

Sources of Family Planning

Nepal



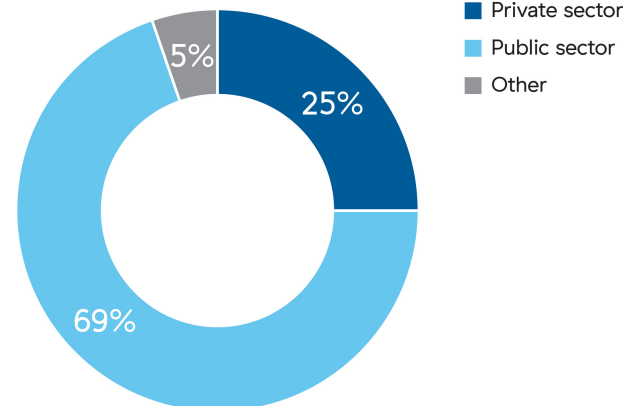
Photo: Jessica Scranton

Understanding where women obtain their family planning methods can help programs to better target their resources and increase overall access to modern contraception. This brief is one in a series of country briefs that examines where women obtain modern contraception by method, geography, age, and socioeconomic status. Through a secondary analysis of the 2016 Nepal Demographic and Health Survey, the brief explains where married modern contraceptive users obtain their method and examines the contribution of the private sector to family planning in Nepal.

Key Findings

- One out of every four modern contraceptive users rely on the private sector for their method.
- 60% of condom users and 41% of pill users obtain their method from the private sector.
- 39% of married adolescent users rely on private sector sources.
- More than one-half of the wealthiest contraceptive users obtain their method from public sector sources.

Source of modern contraceptives



Note: Numbers may not add due to rounding.

This is one in a series of briefs that examines sources of family planning methods in USAID priority countries. View the data at PrivateSectorCounts.org.

Modern contraceptive prevalence rate and method mix

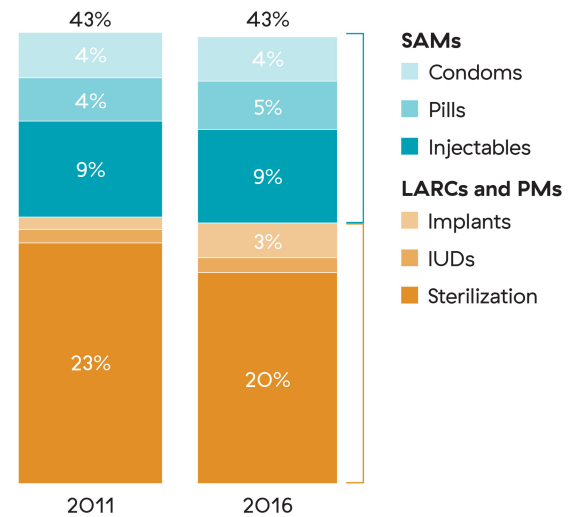
Nearly half (43 percent) of married women in Nepal use modern contraception.¹ Despite a lack of growth in the modern contraceptive prevalence rate (mCPR) between 2011 and 2016, the use of implants did increase slightly (from 1 percent to 3 percent), which was offset by a slight decrease in sterilization (23 percent to 20 percent). Overall, the split between short-acting methods (SAMs, 18 percent) and long-acting reversible contraceptives and permanent methods (LARCs and PMs, 25 percent) did not change.² Sterilization remains the leading family planning method, followed by injectables.

Sources for family planning methods

The public sector is the primary source of modern contraceptives in Nepal (69 percent). A quarter of users rely on the private sector, while 5 percent use other sources.³ Reliance on the public and private sectors did not change substantially between 2011 and 2016.

