

## **Understanding Women's Contraceptive Choices in Nepal: The Role of Family and Policy Interventions By Bina Gubhaju**

### **Introduction:**

In Nepal, as a result of the government's concern for reducing fertility in rural areas with a largely illiterate population, both government and non-governmental agencies have heavily promoted the use of sterilization<sup>i</sup>. Since the beginning of the family planning program, method use in Nepal has been highly skewed towards sterilization. This focus of the government's family planning policy on controlling fertility has however limited women's contraceptive choice and reproductive health knowledge. Prior work in Nepal has examined the dynamics of contraceptive use and non-use, but few studies have looked at among the women using contraceptives, the specific methods they have adopted and/or the quality of services provided to women. In part, this is because overall use of contraception in Nepal remains very low<sup>ii</sup>.

However, the contraceptive story in Nepal is changing. In the past decade, the popularity of injectables has been increasing, suggestive of acceptance of a new method and an indication that women are now using contraceptives for spacing births rather than just for stopping births<sup>iii</sup>. Prior studies in Nepal looking at women's contraceptive behavior have shown that most women who want to either space or limit their births primarily do not use contraceptives because of health concerns, particularly from hormonal methods<sup>iv</sup>. A few urban studies in Kathmandu have shown that for women wanting to use a method, not being able to find a suitable method is a main deterrent<sup>v</sup>.

Increasing contraceptive use, particularly in urban areas necessitates research on how and why women choose specific methods. It is important to focus on this group of women since satisfaction with their current method has an influence on their continuation and also on other's contraceptive uptake. Important questions include: Among women who do use contraception why is it that women opt for injectables and sterilization over pills, condoms, IUD's, or implants? Who are the women using injectables vs. sterilization? Given the fear of side effects that women have of temporary hormonal methods, why are the numbers using injectables increasing and why is it that condoms have not been given much preference? While previous studies have found that women's autonomy increases the likelihood of women choosing to contracept<sup>vi</sup> does it also allow women to choose the method most appropriate to her?

Therefore, in this study I propose to examine how women choose between different contraceptive options and how their preferences are related to socio-economic, demographic, and contextual variables as well as issues of women's status and empowerment. Another aspect of this study is to look at indirect influences from the health delivery sector, government and non-government policies regarding family planning and media messages on family planning. The thesis of the study is that women's contraceptive choice and reproductive health knowledge are limited by the government's family planning policy emphasis on sterilization and injectables as well as constraints posed by Nepal's patriarchal family structure and low status of women. Specifically, the research questions are:

1. How do socio-economic, demographic and contextual variables affect women's choice of contraceptives?
2. How are issues of women's status, male domination and family structure in a patriarchal society such as Nepal important in determining women's choice?
3. How much of women's choice is dependent on the health delivery sector and the government's anti-natalist family planning policies? Is it that the government's campaign to reduce fertility in rural areas has created a preference for sterilization and injectables even in urban areas where in reality a wider range of choices are accessible and available?
4. What are the broader implications of women's choice of method for their reproductive health and how does this choice reflect knowledge of reproductive health?

### **Data and Methodology:**

This paper will employ a mixed-method and multiple data set analysis from three sources. Two data sets, The 2001 Demographic and Health Survey of Nepal and the 2003 Contraceptive Acceptance and Use Patterns in Nepal Survey, are used for the quantitative secondary data analysis. Qualitative data was also collected during a four-month period from September to December 2004 in Kathmandu, Nepal. Focus group discussions with married women and men were conducted to understand in-depth the decision making process involved in choosing a specific method, so that the constraints and barriers to women's family planning decisions can be better understood. Three key-informant interviews with policy makers were conducted and relevant policy documents pertaining to family planning and reproductive health were also collected.

### Quantitative Methods

The 2001 Nepal Demographic and Health Surveys (NDHS), which is part of the worldwide Demographic and Health Surveys is a nationally representative cross-sectional survey of ever-married women 15 to 49 years of age. Data were collected from 8,726 women to provide detailed information on fertility, family planning, and reproductive health. The sample used for this study will consist of those women who are currently using a method of contraception (N=3281). The NDHS has detailed information on family planning and other socio-economic and demographic characteristics at the individual and household level. The circumstances under which women are more likely to use sterilization vs. injectables vs. other methods of contraception are examined in this part of the analysis.

