

# Contraceptive Use among Reproductive Aged Women of Squatter Slum Areas in Surkhet Valley

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## Abstract

*This paper examines contraceptive use among reproductive aged women of squatter slum areas in Surkhet valley. Nepal has experienced a dramatic increase in contractive use. Fertility rate is a decline in Nepal. The main objective of the study was to examine the socio-demographic background of squatter slum women regarding contraceptive use and to find out the status of contraceptive use. The currently married women of reproductive age (15-49) were interviewed by applying systematic random sampling method without replacement. Sample size was 142 reproductive aged women. Despite intensive efforts from various sectors it is reducing in desirable level. Various studies suggest that fertility is found to be high especially in backwards communities. Squatter slum areas are one of the examples. An attempt is made in this study to find out the general features of these settlements mainly level of contraceptive use and its relation with some selected socio-economic variables. Definitely, environment condition of these settlements is found hazardous. The family planning program in Nepal has been considered a success in a setting without much socio-economic development. With the concerted effort of the government of Nepal and Non-governmental Organizations (INGOs), women are becoming aware of physical health. Contraception prevalence level is not found satisfactory. About half of the eligible couple out of total couples is yet to contraceptive use. Age of the user, age at marriage, child ever born, husband's education, women's education and working status of spouse are positively correlated with the contraceptive use.*

**Keywords:** Contraceptive use, Reproductive-aged, Squatter, Slum Dwellers, Decision-making

## Introduction

Contraceptive use plays a crucial role in women's health by empowering them to make informed choices about their reproductive lives. It helps prevent unintended pregnancies, reduces the risk of maternal morbidity and mortality, and contributes to better physical and mental health outcomes for women and their families. Access to contraception allows women to plan their pregnancies, pursue education and careers, and participate fully in society.

Contraceptives are primarily used to prevent unintended pregnancies, which can lead to a range of health issues, including unsafe abortions. Studies indicate that access to contraception significantly reduces the rate of unintended pregnancies (Guttmacher Institute, 2020).

Worldwide, contraceptive access has increased, yet disparities remain based on region, socio-economic status, and education (WHO, 2021). Cultural beliefs and misinformation can hinder access, particularly in low-income areas.

In Nepal, government initiatives and non-governmental organizations have worked to promote contraceptive use, leading to increased prevalence rates. However, significant gaps remain, especially in rural areas where traditional practices are common (Ministry of Health and Population, 2020).

In Surkhet Valley, the socio-economic challenges faced by women in slum areas greatly impact contraceptive use. Limited healthcare access, insufficient reproductive health education, and societal stigma pose considerable obstacles (Poudel et al., 2019). Local health programs aim to address these barriers, yet ongoing challenges must be tackled to improve outcomes.

**Health Benefits:** Access to contraception can reduce the incidence of unintended pregnancies, leading to improved maternal health outcomes (Bhatta, 2015).

**Economic Empowerment:** Women who can plan their pregnancies are better positioned to pursue education and employment opportunities, fostering economic stability within families (Shrestha et al., 2020).

**Community Well-being:** Smaller family sizes can alleviate pressure on resources, enhancing the quality of life within communities (UNFPA, 2019).

Identifying research gaps regarding contraceptive use among reproductive-aged women in slum areas of Surkhet Valley involves considering various dimensions. Here are some potential gaps:

Limited understanding of local cultural attitudes towards contraception, including traditional

beliefs, stigma, and misconceptions that may affect contraceptive use. Insufficient data on barriers to accessing contraceptive services, such as availability, affordability, and quality of care, especially in slum settings.

Lack of research on the effectiveness of educational programs aimed at increasing awareness and knowledge about contraceptive options and reproductive health.

Need for more in-depth analysis of how socioeconomic status impacts contraceptive choices, including the influence of poverty, employment, and education levels.

Limited exploration of men's roles in contraceptive decision-making and their perceptions of family planning, which can affect women's choices.

