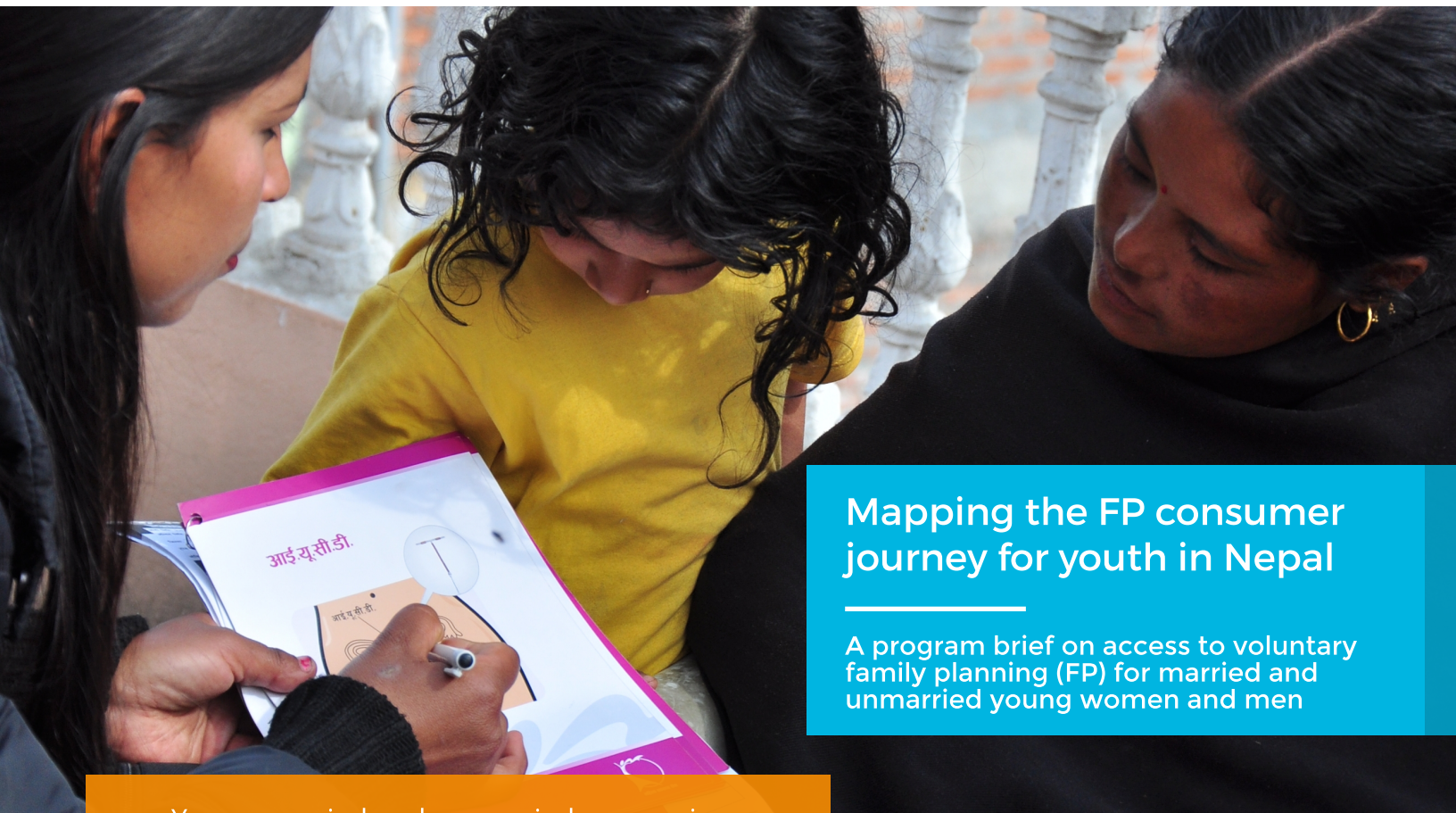




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PROGRAM BRIEF - FEBRUARY 2019



Mapping the FP consumer journey for youth in Nepal

A program brief on access to voluntary family planning (FP) for married and unmarried young women and men

- Young married and unmarried women in Nepal perceive and use voluntary FP methods differently
- Unmarried youth often feel they have limited FP method choices and often describe the only options available as condoms, emergency contraceptive pills (ECPs) and withdrawal
- Unmarried youth are unlikely to visit public providers due to lack of privacy and a perception that providers have a negative opinion towards them. However, privacy and counseling in the private sector are also weak
- Young married couples often seek FP only after the birth of their first child due to misconceptions about FP and infertility, as well as social and parental pressure
- Youth report relatively easy geographic access to short-acting FP products in the private sector, with cost not being a critical issue

This brief describes qualitative research to identify where the market is failing specific youth segments of voluntary family planning consumers in urban, urban slum, and rural areas of Nepal.

A primary objective was to identify determinants of access, such as key influencers, motivators, experiences and barriers. Data collection also focused on gathering user insights related to method preference among the market segments.

Please note: in Nepali FP methods are referred to as *Pariwar Niyojan* —most closely translating to “family control” or “family stop.” Unmarried male respondents talked about FP in terms of contraception (i.e., used for avoiding pregnancy or sexually transmitted infections, but not for planning a family). Other respondent groups used FP to mean both contraception and for planning a family. To simplify, we use “family planning (FP)” throughout the document to represent both perspectives.