While the NDHS is a nationally representative sample with information on broad topics such as fertility, family planning, and maternal and child health, the questions pertaining specifically on contraceptive choice are very limited. The NDHS lacks information on some aspects of contraceptive use such as why people have opted for the method they are currently using or have previously used, reasons for discontinuation, how service quality is affecting contraceptive use. The Contraceptive Acceptance and Use Patterns in Nepal is a follow-up in-depth survey on the use dynamics of four female contraceptive methods: Norplant, IUCD, pill and injectables. Separate surveys were conducted simultaneously for these family planning methods. Descriptive data on the demographic and socio-economic profiles of users of pills, injectables, IUD's and

implants are examined. In addition issues of quality of care and satisfaction of methods will be used in examining contraceptive continuation and method switching.

### Qualitative Methods

Qualitative data was collected during a four-month project in Kathmandu valley from September to December 2004. The location of the field research was in urban areas of the three districts of Kathmandu valley: Kathmandu, Bhaktapur, and Lalitpur. Kathmandu valley was chosen as the field site for collection of qualitative data since it is an area that is well served with health facilities and family planning clinics so that actual distance and availability of services and contraceptive methods will not confound my findings. The three districts of the valley have the highest percent of contraceptive use in Nepal which makes it an ideal place to study variations in method choice. Also, as mentioned previously, the use of injections has been increasing overtime and has now become the predominant method. The acceptance and wide use of an alternative method would be an interesting phenomenon to explore in this context.

Focus group interviewing was the main qualitative method used in the field. A total of 9 focus group discussions were conducted with married women and 2 focus group discussions were held with married men. Participants for the focus groups were recruited at various family planning clinics in Kathmandu. Groups were stratified by education levels<sup>vii</sup>. These discussions elicit the intricacies involved in the decision-making process in choosing a specific method. The findings give a better understanding of the constraints and barriers to women's family planning decisions and the role of family and policy interventions in their decisionmaking.

In addition, three key-informant interviews were conducted: 1) Senior Public Health Administrator, Family Health Division of the Ministry of Health, 2) the Director of the Chhetrapati Family Welfare Center (Gov't/NGO supported clinic in Kathmandu) and 3) the Deputy Chief of the Nepal Family Health Program. Various policy documents were also collected during the fieldwork. This information is used to assess the extent to which the policy environment has affected choice of contraceptives among women.

### **Preliminary Findings:**

Table 1 provides details on women's current use of contraception in 1996 and 2001 by specific methods. Separate statistics for samples of rural, urban and Kathmandu are shown.

**Table 1: Descriptive Statistics for Current Use of Contraception by Method, 1996 & 2001**

Current use of Contraception (NDHS, 1996 & 2001)	Total		Rural		Urban		Kathmandu	
	1996	2001	1996	2001	1996	2001	1996	2001
Year	%		%		%		%	
Female Sterilization	42	38	44	39	33	35	23	18
Male Sterilization	19	16	20	17	12	12	15	6
Injectables	16	22	16	21	18	21	26	38
Pills	5	4	4	4	7	6	12	9
Condoms	7	7	6	7	12	8	10	13
Other <sup>viii</sup>	11	13	10	12	18	17	14	16

Female sterilization in 1996 and 2001 has been the predominant method in both rural and urban areas, followed by injectables. Although a wider range of choices are available and accessible in urban areas, patterns of use are very similar to rural areas. However, in Kathmandu, injectables rather than sterilization is the predominant method. Differences between the results of the 1996 survey and the 2001 survey indicate that the use of injectables has increased in all regions and particularly in Kathmandu it has increased from 26 percent in 1996 to 38 percent in 2001. The percent share of sterilization has decreased slightly in all regions with the exception of urban areas.

To examine how contraceptive method choice differs by socio-demographic characteristics, differences in choice by age and education are examined. Table 3 shows differences by age and education in the urban sample.

