

Factors Responsible for the Decline Contraceptive Prevalence rate in Nepal

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Abstract

This study is based on the factors responsible for the decline in the use of contraceptives in Nepal since 2006. The main objective of this study is to identify potentially responsible factors contributing to the reduction of CPR in Nepal. This study is based on a secondary resource. For the purpose of this study, data and information has been collected from various sources such as demographic and health survey reports, published national and international articles and reports in related contexts. The Family Planning Program is a priority program of the Government of Nepal, established with the objective of ensuring that individuals and couples fulfill their reproductive needs and rights using quality family planning methods based on voluntarily informed choices. The use of temporary contraceptives in Nepal has not increased over the past few years and has remained stable rate since 2011 and 2016. This does not mean an overall decline in the prevalence of contraceptives because of the prevalence rate of any method of contraception has increased (53%) in 2016 from 50 percent in 2011 and 48 percent in 2006. Since 2006, the uses percentage of modern contraceptive methods has not increased, this study is focused on the causes of low or stable contraception rate. Still, the current supply of contraceptives has not able to meet the high demand of contraceptive users. The demand for contraceptives was 67 percent in 2016. The reasons for the decline in contraceptives in Nepal could be (a) Spousal Separation (especially in the reproductive age group), (b) increasing use of traditional methods, (c) legalization of abortion and (d) use of emergency contraception. Results show that 47 percent of married women discontinued the use of family planning methods because of their husband being away from home. Similarly, 9.8 percent of married women were traditional method users. After the legalization of abortion, the number of abortions has been gradually increasing over the year and the use of emergency contraceptive pills is also increasing day by day.

Keywords: Family planning, traditional method, abortion, emergency contraception & prevalence rate.

Introduction

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 (Butler & Ellen, 2009). The World Health Organization has defined family planning as “a way of thinking and living that is adopted voluntarily upon the basis of knowledge and attitudes by individuals

and couples to promote health and welfare of the family, which ultimately supports the social development of the nation” (WHO). Family planning can reduce the unmet need for contraceptives and unintended pregnancy, which ultimately helps to improve maternal and child health, empowers women by allowing them to invest more in their children and earn wages outside the home (Family Health Division).

Family planning not only aims to improve the health of women but also helps communities and countries to boost economic growth by expanding a healthy and skillful labour force and allowing them to invest more money in school, health care and infrastructure development. So the ultimate goal of a family planning programme is to improve the quality of people and develop the nation.

In almost all countries of the world, family planning programmes are incorporated as one of the important parts of the health programme. World health organization, USAID, UNFPA and many other INGO and donor organizations have put a lot of effort and resources to access the quality family planning services worldwide, specially focusing on developing countries. The family planning program started in developing countries in the 1960s to enhance the prospects for socioeconomic development by reducing population growth. It is a key public health intervention in developing countries and a component of international development assistance programs for three reasons: demographic, health, and human rights (Seltzer, 2002).

Improving access to family planning services is fundamental to achieving the Sustainable Development Goals (SDGs) because it is strongly related to women’s and children’s health, poverty reduction, education, gender equality, and human rights. Access to family planning contributes up to a 44 percent reduction in maternal deaths and a 21 percent reduction of deaths in children under age five (Tin et. al., 2019). It enhances opportunities for women and girls to attain greater socioeconomic status through education, employment, and empowerment, and accelerates the development of the country by reducing healthcare costs.

With the introduction of family planning programs in developing countries, the concept was introduced in Nepal in the same period of time. From the beginning the Nepal government has implemented various approaches to fulfill the family planning needs of individuals and couples (MoHP, 2017). In 1959, the family planning association of Nepal was established with the began to supplement and complement the national health and population programme. Now, family planning is an integral part of the health system of Nepal.

Family Planning is one of the priority programs of the government of Nepal, Ministry of Health. It is also considered as a component of the 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 (Family Health Division). The aim of the National Family Planning program is to ensure individuals and couples fulfil their reproductive needs and rights by using quality family planning methods voluntarily based on informed choices. The government of Nepal is committed to equitable

and right- based access to voluntary, quality FP services based on all individuals with special focus on hard to reach communities such as adolescents, migrants, slum dwellers, sexual minorities and other vulnerable groups, ensuring no one is left behind. Similarly, the government of Nepal is also committed to strengthening policies and strategies related to FP.