In the same month I got married, I got that [pregnancy]...I was too young for having a baby, I did not know all about this [FP] before



Married female,
In-depth Interview (IDI)

Background

In Nepal, family planning (FP) is a priority for the Ministry of Health and Population (MOHP), and existing programs aim to foster equitable access and utilization of quality FP services throughout the country. Between 1996 and 2011, Nepal showed remarkable progress in improving modern contraceptive prevalence rates (mCPR) from 26% to 43%.^{1,2} However, the country has not been able to maintain this momentum. The 2016 Demographic Health Survey (DHS) showed that use of modern methods has remained stagnant at 43%.^{1,2}

According to the 2016 DHS, tubal ligation is the most commonly used FP method (12%) among all women aged 15-49, followed by injectables (7%), withdrawal (7%), vasectomy (4%), and oral contraceptive pills (OCs - 4%). The prominence of permanent methods in the method mix indicates that FP information and service provision may be predominantly focused on higher parity women rather than young nulliparous women. Rates of labor-related migration among men are high in Nepal, and husbands being away from home is the most commonly cited reason for method discontinuation (47%) of a total discontinuation rate of 58% for all women aged 15-49.² mCPR is lower among currently married women aged 15-19, with only 15% using a modern method of contraception.² 70% of modern method users obtain their method from the public sector.²

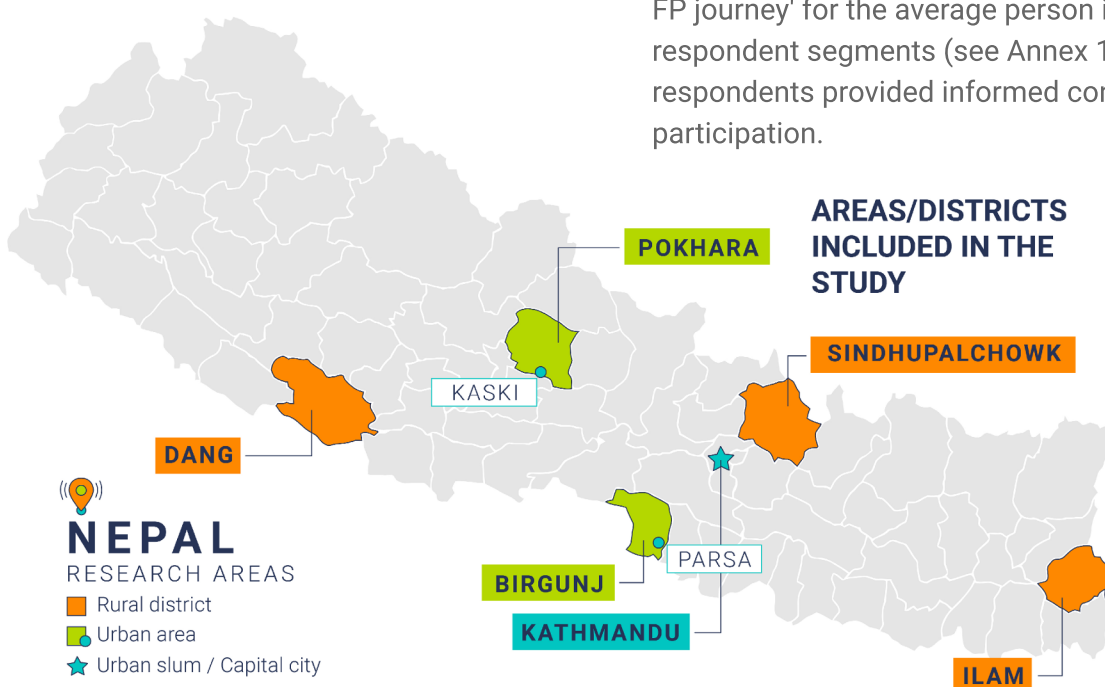
Objectives

Despite national-level progress on mCPR between 1996 and 2011, DHS data shows that Nepal's FP market is currently failing men and women in sub-regions of the country and within certain groups – particularly unmarried youth aged 15-24 years, and newly married women aged 20-24 years. To understand and address market failures for these groups, Population Services International (PSI) Nepal conducted a voluntary FP consumer insight study with the support of the USAID-funded Support for International Family Planning Organizations 2 (SIFP02) project. Research focused on unmarried sexually active youth (men and women), and young newly married women and sought to: 1) explore user insights and voluntary FP preferences, 2) identify determinants of access to include key influencers, motivators, experiences and barriers to successful acquisition of services, and 3) map consumer 'journeys' in seeking voluntary FP.

Methodology

The qualitative study was conducted October – November 2017 to cover three demographically diverse settings: rural (Sindhupalchowk, Ilam, Dang), urban (Parsa/Birgunj, Kaski/Pokhara) and urban slum (Kathmandu). Districts represented a mixture of ethnic and religious groups, castes, and socioeconomic status. The study enrolled a total of 124 participants. Research methods consisted of 47 in-depth interviews (IDIs) and nine focus group discussions (FGDs). Purposive and snowball sampling methods were used to recruit participants. Questions focused on FP topics.

Primary respondents consisted of sexually active unmarried males and females aged 15-24 years, and newly married women – with or without children – aged 20-24 years. Secondary respondents consisted of public and private FP service providers, husbands of married women, mother's groups and youth groups. