MSI's impact on fertility decline in Nepal

PROVIDING CHOICES IN REPRODUCTIVE HEALTHCARE
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by Asma Balal

SUMMARY

From 2001 to 2006, the national total fertility rate (TFR) in Nepal dropped from 4.1 births per woman to 3.1. This reduction was due almost entirely to the drop in fertility rates in rural areas (from 4.4 in 2001 to 3.3 in 2006). The Contraceptive Prevalence Rate (CPR) increased from 39% to 48% during this same period. Rural areas registered the largest CPR increase in Nepal. Notably, abortion was legalised by the Nepalese government in 2002.

Sunaulo Parivar Nepal (SPN) – MSI's Partner in Nepal, has played a pivotal role in bringing about the recent fertility decline. By 2006, nearly one in 10 women reporting modern method contraceptive use did so as a result of SPN's long-term and permanent method service delivery, which includes the provision of intrauterine devices (IUDs), implants, and male and female sterilisations. SPN provided many of these services to hard-to-reach rural communities using clinical outreach teams, contributing significantly to the increase in CPR in these remote areas.

SPN also provided 92,800 safe abortions from March 2004 to June 2007, or 70% of all registered abortions in Nepal. By helping women to avert these 92,800 unwanted births safely, MSI and SPN have helped Nepal to achieve a decline in fertility rates on a national scale.

Introduction

Given the striking decrease in the country's fertility rate, Nepal is an unusual success story. It has achieved such a rapid fertility decline in the face of significant and complex development challenges. Of the nation's 27.8 million inhabitants, 30% live below the poverty line and many ethnic minority groups experience both extreme poverty and social and cultural exclusion.[1] Nepal is still recovering from a decade of intense political violence and conflict, the end result of which was to eliminate the hereditary monarchy in favour of an independent republic. Ranked 142 out of 177 countries on the Human Development Index, the Nepalese government has multiple social

and economic issues to tackle.[2] Nevertheless, the government, in collaboration with development partners, has made considerable progress towards improving national health outcomes. For example, the infant mortality rate decreased from 71 per 1,000 live births in 2001 to 56 per 1,000 live births in 2007.

Similarly, the maternal mortality rate, though still extremely high at 740 per 100,000 births, has dropped from the rate of 830 deaths per 100,000 births in 2001. Using data from Demographic and Health Surveys (DHS), this brief focuses on Nepal's recent fertility decline and argues that, despite historically high fertility levels, the nation is now in a period of fertility transition.

Analysing Nepal's fertility decline

During the 20 years from 1976 to 1996, Nepal's total fertility rate decreased at a slow pace, falling from 6.3 births per women to a still-high rate of 4.6. With this precedent, the country's recent and sudden drop-off is all the more surprising. The reduction in TFR from 4.1 to 3.1 during the five-year period from 2001 to 2006 is due almost entirely to a drastic reduction in fertility rates in rural areas (from 4.4 in 2001 to 3.3 in 2006). In parallel, the Contraceptive Prevalence Rate (CPR) increased from 39% to 48%. Again, it was the increased use of modern contraceptive methods[ii] in rural areas that provoked the biggest statistical leap, in this case from 33% to 43% CPR. Of the group of women taking up modern contraceptive methods in increasing numbers, it has been those with little or no formal education that have shown the most significant uptake (from 34% to 46%). At the same time, unmet need for family planning decreased between 2001 and 2006 from 28% to 25%. However, problematic regional and socio-economic disparities remain: the unmet need is higher for poor rural communities. Although the country has made significant progress in terms of increasing contraceptive use, discontinuation rates remain high. Nearly half of all contraceptive users in Nepal discontinue their use within 12 months of starting.[3]

The upward trend in modern contraceptive use has directly contributed to Nepal's decrease in total fertility rate, as an analysis of proximate determinants shows.[4] In addition, the number of registered abortions increased dramatically following the 2002 law ending the ban on abortion,[iii] thus leading to a further positive impact on the TFR.[5] Although the exact contribution of the abortion rate has not yet been calculated for Nepal, the comparative examples of Romania and Bulgaria - where abortion played a determining role in reducing fertility in the 1960s,[6] suggest that this has been the case. A study in Bangladesh quantified the residual fertility prevented by abortions using the predicted fertility based on other proximate determinants of fertility (i.e. marriage, contraceptive use, and fecundity), to be about 20% of births in 2001.[7] The findings showed that the total fertility rate in Bangladesh in the absence of abortion would have been close to 4 instead of the actual total fertility rate of 3.3 in 2001. The significance of safe and legal abortion in the context of sustaining fertility transition in Nepal cannot, therefore, be underestimated.

