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Demographic Characteristics of Family Planning Acceptors in Nepal

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INTRODUCTION

The government of Nepal recognized family planning as a means to birth control as early as 1959 with the establishment of Family Planning Association of Nepal (FPAN), a private organization formed by the combined effort of social workers and physicians under the auspices of Nepal Medical Association. It used to get support from the Pathfinder Fund, a Private Organization. This association is the principal voluntary organization which assists national family planning programmes.

However, family planning in Nepal is historically important from the beginning of the third plan, as it got official support since the fiscal year (1965-66). It is in 1965 that His Majesty the Late King Mahendra in His Royal Address to the Rastriya Panchayat declared, "In order to bring equilibrium between population growth and economic output of the country, my government has adopted a policy of family planning."[1]

In the third plan document, though there was no specific mention of measures to tackle problems arising from population changes, the chapter on health highlighted the importance of family planning in reducing the birth rate. Since contraceptive services were offered though limited to Kathmandu valley initially, through the "Maternal and Child Health Section" of the Department of Health. Nepal was one of only twelve countries to sign a United Nations' declaration of population in 1966, which maintained that family planning is a fundamental human right and an important element in long range national planning.[2]

By late 1968, the family planning programme was formally established by the establishment of a semi-autonomous organization, Nepal Family Planning and Maternal Child Health Project (NFP/MCH Project). This project was charged with the responsibility of providing family planning services besides its function to provide maternal and child health services. This project is responsible for the delivery of family planning and maternal child health services to the entire population of the country.

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Likewise, in the early seventies, a concept of integration in the provision of health services including family planning came into existence. At first, the Integrated Community Health Project (ICHP) was formed on an experimental basis in two districts to provide a framework for the delivery of the primary health care including family planning. In 1980, ICHP was renamed as Integrated Community Health Services Development Project (ICHSDP). This project is at present providing services in 23 districts and in the rest of the districts family planning services are provided by NFP/MCH project.

Thus at present, two governmental organizations namely NFP/MCH project and ICHSDP and one non-governmental organization, FPAN are actively involved in service delivery and expanded population education programmes. They have been supplying both permanent as well as temporary family planning services right from their initiation. In this regard, it is imperative to examine the family planning acceptors along with their nature so that their demographic characteristics is properly assessed.

FAMILY PLANNING ACCEPTORS

The number of couples accepting different methods of contraception on a yearly basis is shown in the following Table 1:

Table 1

Family Planning Acceptors by Methods and Year (1966/67-1983-84)

Year/ Methods	Vasectomy	Laparoscopy	Prop. of Annual Sterilization to Total Acceptors	IUD	Depo-provera	Pills	Condoms	Total Acceptors (New)
1966-67	N.A.	-	-	1806	-	13	33	1852
1967-68	1052	-	20.5	2614	-	200	1256	5122
1968-69	3292	-	42.3	1183	-	1355	1944	7774
1969-70	3888	-	13.1	1109	-	10263	14480	29740
1970-71	4441	-	12.9	711	-	10496	18785	34433
1971-72	3900	-	8.9	1162	-	15868	22908	43838
1972-73	4161	558	7.2	607	-	24056	35713	65095
1973-74	5166	810	6.9	862	25	27141	52075	86079
1974-75	3702	662	4.4	1110	81	26943	65814	98312
1975-76	9169	2162	8.2	1635	152	37640	87876	138634
1976-77	10953	5422	12.9	1149	976	33250	74782	126532
1977-78	12171	7923	11.5	863	1690	44346	107112	174105
1978-79	7009	11208	11.0	1231	1549	37896	106881	165774
1979-80	4277	11130	7.8	1036	1722	44270	134099	196534
1980-81	4802	18040	10.6	1304	2119	49079	140666	216010
1981-82	10398	20167	13.7	1204	3109	48752	139585	223215
1982-83	16493	18507	12.7	1557	4939	66815	166261	274572
1983-84	26311	41428	22.4	1050	5705	63453	164737	302684
Total	131185	138017		22193	22067	541836	1335007	2190305

Source: Annual Reports of Nepal, FP/MCH Project.

The Table 1 shows that between 1966/67 and 1983/84 a total number of 2,190,305 have accepted different methods of family planning. Except for a couple of years 1976/77 and 1978/79, there has been an increasing trend in the number of new acceptors.

The table also shows that among the permanent methods like vasectomy and laparoscopy, laparoscopy has become more popular than the vasectomy in the recent years.