Need for evaluations of existing family planning policies and programs to assess their effectiveness and identify areas for improvement in slum contexts.

Limited exploration of how migration patterns (internal or external) affect contraceptive use and access to reproductive health services among women in these communities.

Gaps in understanding the role of digital health technologies in improving access to contraceptive information and services among women in slum areas. (Ghosh, S., & Das, R. 2020).

Addressing these gaps could provide valuable insights for improving reproductive health services and outcomes in Surkhet Valley.

The subject of use of family planning is a hot discussion in a present society. Despite efforts from different institutions that are involved in the promotion and distribution of the means of family planning in the different part of the country, the contraception prevalence rate is yet to be found in desirable level. Observation regarding the use of family planning methods in other country shows that even if the campaign regarding dissemination of knowledge, attitude and practice of family planning programme was started at the same time period there is found lower prevalence in Nepal in comparison to other countries. Therefore, it compels to seek answer -Why is population growth rate unmovngdecline in Nepal? -What are the factors possible for low contraceptive prevalence?

Scholars studying fertility and family planning long ago recognized the need to examine history and social structure Freedman (1975) modeled fertility using the metaphor of a funnel. At the narrow end of the funnel a set of immediate variables drawn from the Davis and Blake (1956) influences fertility, including contraceptive use and age of entry into sexual unions, the latter being a factor that directly shapes exposure to intercourse. These variables are in turn shaped by factors further removed from fertility, such as norms about ideal family size. Even more distant in the funnel are social economic and demographic phenomena such as religious tradition, infant mortality and organized family planning programmes. Factors in the funnel shape both the demand for fertility control-individual-level behaviors and contraceptive use patterns and supply - the availability of means to achieve such control (Simmons, 1992).

There has been a steady decline in the total fertility rate from 4.8 births per women in the 1996 NFHS to 2.1 birth per women in the 2022 NDHS. While the fertility rate has stagnated in urban areas, the decline is prominent in rural areas. Overall, 14% of women age 15-49 have been pregnant, including 10% who have had a live birth, 2% who have had a pregnancy loss, and 4% who are currently pregnant. Teenage pregnancy is highest in Karnali Province (21%), followed by Madhesh Province (20%), and lowest in Bagmati Province (8%). (NDHS, 2022).

In the context of Nepal fertility is decline; population growth rate is 0.92. If this growth rate continues, there will be doubled population within next 75 years (CBS, 2021). The contraceptive prevalence rate is 57% for married women age 15-49 – 43% use a modern method & 15% use a traditional method and Nepal has committed to reaching a modern contraceptive prevalence rate (mCPR) of 70% by 2030, up from 48% in 2016, and has set a target of reducing unmet needs for family planning to 10%

or less. (NDHS, 2022). Therefore, there is an urgent need of assessing family programme to curb down the rapid population growth of Nepal by applying different models, approaches developed by different scholars. Though family planning programme in Nepal was initiated in 1959 there is not found satisfactory achievement as in the countries where similar programmes were launched in the same time period. Definitely there should be improvement in socio-economic, religious and demographic sectors to get desirable result in population sector. Old untimely, traditional conservative norms, thought and feelings should be removed to develop rational attitude in the present society. New ideas, thought and behavior should not be accepted blindly in the name of modernization. Whatever change occurs in the society that should be scientifically based with rationality. The programme should be judged from above mentioned point of view. To discuss the matter of contraception and family planning we should not ignore situation and reality of the present society. Most of the Nepalese youths enter into marriage life and experience physical contact when they are in their teens. Nepal Health Survey 2022 reveals the fact that the rural women marry at a younger age than urban women (17.9 years compared to 18.5 years). Men tend to marry later than women; the median age at first marriage for men age 25-49 is 22.3 years. The median age at first sexual intercourse is 18.3 years among women age 25-49, and 20.7 years among men of the same age. This fact clearly indicates the need of using family planning methods. In Nepal use of contraception seems to be not necessary to control population growth, to maintain birth spacing, prevent unwanted pregnancies, manage infertility and improve overall reproductive health status. The short-term and long-term target is designed related to family planning 4 which are as follows:

To reduce TFR from 2.6 per women to 1.9 per women by the end of 15th 5-year plan and to 1.05 by the year 2030, and

To raise the CPR to 57 by the end of 16<sup>th</sup> plan and to 70 by 2030.