**Table 3: Percent distribution of women currently using various methods of contraception by age and education (NDHS, 2001)**

	Age (Urban sample)							Education (Urban sample)			
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	None	Primary	Secondary	Tertiary
<b>Total Sample (N)</b>	<b>16</b>	<b>101</b>	<b>113</b>	<b>158</b>	<b>127</b>	<b>82</b>	<b>58</b>	<b>276</b>	<b>125</b>	<b>218</b>	<b>36</b>
Method											
Pill	6	11	7	5	6	1	0	4	4	8	8
IUD	0	3	3	3	3	0	2	1	0	4	8
Condom	38	11	12	8	4	6	3	4	6	12	25
Injectations	38	41	32	18	16	7	3	19	30	22	11
F. Sterilization	0	13	27	34	53	59	55	52	33	25	17
M. Sterilization	0	3	4	15	9	17	31	11	15	11	3
Implants	0	8	4	4	4	5	0	5	5	2	8
Other	19	11	11	12	8	5	5	4	8	16	20

Age variations show that injectables are popular among the younger cohorts (20-35) while sterilization is common among the older cohorts (above 35). The percent using condoms is highest among women between the ages of 15-19. Thus, the main spacing method used is the injectable and limiting method is sterilization. Differences by education are also observed in method choice. The percent using sterilization is highest among women with no education. Both sterilization and injectables are predominant among women with primary and secondary education. Other methods such as pills, IUD, norplant, and particularly condoms are used primarily by women with secondary education or higher. Also, the percent using other methods is highest among the youngest age group and women with a tertiary education.

### **Qualitative Findings**

An in-depth understanding of how women make contraceptive decisions and the quality of care received by women using family planning methods is revealed in the qualitative findings. Focus group discussions with married women in Kathmandu indicate that there is a tremendous demand for family planning in the urban areas of Nepal. Discussions with both educated and uneducated groups emphasize the importance

of a small family, particularly a two-child norm, and the benefits of spacing. However, accounts of women's experiences with various family planning methods highlight their dissatisfactions with using certain methods, concern over side-effects, and poor quality of services that has contributed to method switching and discontinuation. Many women despite having a need for family planning were reluctant to adopt a method of family planning or discontinued using a method resulting in an unwanted birth. The following participant narrates,

*“ .....when I had my oldest son I started taking the injection after 3 or 4 months. I lost a lot of blood after using it for one month so I stopped and started using the pill. I used that for a year and stopped again because I lost a lot of blood again. Then I got pregnant again. I had my second child and after that I used the condom. But I conceived again and had this child (laughs)”*

Also, many women used a method of family planning only after a first birth, even if they were not planning on having children right after marriage. The following is a comment from an educated woman on her first birth, *“Sometimes the consciousness only comes after having one child. You have one child and then only will you talk about whether or not to use a method. The first child just comes without any planning or discussion.”* There is an unmet need for family planning among those wanting to delay their first birth and increase spacing between births.

## References:

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<sup>i</sup> Thapa, Shyam. 1989. “A Decade of Nepal's Family Planning Program: Achievements and Prospects.” Studies in Family Planning 20 (1): 38-52.

<sup>ii</sup> Contraceptive prevalence rate in 2002 was 39, source: UNFPA, State of the World Population

<sup>iii</sup> Nepal Demographic and Health Survey (NDHS). 2001. Demographic and Health Surveys. Calverton: Macro International Inc.

<sup>iv</sup> Stash, Sharon. 1999. “Explanations of Unmet Need for Contraception in Chitwan, Nepal.” Studies in Family Planning 30 (4): 267-287.

<sup>v</sup> Schuler, Sidney R., E.N. McIntosh, Melvyn C. Goldstein, and Badri R. Pande. 1985. “Barriers to Effective Family Planning in Nepal.” Studies in Family Planning 16 (5): 260-270.

<sup>vi</sup> Morgan, Philip S. and Bhanu S. Niraula. 1995. “Gender Inequality and Fertility in Two Nepali Villages.” Population and Development Review 21 (3): 541-561.

<sup>vii</sup> Due to the difficulty of finding educated women in govt/NGO family planning clinics, two groups of educated (college level) women were recruited outside of the clinic setting.

<sup>viii</sup> Periodic abstinence, withdrawal and other folk methods