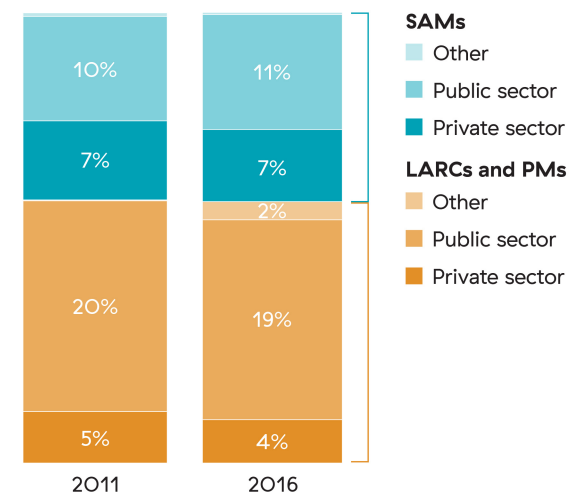
Among the 20 percent of women who are sterilized, 75 percent received the procedure from a public source, 16 percent from a private source, and 11 percent from unspecified “other” sources. Among users of Nepal’s leading SAM—injectables—74 percent use public sources and 26 percent use private sources. While fewer women in Nepal use condoms, 60 percent rely on private sector sources for this method. Forty-one percent of pill users rely on the private sector.

Nepal’s mCPR among married women did not change between 2011 and 2016



Note: Numbers may not add due to rounding.

The public sector is the primary source for both short- and long-acting methods



¹ This brief focuses on married women, given the very small percentage of unmarried women who report using contraceptives in the Nepal Demographic and Health Survey.

² SAMs include injectables, contraceptive pills, male condoms, and fertility-awareness methods. LARCs and PMs include IUDs, implants, and male and female sterilization. Lactational amenorrhea method and “other modern” methods are excluded from this analysis, as the Demographic and Health Survey does not systematically ask women about sources for these methods. This analysis shows which methods women use. It does not reflect which methods women might choose if they had access to all methods.

³ Public sector sources include hospitals, clinics, health centers, health posts, and outreach and community health workers. Private sector sources include hospitals, clinics, and nursing homes; faith-based and other nongovernmental organizations; and pharmacies, Sangini outlets, and shops. Other sources include friends, relatives, and women who did not know or report the source. This analysis shows where women obtained their most recent method. It does not reflect where women might choose to go if they had access to all sources of care.

Private sector sources

Among private sector users, 41 percent obtain their method from a hospital or clinic and 36 percent from a pharmacy or shop. In addition, 24 percent of private sector users rely on nongovernmental or faith-based organizations. The two methods most commonly sought from the private sector are sterilization and condoms. Most private sector sterilization clients received the procedure at a Marie Stopes, Family Planning Association of Nepal, or other NGO clinic (55 percent), while private condom users typically rely on pharmacies (67 percent).

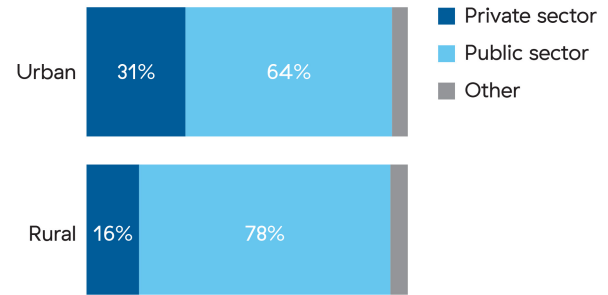
Contraceptive source by geography

Nepal has an equitable mCPR in urban (44 percent) and rural (41 percent) areas, which is unusual compared with global patterns in which the rural mCPR is often lower. Urban contraceptive users are nearly twice as likely to purchase their method from the private sector (31 percent) compared with rural users (16 percent). Private sector use is even lower (7 percent) in the mountain zone of Nepal, which is extremely rural. Contraceptive users in the hill and terai zones rely on private sources at somewhat higher levels (29 and 25 percent). Despite these differences in sources, the mCPR is similar in all three geographic zones, ranging from 42 to 43 percent.

