

Characteristics of Consumers of Family Planning Services in Eastern Nepal

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Abstract

Family planning services in Nepal are provided by government and non-government health facilities. A descriptive cross sectional study was done by secondary data review of eight months from Institutional clinic, District Health Office (DHO) Ilam district. Use of different family planning methods through government health facility was studied in relation to different variables like age, sex, ethnicity, and, number of children. Around 53% of the female users of spacing method and around 47% of female users of permanent method were in age group 20-29 years and 25-29 years respectively. The major reasons for removal of IUCD were husband's migration and experienced physical problems. Most of the females doing sterilization were from Disadvantaged Janajati group whereas most of the males doing sterilization were from Upper caste ethnic group. Among females doing sterilization, 70% already had their second live birth baby. Out of the total sterilization performed in 8 months, only 15.15% was done among males. So, there is need of increasing male involvement in Family planning. There is also need of programs to encourage spacing methods among the target population.

Keywords: Family planning, Male involvement, Nepal, Socio-demographic characteristics, Spacing methods

1. Introduction

Family planning is a priority program of government of Nepal and has also been highlighted in the three year interim development plan 2010-2012. The National Family Planning Program also seeks to expand and sustain quality family planning services throughout the health service network, including hospitals, primary health care centers (PHCCs), health posts (HPs), sub-health posts (SHPs), primary health care outreach clinics (PHC/ORCs), and mobile voluntary surgical contraception (VSC) camps (DoHS, 2009). According to Nepal Demographic and Health Survey (NDHS) report, 2011, nearly one in two currently married women aged 15-49 are using any method of contraception, with 43% using any modern method. The most popular modern methods are female sterilization (15 percent) followed by injectable (10 percent). The use of modern contraceptive methods among currently married women increased from 26% in 1996, 44% in 2006 to 43% in 2011, with much of this increase attributed to the rise in use of female sterilization, oral contraceptive pill, condom and injectable (MoHP, New Era and ICF International, 2012). Overall, there has been a 36% increase in the share of temporary methods over permanent methods in the past 15 years (MoHP, New Era and Macro International Inc, 2007).

Though much progress has been made in making family planning accessible and available to people, still Contraceptive Prevalence Rate (CPR) in Nepal is 43% (MoHP, New Era and ICF International, 2012). Across the cultural diversity, the majority of communities in Nepal are patriarchal—a woman's life is strongly influenced by her father and husband—as reflected in the practice of patrilocal residence, patriarchal descent, and by inheritance systems and family relations (CBS, 1995). In a patriarchal society, women derive social status primarily from fertility as carriers of "clan seeds" and mothers of the male progeny. But they have little control over their own fertility or children. In the Hindu tradition, women are worshipped for their fertility, in the exalted status of mother goddess, while infertility is considered a curse (Bennett, 1983). So, information and education messages regarding family

planning and reproductive rights of women should reach the husbands and the families as they are the main decision makers.

As contraception is one of the proximate determinants of fertility, understanding the pattern of service delivery and contraceptive use among married women in Nepal is very important in relation to designing programs and policies to maintain low fertility level. So this research has tried to highlight the major characteristics of family planning service users from government health facilities in the Eastern part of Nepal.

2. Methods and Materials

A cross-sectional, descriptive study was conducted among the family planning service users from Institutional clinic, Ilam from March to May; 2011. Institutional clinic is a part of DHO that provides services related to maternal and child health to most of the people in the district including both temporary and permanent services on family planning. Such services are also provided by the peripheral level health facilities like Health Posts (HPs) and Sub-Health Posts (SHPs) but the number of users receiving the services from the Institutional clinic in the DHO is highest in the district.

In the district headquarter *Hatiya mela* is observed twice a week, where people from different Village Development Committees (VDCs) gather in large numbers for buying and selling locally produced goods. During that time, those who need FP service go to the institutional clinic, which is within 5 minutes of walking distance from the place *Hatiya mela* is observed. In the clinic, family planning register is maintained where record of family planning service users including their major socio-demographic information like age, sex, ethnicity, number of live children etc. are recorded. This data is reported every month to the DHO which is further analyzed to prepare the district annual report.

