

# Family Planning in Nepal: A Review of Its Achievements

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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). This association is the principal non-profit voluntary organization, and also a member of the International Planned Parenthood Federation (IPPF), which has been assisting national family planning programme in collaboration with other government family planning agencies in many districts through mobile services and static clinics.

However, family planning in Nepal is historically important from the beginning of The Third Plan (1965-66). It is in 1965 that His Majesty the late King Mahendra in His Royal Address to the National 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."

In the third plan document though no specific measures were identified to encounter the population problems, the chapter on health highlighted the importance of family planning in reducing the birth rate. Soon contraceptive services were offered, though limited, initially in Kathmandu valley through the "Maternal and Child Health Section" of the Department of Health. Nepal was one of the only twelve countries to sign United Nations' declaration of population in 1966, which accepted that family planning was a fundamental human right and an important element in long range national planning (Panday, 1985:47).

In 1968, the government supported family planning programme was initiated with the establishment of a semi-autonomous board called Nepal Family Planning and Maternal Child Health (FP/MCH) Board, which later came to be known as FP/MCH Project, a semi-autonomous implementing agency under the Ministry of Health.

By late 1968, 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 initiated 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 re-named as Integrated Community Health Services Development Project (ICHSDP) and this has been merged recently in Public Health Division (PHD). PHD is another government agency under the Ministry of Health responsible for providing the entire range of basic health services including family planning.

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Likewise, Nepal Contraceptive Retail Sales Company (NCRSC), referred to as the Contraceptive Retail Sales Project when it was first established in 1978, has also been providing family planning services in the country.

Besides FPAN, FP/MCH Project, PHD and NCRSC, there are many other government and non-government organizations which provide information, education, motivation along with actual distribution of family planning methods. And to coordinate these organisations and develop strategy on population matters, a high level government institution called the National Commission on Population (NCP) has been established.

Thus, at present two governmental organizations namely FP/MCH Project and PHD and two non-governmental organizations, FPAN and NCRSC are actively involved right from their initiation in service delivery and expanded population education programmes. The family planning funding under such organizations has most commonly constituted 15-19 percent of the total health expenditure in Nepal (CBS, 1987). The total cost of family planning service delivery by these four main agencies, mentioned above, increased from US \$ 0.4 million in the mid 1970s to about US \$ 2 million in 1982-83 at 1975 constant prices (IDS, 1986). This implies a five fold increase in real cost. Thus, in spite of their increasing role and constant efforts entailing a huge amount of investment for the delivery of family planning services, these agencies have not been able to reduce fertility significantly through their services. For instance, Nepal has still Crude Birth Rate (CBR) of 41 and Total Fertility Rate (TFR) of 5.9 (CBS, 1988) indicating very low performance of family planning services providing agencies in Nepal.

#### ACHIEVEMENTS

As far as the evaluation of the achievements of the family planning service providing agencies are concerned, Nepal Fertility Survey (NFS) of 1976, Nepal Contraceptive Prevalence Survey (CPS) of 1981 and Nepal Fertility and Family Planning Survey (NFFS) of 1986 are the three main surveys concerned. Besides, various surveys like sample vital Registration Scheme (1972-76), Acceptors Follow-up Survey (1973-74), Laparoscopic Follow-up Survey and Knowledge, Attitude and Practice (KAP) Survey (1974-75) have also been undertaken in Nepal. However, NFS, CPS and NFFS are significant studies as they provide more information on national family planning programme in the country.

So far as the knowledge of family planning methods (of at least one method) is concerned, all the three surveys-NFS (1976), CPS (1981) and NFFS (1986) showed encouraging results as they indicated that the proportion of currently married women (aged 15-49), knowing of at least one family planning method increased from 22.1 percent in 1976 to 51.9 percent in 1981 and to 55.9 percent in 1986. Thus it requires motivating these married women (potential mothers) to adopt family planning methods. Although a substantial increase in the percentage of currently married women aged 15-49 years knowing of at least one method of contraception was observed during the period 1976-1981, corresponding increase during the period 1981-86 is only 4 percentage points. At this stage, although it is difficult to assess as to why the increase has not been of similar

magnitude between 1981 and 1986 as it was observed between 1976-1981, however, some plausible reasons could be the underreporting of the knowledge of contraception especially the temporary methods because of failure to employ adequate number of female interviewers and also differences in achieving further increase in knowledge from already a high level of 52 percent. Based on the NCP Survey (1981) data, J.M. Tuladhar (1984) found that the proportion of knowledge of family planning was significantly higher among women who were interviewed by female interviewers than those women who were interviewed by male interviewers.

All the three surveys also solicited information 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. Likewise, NFFS showed nearly half of the younger women below the age of 35 who have heard of family planning and not using contraception at the time of survey, expressed their interest in using contraception in future. This response is undoubtedly encouraging even though it is difficult to predict how many of these potential users will eventually use family planning. If they resort to family planning at high ages then the demographic impact is less likely to be felt. However, all the surveys clearly show that there is a vast unmet demand for contraception. Therefore, prevalence of contraceptive use can be increased by improving the motivational effort and service delivery outlets.