In a male dominant Nepalese society, many males let their wives undergo the process of sterilization instead of having a vasectomy operation on themselves. This could be the reason for the increase of laparoscopy acceptors than the vasectomy acceptors. Another reason may be the bad impression caused by rumours of failure of vasectomy contraception in various parts of Nepal.

If the proportion of sterilization to total annual acceptors is compared though encouraging in the beginning, it declined sharply in 1969/70 to 13.1 from 42.3 in 1968/69. Then there has been a decreasing trend in the proportion year by year till 1974/75. Then from 1975/76, it took again an increasing trend till 1976/77. Then again, it showed a declining proportion till 1979/80. But from 1980/81 onward (except for 1982/83) there has been an increasing trend showing the increasing popularity of sterilization.

The table also shows that in the beginning of the programme, IUD was very much popular. There was one-third increase in IUD acceptors between 1966/67 and 1967/68. At that time, it was the easiest way in preventing births. This increase can be attributed to the following reasons:

1. The simplicity of insertion and removal is one of the advantages of the device.

2. The effectiveness is reasonably high, although side effects are not absent etc.

But gradually in the latter years, the popularity of this method took more or less a falling trend. The reason for this might be the side effects produced by IUDS and thereby the new family planning acceptors continued to be very low as compared to the previous years.

Regarding Depoprovera which is an injectable temporary method of family planning was introduced later in 1973/74. Although the acceptors of this method are increasing, its contribution to total acceptors (new) is only 1 percent.

In case of other temporary methods such as pills and condoms majority of the acceptors use condoms followed by pills and the trend is increasing over the years. This may be due to the popularity of these methods as well as effective and wider delivery of services in most of the districts of the kingdom.

When the contraceptive mix for each year is examined, the table reveals that a major contributing factor in contraceptive mixes has been a large annual increase in condom users followed by pill users. The share of condom users to total acceptors for the period 1966/67 to 1983/84 is more than 60 percent and that of pill is about 25 percent.

CHARACTERISTICS OF ACCEPTORS

An analysis of the characteristics of acceptors of family planning methods is worth carrying out because it helps the programme formulators to find out the potential acceptors. So, now let us see methodwise characteristics of the acceptors.

Pill Acceptors

The following table shows the characteristics of the pill acceptors:

Table 2
Characteristics of Pill Acceptors by Year of Acceptance 1970/71 to 1975/76

Year	Sample Size	Mean Age	Characteristics			
			Av. No. of Living Children	Av. No. of Living Sons	Literacy	
					Illiterate	Literate
1970/71	9458	29.7	3.4	1.9	72.2	27.8
1971/72	10829	29.9	3.6	2.0	75.5	24.5
1972/73	1813	30.0	3.6	2.0	77.8	19.7
1973/74	2015	30.0	3.6	2.0	78.8	18.5
1975/76	2712	30.3	3.6	2.0	83.5	16.5

Source: B.B. Gubhaju, "Chapter on Family Planning", in Status of Population and Development, A Report Submitted to NCP by IDS, Kathmandu, 1986, Table 2, p. 11.

It is evident from Table 2 that the mean age of pill acceptors has remained unchanged at about 30 years throughout the five year period. The table also reveals that the pill acceptors, according to 1975/76 data have an average 3.6 living children of whom 2 are living sons. Further the data of this year shows that over 80 percent of pill acceptors were illiterate, while in 1970/71 less than 75 percent of pill acceptors were illiterate. Thus so far as the literacy rate is concerned, it decreased from year to year for pill acceptors and the number of living children and number of living sons of the pill acceptors are more or less the same throughout the years under consideration.

IUD acceptors

Table 3 presents the characteristics of IUD acceptors.

Table 3
Characteristics of IUD Acceptors by Year of Insertion 1970/71 to 1975/76

Year	Sample size	Mean Age	Characteristics			
			Av. No. of Living Children	Av. No. of Living Sons	Literacy (%)	
					Illiterate	Literate
1970/71	493	30.9	3.9	2.2	75.5	24.5
1971/72	422	30.2	3.7	2.2	68.2	31.8
1972/73	490	30.5	3.8	2.2	65.1	34.9
1973/74	688	30.4	3.6	2.2	62.5	37.5
1974/75	101	30.2	3.9	2.0	67.3	32.7
1975/76	399	29.2	3.5	1.9	61.6	38.4

Source: HMG of Nepal, Ministry of Health, Review of the Delivery of Health Service for Improving Integrated Services Including Family Planning and Maternal Child Health, A Report Submitted by the Secretariat to the HMG Task Force, Kathmandu: HMG of Nepal, 1985, Table 5, p.77 October 1985.