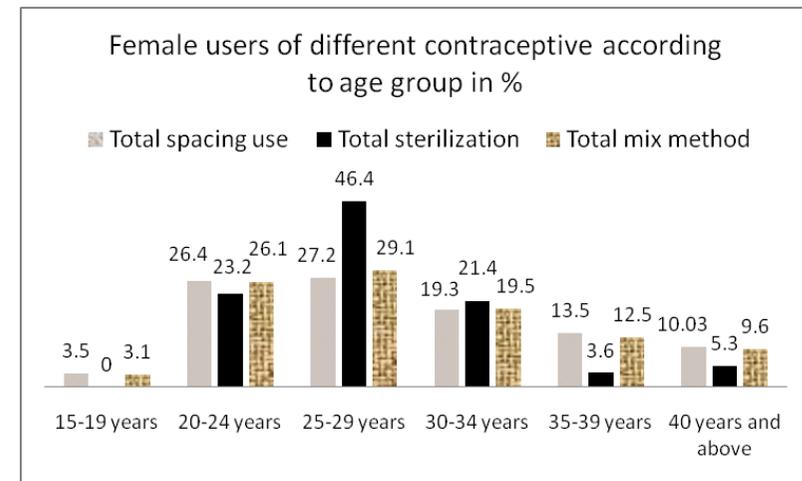
In this study, all the secondary raw data related to family planning services provided by the institutional clinic from July 2010 to

March 2011 was obtained from the family planning register of the clinic. The ethical consent was taken from district health office, Ilam on use of the available raw data related to family planning users in the district. The characteristics of each service user like age, sex, ethnicity, number of live children, type of family planning methods, experienced symptoms, reasons for discontinuation (if any) etc. from the register was entered manually in Microsoft Excel-2007 version. Data analysis was done using SPSS version 14 using descriptive statistics.

3. Findings and Discussion

There were total of 518 females using spacing method (Pills, Depo, IUCD, and Implant) over the 8 months period. Among them, more than half of the users (53.67%) were from age group 20-29 years followed by 10.3% above 40 years and 3.5% less than 19 years. Among 56 female undergone Voluntary Surgical Contraception (VSC), 46.4% were in age group 25-29 years. Similarly, among total female users of mix method (total spacing and VSC), around 45% were in age group 20-29 years. (Fig.1)

Figure1. Percentage of female contraceptive users according to age group



Source: Field Survey, 2011

According to NDHS 2006 (MoHP, New Era and Macro International Inc, 2007), nearly one in two currently married women is using a method of contraception, with 44% women using a modern method which has decreased to 43% in 2011. According to NDHS 2011(MoHP, New Era and ICF International, 2012) the two most popular modern methods are female sterilization (15%) and injectables (9%). In case of Ilam district, 47.39% of currently married women are using a modern method of contraception and the most popular methods are injectables (18.91%), sterilization (13.42%) and Oral Contraceptive Pills (10.28%).

Age is a determinant of FP service use (Oddens, 1997). So use of different methods of contraceptive varies by age. The use is lower among younger and older women because younger ones are in the early stage of family building and most of older women are no longer fecund than among those at intermediate ages. In Nepal current use of a modern contraceptive method is 14.4% among currently married women aged 15-19, rises to around 60% among women age 35-39 and then drops sharply to 48 percent at age 45-49 (MoHP, New Era and ICF International, 2012). In Ilam district, only 3.1% of current users of total mix methods were in age group 15-19 years, 55.2% among age group 20-29 years, 32% in age group 30-39 years and only 10.04% for users at age 40 years and above.

Depo-Provera Users

There were total of 367 Depo users aged 17-58 years with the median age 27 years. Among them, 30 % were in age group 20-24 years and 28.6 % in age group 25-29 years. Among total Depo users 42% were from Disadvantaged Janajati group while 34.1% were from Upper caste group. Very few users were from Disadvantaged non-Dalit Terai caste group and from Religious minorities. (Table 1).The finding is similar to the national finding of NDHS, 2006 i.e. most women using Depo are aged 20-44 years whereas according to NDHS, 2011 Depo use is highest in women aged 30-34 years, followed by 35-39 years.