For the succession of above-mentioned targets, various strategies were adopted which includes accessibility and availability of RH/FP services through a combination of static outreach and referral services, mobilizing NGO's and private sector in social marketing, expanding regular year-round and mobile VSC Outreach services; increasing free by having condom boxes at all health institutions; and are supplying pills and distributing condom through FCHVs, etc. For the purpose of assessing accessibility and availability services in socially backward and marginalized area of Surkhet valley, squatter slum is selected for the study. Outcome of the study would be fruitful for the planner working in the field of population management.

With the increase in population in both rural and urban areas, the amount of waste in the population of both places is increasing, and the population is becoming disorganized is a serious problem of the present time. In rural areas, the trend of population development is negative or very weak due to lack of sewerage, taps, systematic toilet water, lack of awareness and construction of kutchha houses. As a result of this, a large number of people are also affected due to common natural disasters and diseases.

Disorganization of urban areas, rapid destruction and exploitation of natural resources, extensive land fragmentation and increasing trend of population development process, high flow of migration, etc., have led to the growth of unsustainable commodities in urban areas. Moreover, the problem of slum dwellers living on government land on the banks of the river in urban areas by building small haphazard houses has been increasing rapidly. Such a settlement can be widely seen on the banks of the Itram river, Khorke river, Neware river in the Surkhet valley. Such a population development, on the other hand, rapidly exploits natural resources. Destroying forests, polluting water by mixing slurry in rivers, fragmentation of land, lack of systematic adjustment of sewage from there increases the incidence of various communicable diseases.

As the poverty rate increases, the per capita income decreases, the problem of unemployment increases, as a result, the landowners and the people of Sukumbasi are living their lives by destroying the forest and encroaching on the river banks on the other hand. The construction and development of such settlements lead to a wide range of environmental and other problems. When the forest is destroyed, the forest is destroyed, the wild animals and birds disappear, and on the other hand, the wild animals

attack the people living in that place, causing damage to the wealth. This problem is seen every year in the Tarai region. Deforestation increases the risk of land degradation, loss of pasture habitat, and widespread disturbance of ecosystems.

Following objectives are set in the study about contraceptive use among reproductive aged women of squatter slum areas in Surkhet valley. To examine the socio-demographic background of squatter slum women regarding contraceptive use. To assess the general environmental condition. To find out the relationship of use of family planning and relative importance with some selected demographic and socio-economic variables in influencing contraceptive use among reproductive aged women of squatter slum areas in Surkhet valley.