Regarding current use of family planning methods, though it has increased to the level of 15.1 percent of married women aged 15-49, in 1986, the corresponding figures for 1976 and 1981 were 2.9 percent (Ministry of Health, 1977) and 7.8 percent (Tuladhar, 1984) respectively. Looking at the trend of contraceptive prevalence, it has certainly indicated very low contraceptive use in Nepal. This proportion is so small that Nepal can be described as having almost a non-contracepting population.

Likewise basing on three cross sectional surveys NFS, CPS, and NFFS data, Shyam Thapa in his paper "A Decade of Nepal's Family Planning Programme: Achievements and Prospects" (Thapa, 1989:38-52) reviews mainly the findings of those surveys regarding KAP and works done by Tuladhar (1984) as to the impact of the programme on fertility. Thus most of the available information on the overall achievements of the family planning service providing agencies suggest their low performance and their achievements in implementing family planning programme unsatisfactory. This is also evident in the assessment of the programme made by Tuladhar. He remarks "Assuming that marriage and breast feeding patterns remained unchanged between 1976 and 1981, the crude birth rate and total fertility rate would have been only five percent higher in 1981 had there been no family planning programme in Nepal. The Coale Trussel Index also shows that the impact of family planning programme has been negligible but fertility control is slightly higher in 1981 than five years before (Tuladhar, 1985:73).

However, high infant mortality rate (108/1000 live births, 1986), substantial economic value of children, deep rooted socio-cultural tradi-

tions which favour poor, extreme lack of information, education and communication (IEC) facilities, low status of women in society, low literacy rate (33 percent, 1987), wide spread poverty and mountainous feature of the country etc., all constitute the familiar list of restraints in which the family planning programme is not an easy activity. Whatsoever, given the restraints, the little progress that has been achieved so far in terms of knowledge, attitudes and practice (KAP) should not be overlooked (Pathak, 1985: 58).

#### CONCLUSION

Thus the basic findings of the family planning surveys and studies show on the one hand a case of sizeable "Unmet demand" for family planning in Nepal, which requires special emphasis on the expansion of family planning services. But, on the other, given the present socio-economic environment of the country, it appears that availability of birth control devices alone will not lead to a high level of contraceptive use and thereby marked decline in fertility. Really it appears that Nepal needs to quicken the pace of socio-economic development to spread as well as make the performance of the family planning service providing agencies more effective and implementation of the family planning programme more pragmatic.

#### SELECTED REFERENCES

- Banister, Judith and Shyam Thapa (1981), The Population Dynamics of Nepal, Papers of the East West Population Institute, No. 78, (Honolulu: Hawaii).
- Gubhaju, B.B. (1986), "Chapter on Family Planning", Status of Population and Development, A Report submitted to National Commission on Population (NCP) by Integrated Development System (IDS), (Kathmandu, Nepal).
- Integrated Development System (IDS) (1983), Reducing Fertility Through Family Planning in Nepal: Cost Benefit Evaluation (Kathmandu: IDS).
- Joshi, P.L. (1975), "Evaluation System of the Family Planning Programme in Nepal", Proceedings of the Workshop Conference on Population, Family Planning and Development in Nepal (Berkeley: California, 24-29 August).
- Ministry of Health, Annual Reports (1985-88), Nepal Family Planning and Maternal Child Health Project (NFP/MCH Project) (Kathmandu: Ministry of Health).
- Ministry of Health (1977), Nepal Fertility Survey, 1976 First Report, Nepal Family Planning and Maternal Child Health Project (NFP/MCH Project), World Fertility Survey (WFS)/Nepal Project (Kathmandu: Ministry of Health).
- (1984), Nepal Contraceptive Prevalence Survey, 1981, Nepal Family Planning and Maternal Child Health Project (NFP/MCH Project), (Kathmandu: Ministry of Health and USA: Westinghouse).

Ministry of Health (1987), Nepal Fertility and Family Planning Survey Report 1986, Nepal Family Planning and Maternal Child Health Project (NFP/MCH Project) (Kathmandu: Ministry of Health).

Pathak, R.S. (1986), "Demographic Characteristics of Family Planning Acceptors in Nepal"; The Economic Journal of Nepal, Vol. 9, No. 2 (Kathmandu: Tribhuvan University, Central Department of Economics), pp. 45-51.

---- (1985), "A Note on Family Planning Attitudes and Prevalence in Nepal", The Economic Journal of Nepal, Vol. 8, No. 2 (Kathmandu: Tribhuvan University, Central Department of Economics), pp. 58-60.

Roy, T.K. and G.R. Rao (1985), An Evaluation of Demographic Impact of Family Planning (India, Bombay: Himalaya Publishing House).

Thapa, Shyam (1989), "A Decade of Nepal's Family Planning Programmes: Achievements and Prospects", Studies in Family Planning, Vol. 20(1), pp. 38-52 (New York: The Population Council).

Tuladhar, J.M. (1985), "Contraception and Fertility in Nepal", Population: Problems and Prospects, National Population Year 2041, (Kathmandu: Nepal Office of the Central Committee).

United Nations (1979), "Methodology of Measuring the Impact of Family Planning Programme on Fertility" (New York: The United Nations).