There has been a steady increase in overall contraceptive use since 1996. However, no change in the contraceptive prevalence rate for modern methods since 2006. The Nepal demographic health survey 2016 has revealed that there is no significant improvement in the contraceptive prevalence rate in Nepal compared to five years ago. This implies that Nepal needs to strengthen its family planning program to achieve the country's commitments to global family planning goals and to reach a modern contraceptive prevalence rate of 52 percent by 2020, the target set by the National Health Sector Strategy 2016-2021 (Panta & Panday, 2018)

Various organizations have given special importance to this program. However, the proportion of the contraceptive prevalence rate has not increased as expected (targeted goal of 67% by 2015). The total demand for family planning among married women in Nepal is 76 percent. The met need is only 52.6 percent and the remaining is unmet family planning is still not supplied on the basis of demand. Due to this, the proportion of unmet need of family planning is relatively high. According to Nepal demographic and health survey 2016, 24 percent of married women of reproductive age have an unmet need for family planning (MoHP, 2017).

The contraceptive prevalence rate has declined over the years. The reason for the declining rate could be the change in people's habits of using traditional contraceptive methods. In 2011, 7 percent were traditional method users. This rate has increased to 9.8 percent in 2016. In 2006, only 4 percent of people used this method. There are several reasons for switching or discontinuation and declining rate of family planning in Nepal. The reasons behind the switching or discontinuation and decline of family planning since 2006 is a researchable question. This study has tried to find out the possible reasons for the discontinuation of methods and the low contraceptive prevalence rate in Nepal.

Objectives

The objective of this study is focused on the overall situation of the family planning program and its major indicators towards Nepal and also tries to identify the possible reasons for the low contraceptive prevalence rate in Nepal from 2006 to 2016.

Methodology

This article is based on a secondary data source in nature. The data and information has been collected from various sources for study purposes. Statistics from different Nepal demographic and health surveys, census report, and annual reports from the department of health services and other sources have been used. Similarly, related literature, reports, books from different sources have been reviewed. This study focuses only on the data available prior to 2016.

Results and Discussion

Overall situation of family planning programs in Nepal

Family planning is one of the priority programs of the government of Nepal, with the aim to ensure individuals and couples are able to fulfill their reproductive needs by using appropriate family planning methods based on informed choice. It is also considered as a component of the 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 and the Government of Nepal's commitments to FP2020 (Family Health Division).

Within the new federal context Nepal's government has mobilized resources, improving and enabling the environment to engage effectively with external development and supporting partners, promoting public private partnership and involving non-health sectors (Shrestha et al., 2019). In the newly devolved and federalized structure, Nepal is committed to 'leaving no one behind' and 'reaching the unreached' to accelerate the progress of increasing the number of additional users of family planning by an estimated one million and the proportion of demand satisfied to 71 percent by 2020 and special focus on meeting the family planning needs of adolescents and youth (MoHP, 2015).

There are a number of indicators to measure the progress of family planning programs. The Ministry of Health and Population has selected three major indicators to measure family planning programs such as total fertility rate, adolescent fertility rate and contraceptive prevalence rate. Based on the progress of these indicators, every national health policy and programs has to be formulated to make family planning programs more effective.

Total Fertility Rate

The total fertility rate is one of the major indicators of family planning. It is hypothesized that the higher the use of family planning, the lower the fertility rate. The fertility rate is the average number of children a woman will have during her child-bearing years. Table 1 shows that the TFR has declined markedly in Nepal over time. Between 1996 and 2016, the TFR decreased to 2.3 children (5.1 versus 2.3). The largest decline was observed between 2001 and 2006 (4.1 versus 3.1 children).

Table 1: Trend of Total Fertility Rate, 1996-2016

Year	TFR
1996	5.1
2001	4.6
2006	3.1
2011	2.6
2016	2.3

Source: Nepal Demographic and Health survey report, 2016

Adolescent Fertility Rate

Having children at an early age exposes an adolescent woman to unnecessary risks. Their chance of dying is twice as high as that of a woman who waited until 20 years to begin childbearing (PRB, 2013). Similarly, early childbearing greatly reduces the likelihood of a girl advancing her education and limits her opportunities for training and employment too. The adolescent fertility rate is defined as the number of births per 1,000 women ages 15 to 19. It is a major social and health concern. Teenage mothers are more likely to suffer from several complications during pregnancy and child birth, which be a determinant of the health and child birth of both mother and child (MoHP, 2001).