#### **Methodology**

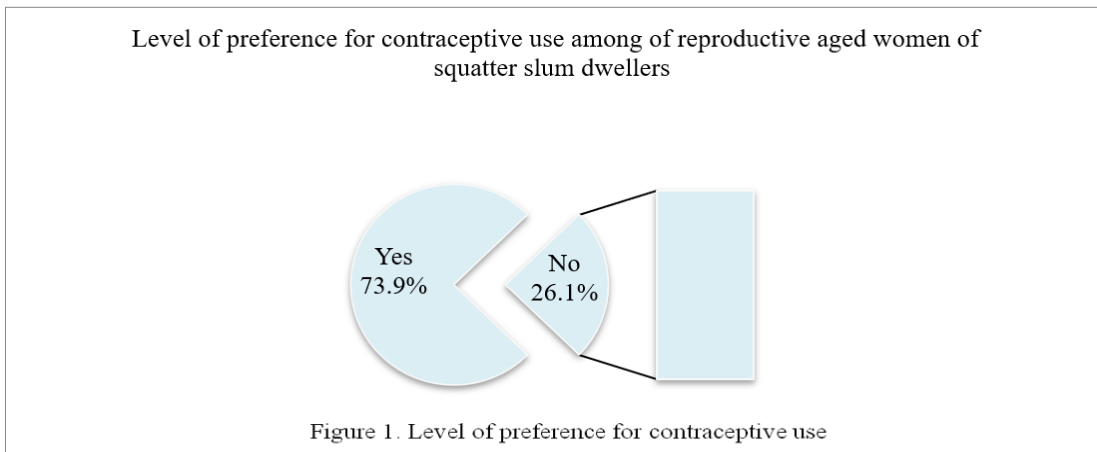
Though the nature of study qualitative both quantitative approaches in this research, only the quantitative research method was used in this study. The study covers the entire field based on the primary data. The data for this study was collected from contraceptive use among reproductive aged women of squatter slum areas in Surkhet valley. The currently married women of reproductive age (15-49 years) were interviewed by applying systematic random sampling method without replacement. Out of the 159 households selected, 142 married women of reproductive age were interviewed successfully. The response rate was 89.3 percent. A set of independent variables were included in the study, namely, the current age of slum women, women's education, religion, cast, preferable contraceptive methods etc. And a set of dependent variables were included in the study, namely, Religion objections, types of place of residence, Access to mass media, husband and wife's rights on decision making process. Only one survey instrument was used in the study the questionnaire. Relevant data on health from primary data were also collected to supplement the primary data and related secondary data sources contraceptive use among reproductive aged women of squatter slum areas in Surkhet valley.

#### **Environment Condition**

Squatter slum settlements are generally concentrated in the riverside and neglected areas of the Birendranagar Municipality, Surkhet. Therefore, majority of the squatter settlements are inconvenient and they have hazardous environment to live in. These areas are lacking basic physical facilities and amenities. Out of total observed households from these settlements only 0.8 percent of the households reported to have sewerage facilities. Drainage channels in this area are haphazard and unmade. Open foul-smelling drain flows from other settlements to these areas. It is very difficult to get drainage access during the summer season and this drainage because flooding. It also leads to the formation of stagnant pools where insects can breed and cause disease. Flooding and stagnant poll lead easily to contamination of water supply and spread of water-borne diseases. Most dwellings in these areas have no private toilet of tap water. Out of the total sample household (159), only 35 percent reported that they have clean drinking water. Only 18.1 percent of the total sampled household reported toilet or latrine facilities that they are utilizing. Therefore, these settlements lack toilet which leads people to defecate in open spaces. This also causes health hazards. Out of the total households only 90 percent reported that they have electricity at home. Almost 10 percent of the total sampled households lack electricity. These settlements are unplanned and densely built up so that access to vehicles is very difficult. Ways are unmade, they are dirty in winter and dry season and muddy and slippery in wet and rainy summer season. Out of the total household only 45.3 percent reported having road facilities to access. Ways are generally unlit and hazardous at night because of the absence of light. So they sometimes experience violence and crime during night. These people feel very unsafe from the security point of view. Another major problem, of these areas is solid waste management problem. Most of these areas have not solid waste collection center. In general, municipal waste collection authorities take no responsibility for you sent the collection of disposals of solid waste from these areas. Solid waste is dumped wherever it is convenient. These are thrown here and there wherever they like between houses alongside roads and into river and drainage channels. These settlements are also lacking parking and other biological aspects.