While the government has shown commendable support to population issues, concerted efforts are needed to make family planning services and safe abortion accessible to all Nepali women. In spite of these policy changes, considerable socio-economic and cultural barriers persist, preventing equitable access to abortion services in Nepal.[8] Unsafe abortion remains a significant maternal health challenge, with experts estimating that as many as half of all maternal deaths in Nepali hospitals result from unsafe-abortion related complications.[9]

Among non government organisations, Marie Stopes International (MSI) is the largest provider of contraceptive services and supplies at a national level. MSI has been working in Nepal through its local partner, Sunaulo Parivar Nepal (SPN), since 1994. As of 2008, there were 58 SPN clinics in 35 of the 75 districts. Twenty-seven centres provide comprehensive family planning services including sterilisations (male and female) and safe abortions. The remaining clinics

FOOTNOTES

i The total fertility rate (TFR) is an age-period fertility rate for a synthetic cohort of women. It measures the average number of births a group of women would have by the time they reach age 50 if they were to give birth at the current age-specific fertility rates. The TFR is expressed as the average number of births per woman. Unless otherwise specified, the TFR is for all women. For current fertility rates, the DHS survey uses the period 1–36 months before the survey. See: www.measuredhs.com/help/Datasets/Total_Fertility_Rate.html

II Modern contraceptive methods include female and male sterilisation, injectable and oral hormones, intrauterine devices, diaphragms, hormonal implants, spermicides, and condoms.World Contraceptive Use 2005. New York: Department of Economic and Social Affairs, Population Division, United Nations, 2005.

III In 2002, an abortion law was introduced that allows any woman to terminate her pregnancy up to 12 weeks of gestation. Pregnancies of longer gestation can also be terminated under certain legal criteria.

Table 1: SPN's contribution to male and female sterilisation in Nepal 2001-2006

		2001-02	2002-03	2003-04	2004-05	2005-06
Total national sterilisation	Female sterilisation	51,205	57,677	64,494	67,198	70,223
	Vasectomy	22,894	20,894	19,521	20,100	23,190
	Total sterilisation	74,099	78,571	84,015	87,298	93,413
SPN performance	Female sterilisation	11,453	17,761	23,288	26,093	35,278
	Vasectomy	2,863	3,327	4,265	4,603	6,507
	Total sterilisation	14,316	21,088	27,553	30,696	41,785
SPN's Contribution	Female sterilisation	22%	31%	36%	39%	50%
	Vasectomy	13%	16%	22%	23%	28%
	Total sterilisation	19%	27%	33%	35%	45%

Source: 2001-02 to 2005-06 Annual Reports, DHS, Ministry of Health and Population, Nepal

provide all services apart from sterilisations. SPN has developed an extensive rural outreach component of its work that brings family planning services directly to clients in remote and underserved areas.

MSI and SPN's contribution to fertility decline in Nepal

Without question, a substantial part of Nepal's successful lowering of national fertility rates is due to the coordinated efforts of both the Nepali government and participating national and international development organisations. Among non government actors, SPN's work has been instrumental in expanding the market for modern family planning methods. It is estimated that SPN contributed about eight percent of the total modern method use in the country in 2006.[iv] What follows is a brief analysis of the important contributions made by SPN to the recent fertility decline in Nepal.