Table 2: Trend of Adolescent Fertility Rate (Number of births per 1,000 women ages 15 to 19), 1996-2016

Year	AFR
1996	127 *
2001	110 *
2006	98 *
2011	81 *
2016	88 **

Source: Nepal Demographic and Health survey reports 2001, 2006, 2011, 2016

* three-year period preceding to each survey

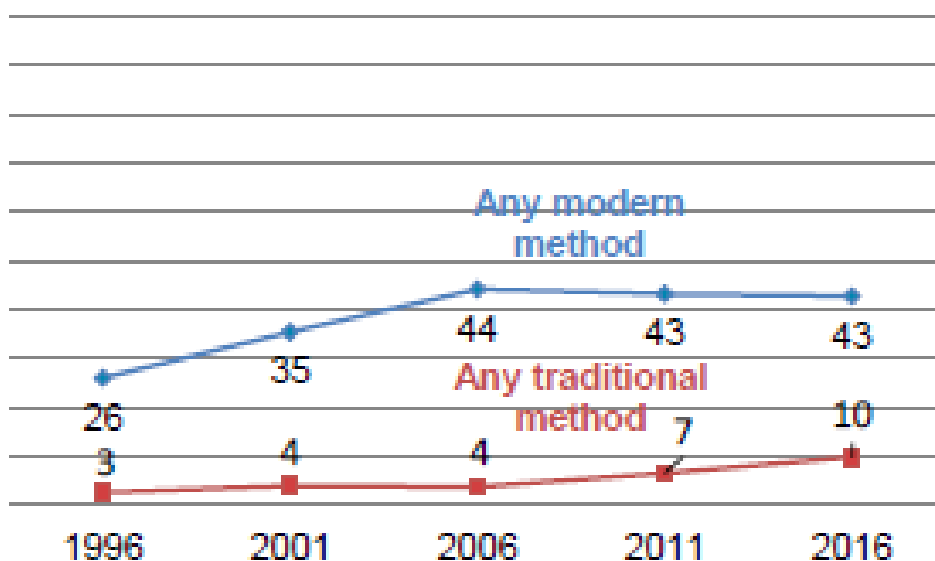
** 5-year periods preceding the Survey

The adolescent fertility rate seems to have been declining in Nepal from 1996 to 2016 (Table 2). Adolescent fertility rate is an important measurement indicator of family planning. The table shows that the decreasing level of adolescent fertility in different periods (three and five years) prior to each survey. The AFR has been decreasing consistently from 1996 to 2011. However, in 2016, AFR seems to be increased compared to 2011. This increase might be due to the measurement prior period to survey. In 2016 AFR has measured to five years prior to the survey.

Contraceptive Prevalence Rate

The contraceptive prevalence rate is the percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception. It is usually measured for women ages 15-49 who are married or in union. Generally, the measure includes all contraceptive methods (modern and traditional), but CPR includes only modern methods.

Figure 1: Contraceptive prevalence rate in Nepal, 1996-2016



Source: Nepal Demographic and Health survey report, 2016

Figure 1 shows that the CPR has been on a steady increase since 1996. However, there has been no change in the contraceptive prevalence rate for modern methods since 2006. That means Nepal needs to strengthen its family planning program to achieve the country's commitments to global family planning goals and to reach a modern contraceptive prevalence rate of 52 percent by 2020 (MoHP, 2017).

Possible reasons of low contraceptive prevalence rate since 2006 to 2016

There are several possible reasons of low contraceptive use from 2006 to 2016 in Nepal. Some of them are discussed below.

Spousal Separation (Husband and wife away from home)

One of the major reasons for low contraceptive use in Nepal may be the spousal separation. Data from the department of foreign labour migrations shows that Nepalese migrate to work in different countries (gulf as well as other countries). The trend of out migration has been highly occurring in Nepal. The National Housing Census 2011 reported that overall nineteen lakh native born people are absentees living out of the countries, majority population of these falls in active reproductive age group (CBS, 2014). Nepal demographic and health survey 2016 revealed that women who are using temporary methods discontinued or avoided family planning method when their husband are away from home (47 %) this number was 40 percent in 2011.

Use of Traditional Methods

Traditional family planning methods like rhythm and withdrawal are less effective than modern methods. Family planning programs do not promote traditional methods. However,

the uses of traditional methods is gradually increasing. Only 2.5 percent of currently married women were using any types of traditional methods in 1996, increasing this number to 9.8 percent in 2016. Although traditional methods are not regarded as a safe approach for family planning. Side effects of devices, failure of devices and less choice among methods can be regarded as causes to reduce CPR of modern methods. Effective counseling, availability to wide variation of contraceptives, less side effect devices may change the behavior of couples and wide communication approaches may help to shift from the traditional method to the modern method.