Thus Table 3: shows that the mean age of the IUD acceptors has declined from 30.9 years in 1970/71 to 29.2 years in 1975/76. The mean number of living children declined from 3.9 to 3.5. Likewise, the mean number of living sons also declined from 2.2 to 1.9 between period 1970/71 and 1975/76. It is also worthnoting that in contrast to pill acceptors, there is a tendency towards an increasing proportion of literate women having IUD insertions. In 1970/71, less than 25 percent of women having IUD insertion were literate but this proportion increased to 38.4 percent in 1975/76. Thus, the literacy rate for the IUD increased more drastically in the year 1975/76 than in the preceding years.

Vasectomy Acceptors

The characteristics of vasectomy acceptors by years of sterilization is shown in Table 4.

Regarding vasectomy, it is meaningful to take the age of the spouse rather than that of acceptors. Therefore, in Table 4 mean age refers to that of spouse and other characteristics refer to that of acceptors. This table shows that the mean age of wife of vasectomy acceptors has declined from 32.0 years in 1974/75 to 31.6 years in 1975/76 and to 30.2 years in 1983/84. Likewise, the average number of living children has declined considerably from 5.4 in 1970/71 to 4.2 in 1983/84 and that of living sons declined from 2.9 to 2.4 between the same periods. On an average, nearly 65 percent of vasectomy acceptors are literate, which is more or less same for several years. Thus more literate are found to follow this method.

Table 4

Characteristics of Vasectomy Acceptors by Years of Sterilization 1970/71 to 1983/84

Year	Sample size	Mean Age	Characteristics			
			Av. No. of Living Children	Av. No. of Living Sons	Literacy percent	
					Illiterate	Literate
1970/71	3270	-	5.4	2.9	34.5	65.5
1971/72	2780	-	4.9	2.8	35.1	64.9
1972/73	1153	-	4.6	2.8	32.3	67.7
1973/74	1759	-	4.7	2.8	31.0	69.0
1974/75	100	32.0	4.8	3.0	34.0	66.0
1975/76	1361	31.6	4.7	2.8	37.0	63.0
1983/84	15059	30.2	4.2	2.4	-	-

Source: B.B. Gubhaju, "Chapter on Family Planning, in Status of Population and Development, A Report Submitted to NCP by IDS, Kathmandu, 1986, Table 4, p. 13.

Laparoscopy Acceptors

This method was started in Nepal in 1972/73. The increasing trend of the acceptors of this method is an indication of its popularity. The number of laparoscopy acceptors up to 1983/84 was 148017 in comparison to 131186 vasectomy acceptors (See Table 3).

Table 5

Characteristics of Laparoscopy Acceptors, 1973 to 1983/84

Year	Sample size	Mean age	Chracteristics			
			Av. No. of Living Children	Av. No. of Living Sons	Literacy percent	
					Illiterate	Literate
1973	213	33.3	5.4	2.9	-	-
1974	248	32.2	4.8	2.8	91.0	9.0
1974/75	542	33.5	4.7	2.7	80.4	19.6
1975/76	551	32.5	4.8	2.6	69.8	30.2
1976/77	3757	31.8	4.6	2.7	79.5	20.5
1983/84	23191	29.8	4.0	2.4	-	-

Source: B.B. Gubhaju, "Chapter on Family Planning", In Status of Population and Development, A Report submitted to NCP by IDS, Kathmandu, 1986, Table 5, p. 14.

Table 5 shows that the mean age of laparoscopy acceptors declined from 33.3 years in 1973 to 29.8 in 1983/84. Between these periods, the average number of living children and that of living sons also declined from 5.4 to 4.0 for the former and from 2.9 to 2.4 for the latter. With regard to literacy, the proportion of literate women using this method has increased from 9 percent in 1974 to 20.5 percent in 1976/77.

Now from the foregoing analysis of characteristics of acceptors, it is worthnoting that the tendency towards declining mean age, average number of living children and sons are all important to assume the greater effectiveness of family planning programme. It is because, the programme will not be effective, if the couple adopt any type of contraceptives in their late thirties after having half dozen of children.

FOOTNOTES

1. Badri Raj Pande, "History of Population Planning in Nepal", Population: Problems and Prospects, National Population Year 2041, Nepal, (Office of the Central Committee, Kathmandu 1985), p. 47.

2. Ibid.

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3. Nepal FP/MCH Project (1976/77 - 1983/84): Annual Reports.

4. Tuladhar, J.M., B.B. Gubhaju and John Stoeckel (1978): The Population and Family Planning in Nepal, Kathmandu