Growing the market for female sterilisation

Female sterilisation increased from 15% to 18% between 2001 and 2006, in contrast to a static male sterilisation rate of 6.3%.[10] Of these, SPN performed 50% of the total female sterilisations and 45% of the total (male and female) sterilisations in Nepal in 2005-06.[11] From 2001 to 2006, as the table above demonstrates, the total market share of female sterilisations and total sterilisations provided by SPN has increased from 11,453 to 35,278. This stands in contrast to non-MSI affiliated providers whose total market share has declined. Given that female sterilisation is the second most preferred method among women who intend to use family planning in the future and the median age for the procedure is 27 (thus shortening the reproductive period),

FOOTNOTES

iv The total population of Nepal is estimated at 26 million in 2006 (Population Reference Bureau: Population Data Sheet 2006). The estimated total number of married women of reproductive age (MWRA) is 5.5 million. This is calculated using the Ross, Stover and Adelaja estimate that MWRA represent 21.13 percent of Nepal's population. See: Ross, Stover and Adelaja, Profiles for Family Planning and Reproductive Health Program 116 Countries, 2nd edition. Glastonbury, Connecticut: The Futures Group, 2005. The number of MWRA using a modern method of contraceptive is calculated using the same methodology as Ross et al (i.e. 5.5 million MWRA x 44% CPR = 2,417,272 MWRA. SPN's share of modern contraceptive use in 2006 = SPN modern family planning users / total modern family planning users in Nepal; 201,202/2,417,272 = 8%. The figure of 201,202 is taken from SPN service statistics. Family planning clients for female and male sterilisation, IUD, and implant have been counted here.) We have only counted SPN sterilisation figures for the last eight years, IUD and implant figures for two years. This probably understates SPN's contribution to these methods, especially given that pill, condom and injectable contraceptives have not been counted in determining SPN's overall market share as the existing service data does not include 2006 client statistics with regards to these contraceptive methods.

there is no doubt that SPN's service provision has made an impact on fertility reduction on a national scale.

Improving service equity

SPN maintains an extensive network of community outreach camps that cater for the most underserved and neglected populations living in rural and hard-to-reach areas. The clients benefiting from these "camps" are typically those who have limited or no access to health centres which are predominantly concentrated in urban areas. DHS data from 2006 shows that the most significant gains achieved in the use of modern methods are among rural women and those with no formal education. For its part, SPN outreach camps targeting rural areas provided more than 42,900 female sterilisations between 1996 and 2006, aligning their efforts with government initiatives to make family planning services equitable and accessible on a national level.

Increasing access to safe abortion

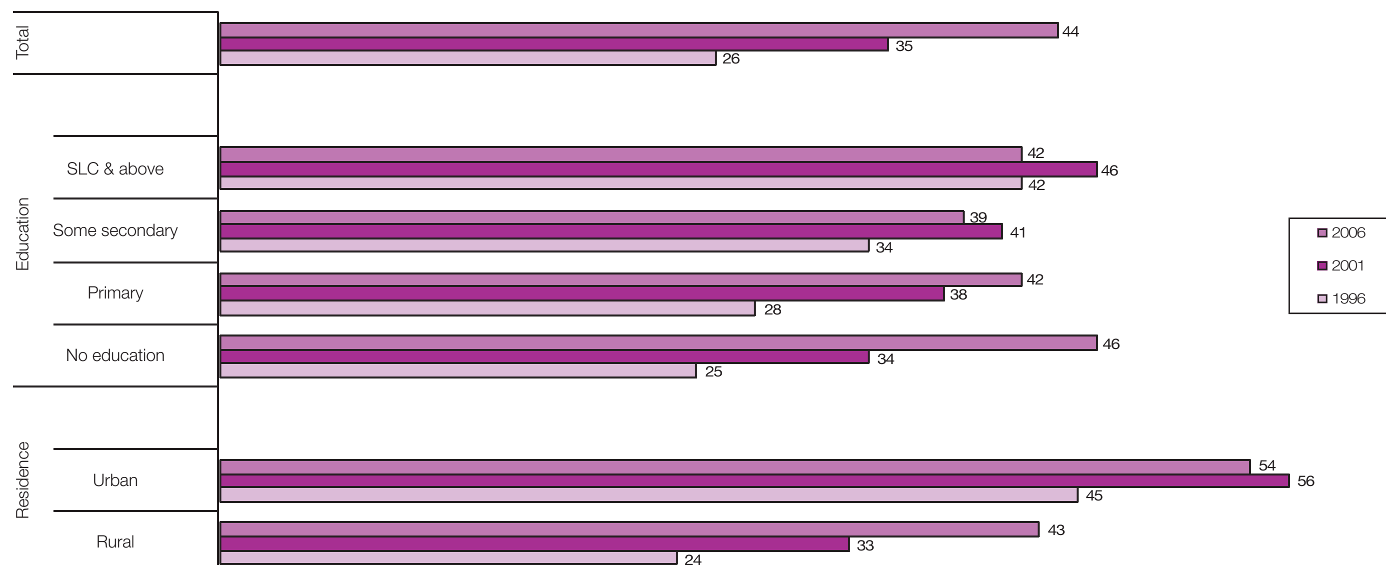
All 58 SPN clinics in Nepal provide safe abortion services. Ministry of Health data show that the total number of registered abortions in the country increased from 11,280 in 2004-05 to 73,474 in 2006-07. During this period, SPN's contribution increased from 27% to 75% of the total number of registered abortions performed in Nepal (see Table 2). Anecdotal data from Nepal suggests that abortion was widely, and for the most part unsafely, practised as a family planning method long before its legalisation in 2002.[12] The figures in the table indicate the growing demand for safe abortion services and the need to overcome access barriers on behalf of the most vulnerable and least served populations. In spite of the legality of abortion services, it remains the case that many women are afraid to use public health facilities, instead resorting to untrained providers.[13] At present, SPN provides the overwhelming majority of safe abortion services in Nepal. With the predicted growth in safe abortion demand, it is certain that SPN will continue to serve as a key provider of safe abortion services.