### Result and Discussion

There are few studies on contraceptive use patterns among slum dwellers in Birendranagar Municipality, Surkhet of Nepal. The principle contribution of this study is to drive up the understanding of contraceptive use and method choice among urban poor living in the slum using representative NDHS conducted in 2022. This study focused on respondents preferred contraceptive for birth control and six major contraceptive methods: Implants, Pills, Injections, Condom, IUCD, and Sterilization. Findings showed that majority respondents prefer implants as a preferable method of contraception. The study conducted to examine the use of contraceptive among of Reproductive Aged women of squatter slum dwellers but also examine the socio-demographic background of slum women in a micro level and focused mainly on poor urban slum women. A set of independent variables were included in the study, namely, the reproductive age composition women, women literacy, ethnic composition, use of contraceptive methods etc. are the indicators socio-demographic background. Figure 1. Level of preference for contraceptive use among of reproductive aged women of squatter slum dwellers.



Finding showed that in figure 1, from 142 respondents, 73.9% preferred to take contraceptive methods and have preference about it and outcomes. On the other 26.1% of respondents did not prefer any type of contraceptive method for family planning.

#### Age composition

The age composition of a population is defined as the number of people in same age groups within a country. To study population composition, we use a tool called the age-sex pyramid.

Table 1: *Age distribution of contraceptive use among of reproductive aged women of squatter slum dwellers.*

Age group	Number of MWRA	Percent
15-19	11	7.74
20-24	27	19.01
25-29	32	22.53
30-34	29	20.42
35-39	23	16.19
40-44	12	8.45
45-49	8	5.63
Total	142	100.00

Table 1 Findings also explore that respondents age composition is the determining factor for the use of family planning methods and choice of particular method. Therefore, it is relevant to discuss about the

age structure which is given in Table 1. Among the respondents, 22.53 percent of women were of age 25-29, 20.42 percent were 30-34 age groups. The table indicates that large proportions of MWRAs are concentrated within the 25-39 age groups which account 59.15 percent of the total number of MWRAs. Age group 45-49 contains the lesser proportion of MWRAs which is only 5.63 percent out of the reproductive age (15-49 years).

**Education status of the respondents**

When talking about education people often confuse it with schooling. Many think of places like schools or colleges when seeing or hearing the word. They might also look to particular jobs like teacher or tutor. The problem with this is that while looking to help people learn, the way a lot of schools and teachers operate is not necessarily something we can properly call education.

Table 2: *Percentage distribution of respondents by level of education status*

<i>Level of education</i>	<i>Number of MWRA</i>	<i>Percent</i>
Illiterate	64	45
Literate	42	29.5
Primary	24	17.0
Secondary	6	4.2
SLC and +2	4	2.8
Bachelor	2	1.4
Master degree	0	-
Total	142	100.00

Table 2 Findings also explore that respondent’s majority 45% Illiterate. Education is one of the most crucial indicators of socio-demographic background. Educational status is associated with increasing knowledge developing positive attitude regarding use of family planning methods. Forty-five percent respondents were illiterate and around 29.5% respondents were just literate. Only 17.0 percent and 4.2 percent respondents had secondary level and primary level education.

**Ethnic Composition**

A group of people who share a similar culture (beliefs, values, and behaviors), language, religion, ancestry, or other characteristic that is often handed down from one generation to the next. They may come from the same country or live together in the same area.

Table 3: *Percentage distribution of respondents by ethnicity/caste*

<i>Ethnicity/Caste</i>	<i>Number of MWRA</i>	<i>Percent</i>
Brahmin	16	11.26
Chhetri	25	17.6
Gurung Magar	33	23.23
Dalit	55	38.73
Other	13	9.5
Total	142	100.00

Table 3 Findings also explore that respondent ethnicity plays vital role in determining concept, attitude and behavior related to different activities. In case of squatter slum settlement these are the main ethnic groups. The Dalit Gurung, Magar and Chheti constitute the majority of the population. In squatter slum settlements, eligible women were 142 interviewed household for the study. Dalit eligible women account 38.73 percent which is higher among all ethnic’s groups and others like Brahmin, Chhetri ethnics group contained lower percent (11.26%, and 17.60). Likewise, Gurung/Magar contained 23.23%, other 9.15% percent respectively.



