wider society and economy of Brazil. On the contrary, the second model was developmentalist in nature and was based on the premise that Indian groups should be rapidly integrated, as a reserve labor force or as producers of marketable commodities, into the expanding regional economies and rural class structures of Brazil.

The formation of cattle ranching frontier in the central Brazil made the Indian tribes who were outside the Xingu National Park, suffer from hunger and disease as a result of

cattle invasions into their traditional hunting territories. Large sums of money borrowed from the World Bank, sudden inflation in world meat prices and great interest of multinational corporations in the region were responsible factors for Indian's sufferings. Commenting upon the negative impact of national agrarian policy, Davis observes, the evidence that every minute one child died in the Brazilian Northeast was mainly because of their export policy that took food away from the domestic market and worsened the already severe pattern of hunger and malnourishment. Davis keeps explaining that major studies of infant mortality, one of the best indicators of a country's nutritional status, provide a clear picture of what the 'economic miracle' in agriculture has meant for the vast majority of Brazilians.

To conclude, *Victims of the Miracle* is a careful account of the social and environmental impact of the Amazon Development Program. The discussion of highway construction, and mining development projects, and the rise of agribusiness in Brazil and the environmental damage caused by the deforestation of the Brazilian Amazon is worth noting. Social and ecological implication of Brazilian development model questions the actual benefits of 'economic miracle' and also questions as to what its consequences have been for the Indian peasants and environment of Brazil. Professor Davis concludes with his analysis of the influence of such development over U.S. foreign policy and impact of foreign military assistance, technological transfers and economic aid on human rights issues in the Brazilian Amazon.

Dept of Economics

Tribhuvan University

Kiripur, Kathmandu, Nepal.

Bishwambher Pyakuryal