Table 2: MSI and SPN's contribution to safe abortion, 2004-05 to 2006-07

Registered Abortion Services	2004-05[a]	2005-06[b]	2006-07[c]
Grand total of government	5,974	7,658	8,444
Grand total of non-government	5,306	39,793	65,030
Grand total of govt. + non-govt.	11,280	47,451	73,474
SPN safe abortions	3,076	34,518	55,225
SPN contribution (%)	27%	73%	75%

[a]March 2004 to mid-June 2005; [b]Mid-June 2005 to mid-June 2006; [c]Mid-June 2006 to mid-June 2007
Source: Technical Committee for Implementing Comprehensive Abortion Care (TCIC); Family Health Division, Ministry of Health and Population, Nepal

Figure 1: % of currently married women aged 15-49 using a modern family planning method, by residence and education



Source: Trends in Demographic and Reproductive Health Indicators in Nepal; Further analysis of the 1996, 2001 & 2006 DHS data

Conclusion

The increase in modern contraceptive method use - particularly the increase in female sterilisations, has been the key factor in Nepal's recent, and rapid, fertility decline. Sterilisations provided by SPN have been on a consistent upwards trajectory, reaching as high as 45% of the total sterilisations market share in 2005-06. As the largest provider of safe abortions in Nepal, accounting for 70% of the total registered abortions during 2004-2007, SPN has also helped women to avert some 92,800 unwanted potential births.

Lessons and recommendations

Building on the precedent of the rapid fertility decline from 2001 to 2006, Nepal currently stands to achieve replacement level fertility in less than one generation. While impressive gains have been made to date, there are several significant areas of the family planning and safe abortion policy and programme development that demand further attention. Key lessons learned and recommendations include the following:

- the current figures for registered abortion are very likely to be under-reported and may not depict the actual demand for safe abortion in the country. In order to fully realise the benefits of the 2002 abortion legislation, the Nepalese government and its supporters must work to remove the barriers impeding access to safe abortion. This could include expanding access to medical abortion
- though unmet need for family planning has decreased to 25% in recent years, it is still relatively high, particularly among the lowest income quintile. Despite Nepal's recent progress in strictly demographic terms, the continued achievement of fertility reduction requires long-term commitment and sustained action, particularly in rural, hard-to-reach and underserved areas where barriers to family planning service access and education are substantial
- the private sector continues to be the largest supplier of family planning services but non-government organisations such as MSI play a significant role in making high quality services accessible to the population. Donors and the host government should accelerate their efforts to harness the private and NGO sectors and formally integrate them into the health system.

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For more information contact:

Kamala Thapa

Sunaulo Parivar Nepal

PO Box No.11254
Char Khal Adda
Dillibazar
Kathmandu
Nepal

Tel: + 977 1207 0223

Email: kthapa@msinepal.enet.com.np

MSI's impact on fertility decline in Nepal by Asma Balal
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Marie Stopes International

1 Conway Street
Fitzroy Square
London
W1T 6LP
United Kingdom

Tel: + 44 (0)20 7636 6200
Fax: + 44 (0)20 7034 2369
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