Table 1. Characteristics of Depo-Provera users (n=367)

<i>Characteristics</i>	<i>Number of users</i>	<i>Percentage</i>
<i>Age group(years)</i>		
15-19	13	3.52
20-24	110	30
25-29	105	28.6
30-34	63	17.16
35-39	44	12
40-44	21	5.72
45-49	9	2.45
50 and above	2	0.54
Total	367	100
<i>Ethnicity</i>		
Dalit	36	9.8
Disadvantaged Janajatis	154	42
Disadvantaged non-Dalit Terai caste group	3	0.8
Religious minorities	1	0.3
Relatively advantaged Janajatis	48	13.1
Upper caste groups	125	34.1
Total	367	100

Source, Field Survey, 2011

Oral Contraceptive Pills (OCPs) Users

There were total 101 Pills users in Institutional clinic in 8 months period. The median age of Pills users was 31 years, ranging from 18 years to 48 years. The modal age was 35 years. Most of the

users (24.8%) were in age group 30-34 years. Similarly, 23.4% of users were in age group 35-39 years. Very few users were in age group 15-19 years and 45-49 years. More than half of the users were from Upper caste group and 30% of users were from Disadvantaged Janajati group. (Table 2). The results are consistent with the data from NDHS, 2011 where pills use was highest among women aged 30-34 years followed by 25-29 years.

Table 2. Characteristics of Pills users (n=101)

Characteristics	Number of users	Percentage
Age group in years		
15-19	3	3
20-24	14	13.9
25-29	19	18.8
30-34	25	24.8
35-39	24	23.8
40-44	11	10.9
45-49	5	5
Total	101	100
Ethnicity		
Dalit	5	5
Disadvantaged Janajatis	31	30
Disadvantaged non-Relatively advantaged	1	1
Upper caste groups	52	51
Total	101	100

Source, Field Survey, 2011

IUCD and Implant Users

In 8 months period there were total 30 users of IUCD in institutional clinic. The IUCD was C380A that works for 12 years. Similarly, there were 20 users of Implant (Jadelle that works for 5 years). There was no more stock of implant in the clinic. The median age of IUCD users was 26 years which ranged from 19 to 46 years. Most of the implant users (43.33%) were in age group

25-29 years while 45% of implant users were in age group 30-34 years. The median age of implant users was 30 years which ranged from 19 to 40 years. IUCDs were mostly used by the upper caste women (53.33% of all users) whereas implants were mostly used by the Disadvantaged Janajati women (85% of all users) (Table 3). According to NDHS, 2006 IUCD use was highest among women aged 20-29 years followed by 35-39 years and implant use was highest among women aged 30-34 years. According to NDHS, 2011 IUCD use was highest among women aged 35-39 years and implant among women aged 35-39 years.

Table 3. Characteristics of IUCD and Implant users*

Characteristics	IUCD (n=30)	Implant (n=20)
Age group (years)		
<20	1 (3.33)	1 (5)
20-24	8 (26.67)	5 (25)
25-29	13 (43.33)	4 (20)
30-34	3 (10)	9 (45)
35-39	2 (6.67)	0 (0)
40-44	2 (6.67)	1 (5)
45-49	1 (3.33)	0 (0)
Total	30 (100)	20 (100)
Ethnicity		
Disadvantaged Janajatis	11 (36.67)	17 (85)
Relatively advantaged	3 (10)	1 (5)
Upper caste groups	16 (53.33)	2 (10)
Total	30 (100)	20 (100)

Source, Field Survey, 2011

* Values in parenthesis are percentages

Removal of IUCD and Implant

There were a total of 21 clients who had visited institutional clinic for removal of IUCD, most of them (28.57%) were from age group 15-19 years followed by 23.81% from the age group 20-24 years.