Table 3: Trend of traditional family panning methods in 1996-2016

Year	Percent of traditional method users
1996	2.5
2001	3.9
2006	3.7
2011	6.5
2016	9.8

Source: Nepal Demographic and Health survey report, 2016

Abortion practice in Nepal

Nepal legalized abortion in 2002 in response to advocacy efforts that emphasized the high rates of maternal morbidity and mortality attributed to unsafe abortions (Ju Wu et al, 2017). So, Nepal's parliament developed and passed the National safe abortion policy 2002 (DoHS,2010/11). Nepal's parliament approved legislation to permit abortion on request during the first 12 weeks of pregnancy for any reason. Abortion also became legal during the first 18 weeks of pregnancy in case of rape or incest and up to any gestation in case of disability, risk to the women's life or fetal deformity (Thapa,2005).

The first government abortion services officially began in March 2004 at the Maternity Hospital in Kathmandu. Services were expanded gradually to other public and private hospitals and private clinics available in all 75 districts. In the government sector, Comprehensive Abortion Care services are extended to the primary health care center level. Due to access to the availability of abortion services, the number of women seeking abortion is increasing every year.

Table: Trends of comprehensive abortion care services users, 2006-2014

Year	Number of safe abortion clients
2006/07	77,235
2007/08	79,378

2008/09	81,000
2009/10	88,938
2010/11	95,306
2011/12	91,696
2012/13	84,011
2013/14	90,468

Source: Journal of Health Research Council, 2012, DoHS, 2011/12, 2012/13, 2013/14

Table 4 shows that the number of women using comprehensive abortion care services in Nepal. Data revealed that the number of abortions increasing in different years. Unintended pregnancies or unwanted babies are the main reasons of abortion. Thus, it is necessary to make family planning services available, accessible and affordable to all women. With proper education about the health hazard of having multiple abortions and good-advised about the temporary methods of family planning, the number of abortions can be decreased. This may increase the contraceptive prevalence rate.

Use of Emergency Contraception in Nepal

Emergency contraception refers to methods of contraception that can be used to prevent pregnancy right after unsafe sexual intercourse. These are recommended for use within 5 days but are more effective the sooner they are used after the act of intercourse (WHO, 2021). Emergency Contraceptive Pills (ECP) play a vital role in averting an unintended pregnancy. This is part of the family planning program which is available in different health services. Although family planning programs do not promote emergency contraception. In Nepal, different brands of emergency contraception are available in the market like Econ, Postionr2, Ipill etc. In June 2009, Nepal CRS company launched the "Econ" are available all over Nepal and Indian brands are also available in the market but the number of sales is unknown.

Table 5: Trends of sales of emergency contraception "Econ", FY 2006 - 2016

Fiscal Year	Emergency contraception "Econ"
2006/07	32,938
2007/08	64,989
2008/09	66,729
2009/10	209,702
2010/11	253,348
2011/12	364,682
2012/13	431,115
2013/14	473,903
2014/15	475,902
2015/16	481,127

Source: *Journal of Health Research Council, 2012 and Nepal CRS Company*

Table 5 shows that the trend of sales of emergency contraception in different fiscal years. The data shows the sales of emergency contraception increased remarkably in the last decade. Sales and distribution of emergency contraception in Nepal appear to be increasing exponentially. According to data provided by Nepal CRS Company, 90 percent of emergency contraceptive sales have been increased distribution in Nepal from 2006 to 2016 and this number has doubled by 2021. In fiscal year 2015/16, Nepal CRS company sold 4, 81,127 packets of emergency contraception in Nepal. The increasing trend of sales and distribution of emergency contraceptive pills available in the market suggests that people are using them as a temporary method of family planning.

Conclusion

Family planning refers to the ability of individuals and couples to expect and obtain the desired number of children and the spacing and timing of their births through the use of contraceptive methods and treatment of involuntary fertility. Family Planning is one of the priority programs of the government of Nepal, Ministry of Health. It is a major component of reproductive health. Improving access to family planning services play a vital and fundamental role in enhancing women's and children's health, poverty reduction, education, gender equality, and human rights achieving the Sustainable Development Goals (SDGs). Access to family planning contributes to a reduction in maternal deaths and under five mortalities. One of the problems is less supply of the required demand of family planning devices poses a high unmet need for family planning, requiring the government of Nepal to pay attention to fulfill the expected supply of the desired demand of family planning devices. Currently, emergency contraceptive pills are readily available in the market with variations of brands with easy availability. Proper counselling of hazards on high use of emergency contraceptives, multiple abortions should be focused to reduce people's health hazards. Therefore, the government should focus on accessibility, affordability, availability, and quality of family planning services in Nepal.

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