

## POLICY BRIEF

# Access to family planning services in Nepal – barriers and evidence gaps

## YOUNG PEOPLE

This policy brief is based on the findings of a literature review and a stakeholder consultation conducted as part of support to Family Planning in Nepal by DFID and USAID, in partnership with the Family Health Division, Ministry of Health.

The original study is one of a series commissioned in 2014 by DFID and USAID to better understand factors affecting access to, and use of family planning services among selected population groups in Nepal:

- **migrant workers and their spouses;**
- **the urban poor;**
- **young people;**
- **Muslim communities.**

### Positive policies, but persisting challenges

Positive policies are in place in Nepal to help improve young people's sexual health and family planning. The extent to which these policies are implemented (and evaluated) is not always clear from the literature. Available studies suggest, however, that despite the policy focus, young people (aged 10-24) do not generally feel that healthcare facilities provide for their sexual and reproductive health needs, and there is also enduring community and provider resistance to delivering comprehensive sexuality education and sexual health services to young people, particularly those unmarried.

### A need for focused targeting

**Unmarried young people:** Given the extreme social pressure to remain sexually abstinent, it is unrealistic to expect unmarried young people to recognise their need for family planning and access services in a timely way without comprehensive sexuality education. Providing services and information in diverse ways across diverse settings will help to ensure young people are reached even if they do not access services. If such programmes and services are already underway in Nepal, it will be essential to ensure they are evaluated carefully (as this area of the literature is very thin).

The literature suggests that young women – particularly if unmarried – continue to find it very difficult to access services. While it seems likely that a high proportion of sexually active women are underserved, it is unclear how many women are affected, and unlikely to become known given the persisting stigma which can lead to under-reporting.

**Married couples:** Although targeted IEC materials on family planning for birth control/limiting exist, information and messages on the importance of **delaying childbearing** are lacking. These are important given the persistence of early marriage and motherhood.

### Doing more to change ingrained attitudes

Despite the international evidence, the idea of offering family planning to young people is still not well accepted and easily advocated in Nepal. This needs to change. Family planning messages, IEC materials and interventions need to promote the knowledge of, and use of FP methods, particularly long acting reversible contraception (LARC) among young people.

### Engaging young people matters

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) emphasises the importance of individual potential and community engagement to meet the Sustainable Development Goals. These areas are crucial for young people's sexual and reproductive health.

July 2016

**We included in the ‘young people’ group both adolescents (aged 10-19, as defined by WHO) and ‘youth’ (aged 15-24, as defined by the UN).**

**There are limitations in covering such a wide and diverse age group, and even in comparing people of the same age given the varied influence of culture and sub-cultures on values about sexuality.**

Including young people and other stakeholders in planning and running services – as implied by the ‘community engagement’ action area of the Global Strategy – will help ensure young people’s needs are met, that outreach efforts are targeted appropriately, and that strategies are acceptable, feasible, and sustainable.

### **Many research gaps still exist**

1. While there are descriptive accounts of young people’s views on sexual health there is a lack of **in depth studies looking at young people’s own experiences** which could be used to inform programmes. We need more information about the specificities of young people’s lives, covering different age groups and other segmentations (e.g. sex, location, socio-cultural factors) both to identify pocket areas with high unmet need and to ensure programme strategies are targeted and tailored appropriately.
2. There is little **in-depth evaluation** of existing interventions for young people in Nepal, making it hard to identify what ‘works’.
3. There has been a **drop-out in the number of users of youth friendly health services centres**, but the reasons for this are unknown and need to be investigated. Lack of confidentiality has been suggested as a potential issue.
4. In the literature on family planning in Nepal there is little discussion of **sexual violence**, but extrapolating from other country studies this is also likely to be a problem. Far more information is needed about forms of violence including sexual coercion, child abuse and rape, which are likely to disproportionately affect women and girls.

Acknowledging that sexual violence could be a hidden problem is important in itself. While information about sexuality and contraception is crucial, wider social factors can prevent even the best-informed young person from taking steps to avoid unplanned pregnancies. Family planning and sexual health strategies for young people must recognise that not all who are engaging in sexual activity are choosing to do so, and comprehensive programmes should ensure that young people who are having sex are doing so freely and consensually. The stigma attached to young people’s sexual activity may serve to hide sexual coercion (by young people themselves, or by older adults). Any successful strategy should therefore tackle harmful gender norms as well as ensuring that services are delivered in a genuinely ‘youth friendly’ way.

This brief is based on: *Regmi S, Baral SC, Khanal S (2016). Access to family planning services by young people in Nepal: barriers and evidence gaps. A review of the literature. HERD International and Mott MacDonald. Available at [www.herdint.com](http://www.herdint.com)*

Policy brief prepared for the end of project dissemination workshop, July 2016.

HERD International and Mott MacDonald have provided Monitoring and Evaluation services to the Nepal Family Planning Project funded by DFID and USAID.