There were 5 clients who came for removing Implants among which 2 were from age group 20-24 years. (Table 4)

Table 4: Age group of clients removing IUCD and Implant*

Age group (years)	Number of clients removing IUCD	Number of clients removing Implant
15-19	6 (28.57)	0 (0)
20-24	5 (23.81)	2 (40)
25-29	4 (19.05)	1 (20)
30-34	1 (4.76)	0 (0)
35-39	1 (4.76)	1 (20)
40-44	2 (9.52)	1 (20)
45-49	1 (4.76)	0 (0)
Total	21 (100)	5 (100)

Source, Field Survey, 2011

*Values in parenthesis are percentages

The major reasons for coming to remove IUCD were: Migration of husband to abroad for work (28.57%), Manifestation of physical problems like bleeding and abdominal pain (28.57%). Four out of 21 had come after completing the duration of insertion of IUCD. The other reasons for removing IUCD were falling of inserted device and tip being visible. Regarding removal of Implant, 2 out of 4 had come because of side effects and physical problem. One out of 5 had come after doing sterilization. (Table 5). A study done in Kathmandu among the users of IUCD (Thapa et al., 2012) also revealed that experience of side effects has been seen as the major reason for discontinuation of IUCD. The results suggest that side effects after IUCD insertion should be properly discussed and promptly treated to reduce the discontinuation rate. If women's understanding of the importance of follow-up visits was improved, side effects or other problems could be addressed during these

visits which could in turn, result in a greater probability of continuation (EngenderHealth, 2003).

Table 5: Reasons for removing IUCD and Implant*

Reasons	IUCD	Implant
Husband gone abroad	6 (28.57)	1 (20)
Completed course	4 (19.05)	1 (20)
Willing to bear child	3 (14.29)	0 (0)
Physical problem	6 (28.57)	2 (40)
Others	2 (9.52)	1 (20)
Total	21 (100)	5 (100)

Source, Field Survey, 2011

*Values in parenthesis are percentages

Data on Voluntary Surgical Contraception (VSC)

There were total 66 cases undergone VSC in 8 months in the district. Among them 10 were male and 56 were female. The median age of males doing sterilization was 35 years which ranged from 31 to 48 years. Most of the male VSC users were upper caste people (50%)The median age of female doing sterilization was 26.5 years which ranged from 20 to 48 years most of them being 25-29 years of age. Most of the females doing sterilization were Disadvantaged Janajatis (58.9%). Around 70% of the females had done sterilization after giving birth to two children. All males doing sterilization had at least one son but only 70% of them had at least one daughter. Similarly, around 98% of the females doing sterilization had at least one son compared to around 79% of females having at least 1 daughter (Table 6). According to a research done in 1998, (Thapa & Friedman, 1998) female users of tubal ligation of different age group were in different proportion.36% were aged 25-29 years, 25% were in age range 15-24 years and 21% were in age group 30-34 years. Among them 74.5% had at least one son and 68.4% had at least one daughter.

According to NDHS, 2006 most women who are sterilized are over age 30 whereas according to NDHS, 2011 most women who are sterilized are of age 40-44 years.

Family planning is still considered a woman’s responsibility. Many men are reluctant to accept sterilization; 23 per cent think the women become promiscuous if sterilized, while 14 per cent thought it was the women’s responsibility and not theirs (UNFPA, 2007). In Ilam, out of the total sterilization performed in 8 months, only 15.15% was done among male. According to a study done in Nepal, focused group participants expressed fear that men who obtain a vasectomy would experience physical and sexual impotence and would be less able to perform physical labor (New Era, 1988). This might also be the reason for the less involvement of males in the permanent method of contraception.

Table 6. Characteristics of VSC new cases*

Characteristics	Sterilization	
	Male (n=10)	Female (n=56)
Age Group (years)		
20-24	0 (0)	13 (23.21)
25-29	0 (0)	26 (46.42)
30-34	4 (40)	12 (21.42)
35-39	2 (20)	2 (3.57)
40-44	2 (20)	2 (3.57)
45-49	2 (20)	1 (1.78)
Ethnicity		
Dalit	0 (0)	2 (3.57)
Disadvantaged Janajatis	4 (40)	33 (58.92)
Relatively advantaged Janajatis	1 (10)	6 (10.71)
Upper Caste Groups	5 (50)	15 (26.78)
Number of live births		
Two	6 (60)	39 (69.64)
Three	2 (20)	14 (25)
Four	0 (0)	2 (3.57)