**Religions of respondents**

Nepal is now a secular state and supports freedom of religion. Hinduism is the most dominant religion in Nepal with 81.34% population, next is Buddhism with 9%, then Islam with 4.4%, Kiratism 3%, Christianity 1.4% and others 0.8%. Majority of the religious structures are related to Hinduism or Buddhism. (Census Nepal, 2021).

Table 4: *Percentage distribution of respondents by religion*

Religion	Number	Percent
Hindu	81	57.0
Buddhist	14	9.8
Christian	47	33.0
Total	142	100.00

Table 4 Findings also explore that the study consisted of 142 respondents of whom 81 are Hindu, 14 are Buddhist and 47 are Christian. It means 57 percent of the total respondents, belongs to the Hinduism, 9.8 percent in Buddhism and 33 percent in Christian.

Figure 2. Decision-making rights on contraceptive use among of reproductive aged women of squatter slum dwellers.

Decision making is the process of making choices by identifying a decision, gathering information, and assessing alternative resolutions.

Finding (figure 2) showed that from total respondents, 80.9% of respondents stated that they have right to taking own decision regarding contraceptive use. 19.1% respondents replied that they don't have the right to choose contraceptive methods without their husbands' consent.

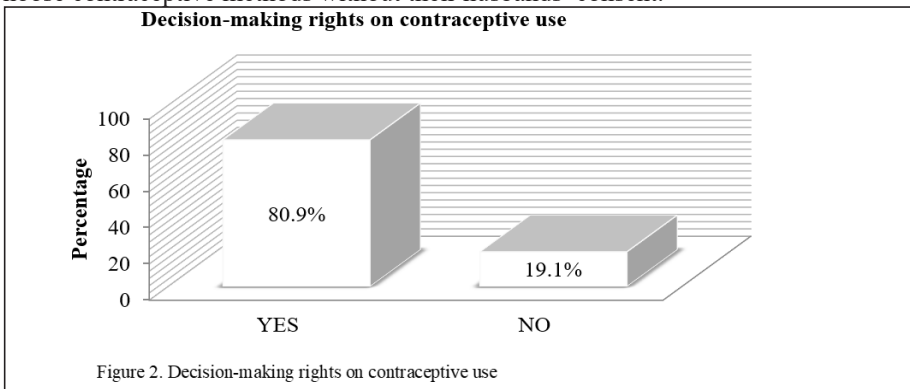


Figure 2. Decision-making rights on contraceptive use

**Current Use of Contraception**

Family planning allows people to attain their desired number of children, if any, and to determine the spacing of their pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility. Contraceptive information and services are fundamental to the health and human rights of all individuals.

Table 5: *Current use of contraceptive use among reproductive aged women of squatter slum dwellers.*

Age	No. of MWRA	Implants	Pills	IUCD	Condom	Injec tables	Sterilization		Anyone Method
							Male	Female	
15-19	11	1.4	1.6	0.1	4.4	6.6	0.0	0.1	28.2
20-24	27	4.8	4.2	0.5	4.4	9.0	0.2	1.7	38.6
25-29	32	6.8	4.8	1.6	5.6	11.8	0.3	6.4	52.1
30-34	29	6.9	5.6	1.8	5.2	11.9	2.5	11.4	61.1
35-39	23	8.3	5.2	1.5	4.6	9.5	4.6	21.9	69.8

40-44	12	5.9	4.7	1.6	2.7	7.6	7.8	25.8	71.1
45-49	8	4.1	2.5	0.8	3.6	3.9	10.9	24.3	63.8
Total	142	12	3	2	2	30	26	14	89
Percent	%	8.4	2.1	1.4	1.4	21.1	18.3	9.8	62.6

Table 5, Findings also explore that respondents age with (15-49) around 8.4% use implants, 2.1% prefer an oral pills, 18.3% use of condom (husband’s method), 1.4% indicates that the overall use of IUCD and condom at least one method of family planning among the reproductive aged women is 62.6 percent which is higher than urban Nepal (40.7%) and rural Nepal (46.8%) according to 2022 NDHS. The table indicates that current use of injection covers 21.1 percent of MWRAs. Male sterilization accounts 18.3 percent and female sterilization accounts 9.8 percent.