Contraceptive source by age

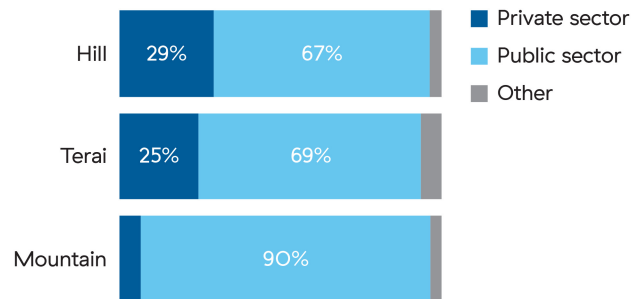
Younger contraceptive users are more likely to rely on private sector sources than their older counterparts. Thirty-nine percent of married adolescent users ages 15 to 19, 35 percent of married users ages 20 to 24, and 24 percent of married users who are 25 or older rely on private sources. The method mix varies across age categories; injectables are the most popular contraceptive among users younger than 25 (38 percent) compared with those 25 and older (19 percent). Sterilization, which is most commonly available in public facilities, is the most popular method among older users (52 percent), while just 11 percent of users ages 20 to 24 are sterilized and, as expected, no women ages 15 to 19 reported being sterilized. The youngest contraceptive users are more likely to rely on condoms (30 percent) compared with users ages 20 to 24 (23 percent) or 25 and older (8 percent).

Urban users are nearly twice as likely to use the private sector as rural users



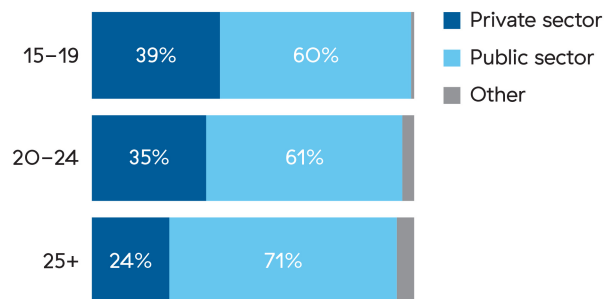
Percent of users in each group who obtain modern contraception from each source

Hill and terai users are more likely to use the private sector than mountain users



Percent of users in each group who obtain modern contraception from each source

Younger users are more likely than older users to use the private sector



Percent of users in each group who obtain modern contraception from each source

Contraceptive source by socioeconomic status

In contrast to global patterns, the poorest and wealthiest Nepali women have equal mCPRs (43 and 42 percent).⁴ Thirteen percent of the poorest and 39 percent of the wealthiest users rely on private sources.

More than 1 in 10 of the poorest contraceptive users in Nepal rely on the private sector



More than half of the wealthiest contraceptive users in Nepal use the public sector



Implications

Nepal has an equitable mCPR across population groups. The country's private sector is an important source for most population segments and represents a critical opportunity to increase contraceptive access and choice. Nepal's government emphasizes the importance of strengthening social marketing and the private sector (MOHP 2015), which is an important source for SAM users, particularly condoms. As married adolescents disproportionately rely on the private sector, increasing contraceptive access and choice through private sources would align with Nepal's focus on scaling up adolescent-friendly services (GON 2017). Currently, the private sector's role in SAM provision (pills and injectables, in particular) is smaller than in other countries, especially in rural areas. Social marketing is one private sector mechanism to increase rural SAM provision. For example, the Nepal CRS Company, a prominent social marketing organization, uses rural field representatives to increase product availability without pharmacies, which are limited in Nepal. There are also opportunities to expand the role of the private sector for the wealthiest Nepali women, many of whom are currently relying on public sources. This strategy could foster a more efficient market in which the private sector helps reach those segments of the population with the ability to pay, leaving public resources for increasing access and choice among the country's poorest women.

References

Government of Nepal (GON). "Family Planning 2020 Commitment."

Ministry of Health and Population (MOHP). 2015. *National Family Planning Costed Implementation Plan 2015–2020*.

⁴ The poorest women are those in the lowest two wealth quintiles as defined by the Demographic and Health Survey's asset-based wealth index. The wealthiest women are those in the top two wealth quintiles.



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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID0AA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan. This brief is made possible by the generous support of the American people through USAID. The contents are the responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.

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