Five	1 (10)	1 (1.78)
Six	1 (10)	0 (0)
Number of son/s		
None	0 (0)	1 (1.78)
One	6 (60)	33 (58.92)
Two	4 (40)	20 (35.71)
Three	0 (0)	1 (1.78)
Four	0 (0)	1 (1.78)
Number of daughter/s		
None	3 (30)	13 (23.21)
One	3 (30)	34 (60.71)
Two	2 (20)	8 (14.28)
Three	0 (0)	1 (1.78)
Four	2 (20)	0 (0)

Source, Field Survey, 2011

*Values in parenthesis are percentages

In a study regarding causes of low response for family planning services despite providing wide range of services by Banke Mahila Arthick Swawlamban Sangathan (BMASS) in Banke district in Nepal (Rimal, 2003), it was found that women’s lack of control over fertility and higher number of desired children could have hindered the community’s response to BMASS family planning programs. In the target villages a woman’s fertility was dependent upon the preference of husband and in-laws. The women in general were not empowered to voice their opinion with regards to delaying fertility, spacing child birth and limiting the number of children to be born to them. Higher number of desired children in the target village was the outcome of low cost of child rearing and high benefits from the children.

4. Conclusion

Family planning service is effectively being delivered through public health facilities in Ilam district albeit only 47% of the currently

married women were using a modern method of contraception. More than half of the current users of spacing method were in age group 20-29 years and injectables were the most popular method of contraception. So the service delivery points should take care in meeting the demand of injectables. Data on sterilization and number of son/daughter showed that there is still more preference of son to daughters in Ilam.

Not much data on socio-demographic characteristics of users of family planning service in the district could be obtained as limited variables were recorded in the family planning register. So, recording of more variables would prove important in analyzing service usage from different perspectives. There also needs to be sufficient stock of popular family planning devices in the service delivery points. The research also encourages the need of advocacy to increase male involvement in family planning in the district. Since the study is confined among the family planning users only, no information on unmet needs of family planning was available. Further researches in this area are recommended to explore more detailed and candid evidence on use of family planning methods.

References

- Bennett, L. (1983). *Dangerous wives and sacred sisters: Social and Symbolic roles of high-caste women in Nepal*. New York: Columbia University Press.
- CBS (1995). Population Monograph of Nepal. Kathmandu, Nepal: Central Bureau of Statistics.
- Department of Health Services (2009). Annual Report. Kathmandu: Government of Nepal, Ministry of Health and Population.
- EngenderHealth (2003). Contraceptive use and discontinuation pattern in Nepal: Norplant, IUCD, Pill and Injectables.
- MoHP, New ERA and Macro Int'l (2007). Nepal Demographic and Health Survey 2006. Kathmandu: MoHP, New ERA and Macro Int'l.

- New Era (1988). Factors related to non-use of contraception among couples with an unmet need for family planning in Nepal. Kathmandu, Nepal.
- New ERA, and ICF International (2012). Nepal Demographic and Health Survey 2011. Kathmandu, Nepal: MoHP, New ERA, and ICF International, Calverton, Maryland.
- Oddens, B. J. (1997). Determinants of contraceptive use among women of reproductive age in Great Britain and Germany.II: Psychological factors. *Journal of Bio-social Science* 29(04).
- Rimal, N. (2003). Hindrances to family planning program: findings from Banke. *Rural and Remote Health* 3(227).
- Thapa, S., & Friedman, M. (1998). Female sterilization in Nepal: A comparison of two types of service delivery. *International Family Planning Perspective*, 24(2), 78-83.
- Thapa, S., Paudel, I. S., Bhattarai, S., Joshi, R., & Thapa, K. (2012). Factors Affecting IUCD Discontinuation in Nepal: A Nested Case-Control Study. *Asia-Pacific Journal of Public Health*.
- UNFPA (2007). Gender equality and empowerment of women in Nepal.