Among the temporary methods of contraception injectables is the most popular method followed by pills, Implant and IUCD. Temporary methods are popular in young ages. Overall use or contraception is higher in middle age group which seems reasonable because in young ages use of interception is lower because younger women have not yet achieved their desired family size and older women don't used contraception because or age factor or they may be more traditional compared to younger women. Fecundity also decreased as age of the women increases.

**Conclusion**

Women living in an urban slum, mostly victims of poor and unhealthy environment. Due to lack of proper education, they don’t know self-hygiene and family planning. This study focused on the socio demographic background of squatter slum women and influencing factors of contraceptive use. Squatter slum area is locating in different places around the market area. These areas suffer various environmental disadvantages and lack of basic facilities. Residents have to cope with clogged drains, stagnant ponds poor water supply and inadequate waste and sanitation these problems become worse in hot weather and the monsoon seasons ever year. Therefore further expansion of these settlements must be checked and control To bring the size, distribution and composition of population of these areas contraception prevalence rate must be raised because about half of the eligible couple of these areas are yet to use. Being a inhabitants of Karnali capital city area only 51.1 percent out of the eligible couples are using family planning methods. This study shows that regarding use of family planning methods, there is found positive relationship in all variables mentioned in this study with use of family planning methods except child mortality. These sorts of result suggest that higher age at marriage, further education, involvement in income generating activities is favorable for the increase level of using family planning methods in squatter slum area; however the couples who are experiencing high child mortality have using family planning methods lesser in comparison to other couples in these areas. Therefore child mortality should be reduced to increase the use of family planning methods. These all variables mentioned in this study should be made favorable for the promotion, distribution and use of family planning in these areas through the mobilization of squatter slum communities.

Contraceptive use is essential for women's health, supporting not only individual well-being but also broader public health and socio-economic development. Access to a variety of contraceptive options is crucial for empowering women, improving maternal and child health outcomes, and fostering healthier families and communities. Although the knowledge of at least one modern family planning method is almost universal in Nepal, the knowledge of specific methods such as, ICUD, Implant and especially emergency contraception is very low. This situation is considered to be a major impediment to increase the contraceptive use of these specific methods. The programme therefore needs to give special attention to increase the knowledge of these methods. Likewise, the programme should also include traditional methods in the programme since their knowledge and use is very low compared to modern methods. There are evidences (e.g. Sri Lanka, Bangladesh) that traditional methods could also be effective methods in reducing fertility if used properly. It is therefore the programme should not only be confined to modern contraceptive methods. Even in modern contraceptive use, the contraceptive method mix is not balanced. Although the trend in condom use is encouraging, the data indicate that female methods such as female sterilization and injectables heavily dominate the contraceptive method mix.



Such population growth on the banks of rivers and various open spaces in urban areas will lead to increased water pollution, air pollution, and noise pollution and on the other hand, due to poverty and unemployment, they will participate in non-legal activities such as drug trafficking, sex work, prostitution and the resultant sexually transmitted diseases. HIVThe incidence of AIDS is on the rise. Drug trafficking is the negative effects of social development on the population due to the spread, sale, distribution, use, etc. The following steps are taken to solve this problem. Focusing on rural development and decentralized development the expansion of urbanization. long-term population planning, Preventing the settlement around the river banks and forest forests, development of an integrated development plan, improving basic urban infrastructure services, including waste management in cities and urban-oriented settlements, Clean the river banks in urban areas. to build industries far away from cities and towns.

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