



## Nepal and Family Planning: An Overview

### Background

Nepal is a landlocked country constrained by rugged terrain and limited resources. It is also one of the poorest countries in the world. Nepal made the transition from an absolute monarchy to a multiparty democracy in 1990, and has seen 12 governments in the past eight years.

Population growth has led to fragmented land holdings and depletion of forest products. These resources are the livelihood of much of the rural population, which makes up about 88% of Nepal's population. The ratio of population to arable land is one of the highest in the world. Nepal's population of 24 million is growing at an annual rate of 2.1%, and 40% of the overall population is under the age of 15 (see Figure 1). Population density is 179 people per square kilometre.

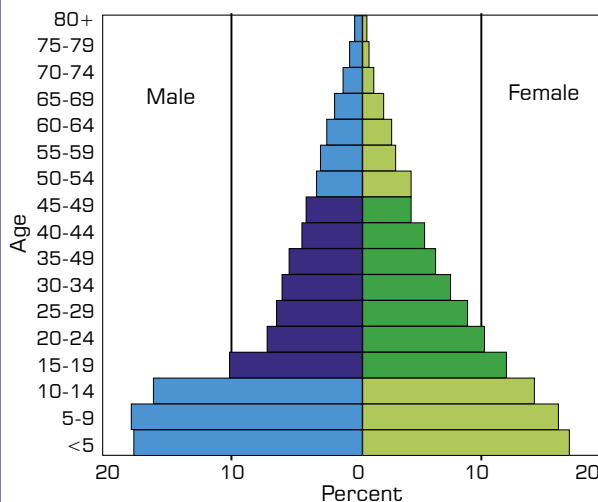
### Situation Analysis

In the early 1970s Nepal had a total fertility rate (TFR) of 5.8. By the late 1990s TFR dropped to 4.8. The government set an objective to reduce TFR to 4.2 by 2002, the end of the Ninth Plan, in an attempt to strike a balance between population growth and economic development. **By 2001 the TFR for Nepalese women was 4.1.** However, there are large differences between fertility levels in urban areas, where TFR is only 2.1, and rural areas. Overall, ever-married women want 2.6 children and ever-married men want 2.8 children. In other words, desired fertility is 1.6 children less than the actual TFR.

There has been an impressive increase in the use of contraception in Nepal over the last 25 years. In 1986 the contraceptive prevalence rate (CPR) was 15%. **By 2001, 39.2% of currently married women were using a method of family planning**, the overwhelming majority for limiting their births. The increase in the use of modern contraception is largely due to the

**A rapidly growing population intensifies demands on basic social services in Nepal.**

Figure 1: Population Pyramid Nepal, 2001



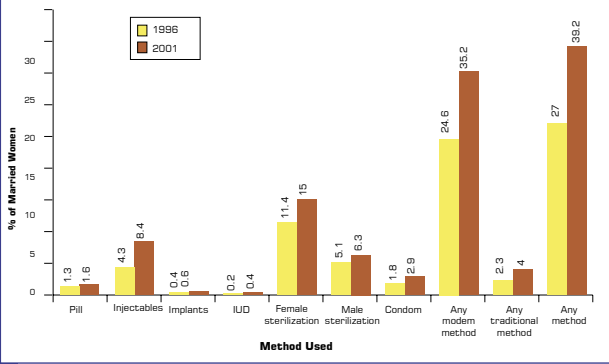
Source: Nepal DHS, 2001

rise in use of injectables and tubal ligation. Use of other modern methods has changed little since 1996 (see Figures 2 and 3).

**The median age at first marriage in Nepal has risen only slightly over the last 25 years**, from 16.1 years among women currently aged 45-49 to 16.8 years among women currently aged 20-24. Overall, the median age at first sexual intercourse among Nepalese women is 16.7, reflecting that **women's first sexual experience usually occurs within the context of marriage.**

While about half of Nepalese women have given birth by the age of 17, **younger women report first use of contraception at lower parities than older women.** Of women currently aged 15-19 who have ever used family planning, 58% initiated use before having any children. This was the case only for 2% of women currently in their thirties.

Figure 2: Trends in Contraceptive Method Use



Source: Nepal DHS, 1996; 2001

Almost a quarter (23%) of births in Nepal occur within 24 months of a previous birth, and the **median birth interval is 32 months**. There is of a long period of breastfeeding (an average of 29 months), with a corresponding period of postpartum amenorrhea (an average of 11 months).

**More than a quarter (28%) of currently married women still have an unmet need for family planning.** More specifically, 11.5% wish to space their births, and

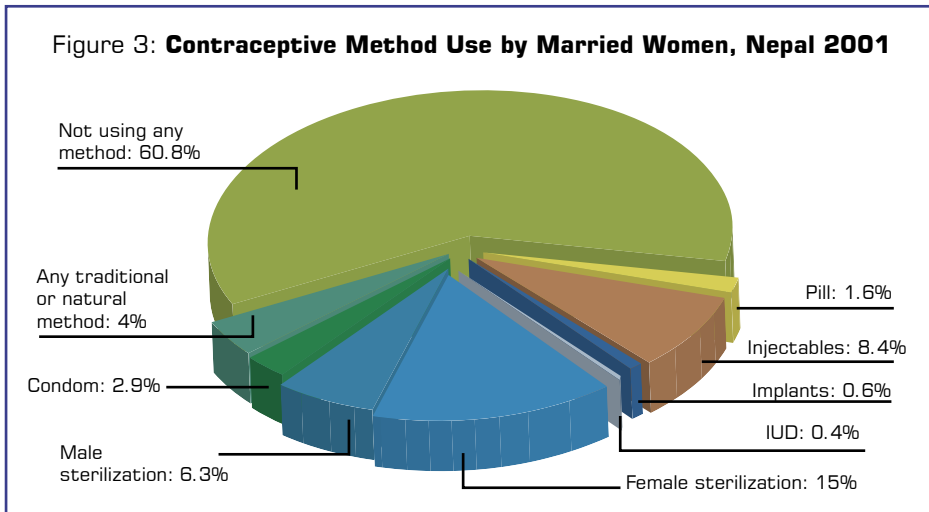
**There has been a shift towards earlier use of contraception in a woman's reproductive life, and towards a delay in childbearing.**

16.5% wish to limit their births. According to available data 29% of women cite method-related reasons for non-use, particularly fear of side effects. In Nepal, counselling for informed choice is weak and less than 40% of current users report being informed of possible side effects with the method they are using. Only one-third were informed of what to do if they experienced side effects, and less than 30% were told of other methods that could be used. Data also shows that 16% of women do not intend to use contraception because they oppose the use of family planning methods.

The establishment in 1993 of a National Health Education, Information and Communication Centre (NHEICC) under the Department of Health was a milestone in **health promotion efforts**. This centre has backstopped important health programmes such as safe motherhood, family planning, immunization, nutrition, and HIV/AIDS with impressive results.

With Nepal's high fertility and gradually declining mortality, the population will remain young and will continue to grow for some time. This has serious impact on limited resources, and consequences for the health sector, particularly family planning services.

Figure 3: Contraceptive Method Use by Married Women, Nepal 2001



Source: Nepal DHS, 2001

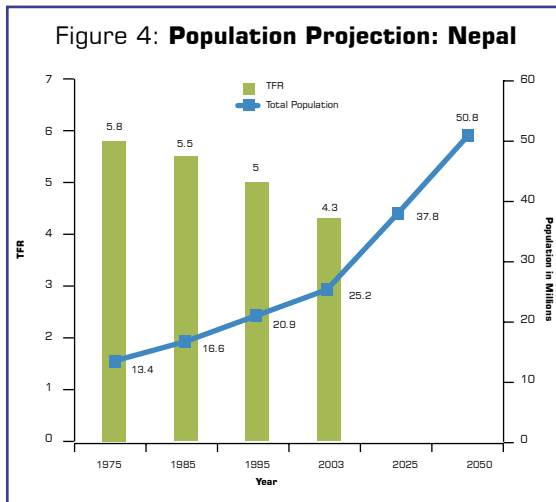


## Current Family Planning Efforts

A National Health Policy (NHP) in Nepal was formulated in 1991 with the objective of enhancing the health status of the population. **The NHP is a comprehensive policy that addresses service delivery and the administrative structure of the health system.** The 9th and 10th Health Plan and the Second Long Term Health Plan (SLTHP) (1997-2017) were developed in line with the NHP.

In 2001/2002, the number of physicians per 10,000 people was 0.54, **illustrating the lack of human resources.** To meet human resource requirements at the primary health care (PHC) level, the training of maternal and child health workers (MCHWs), auxiliary health workers (AHWs) and auxiliary nurse midwives (ANMs) is not confined to the government but also entrusted to training institutes in the private sector. Efforts are also being directed at training female community health volunteers as outreach health workers.

**The public sector  
remains the  
major source of  
contraception in Nepal.**



Source: World Population Policies, 2003

## Key Indicators:

Total Population, 2001 (in millions)	24
Population Growth Rate, 2001	2.1%
Population Density, 2003 (people per square km)	179
Urban Population, 2003	12%
Population <15 years of age, 2002	40%
Total Fertility Rate (TFR), 2002	4.1
Contraceptive Prevalence Rate (CPR), 2001	39.2%
- Pills	1.6
- Injectables	8.4
- Implants	0.6
- IUD	0.4
- Female Sterilization	15
- Male Sterilization	6.3
- Condom	2.9
- Traditional or Natural Methods	4.0
Unmet Need	28%
- For spacing births	11.5
- For limiting births	16.5
Average age at first marriage, 2001	16
Average age at first birth, 2001	16
Crude Birth Rate (CBR) (per 1,000 population), 2003	36.3
Maternal Mortality Ratio (MMR), 1996	539
Infant Mortality Rate (IMR), 2005	64
HIV adult prevalence, 2001	0.5%

**The government provides methods to over 80% of current users.** In addition, 8% of users acquire their methods from NGOs, primarily from the Family Planning Association of Nepal, and 7% get their methods from the private medical sector, largely from pharmacies.

## Challenges and Opportunities

### 1. Structural and political impediments.

Frequent changes of government centralized administration, ineffective management and supervision, difficult geographic conditions, and slow economic growth impede progress in family planning.



**2. Constraints on human resources and capacity.** Nepal continues to experience shortages in personnel and ill distribution of staff due to geographical constraints. Low productivity is related to poor working conditions, low remuneration and limited career opportunities. There are limited national resources for the development of services, and inadequate training of health care providers in communication skills.

**3. Lack of effective coordination.** There is a lack of effective coordination between

government and NGO efforts to maximize the use of resources, monitor IEC activities, and make available IEC materials and expertise.

**4. Insufficient advocacy and IEC activities.** Family planning programmes can increase contraceptive use by enhancing advocacy efforts and the provision of high-quality services. Improved and expanded information and education activities could play an important role in dispelling fears and misconceptions about specific methods of contraception, and contraceptive use in general.

## Sources

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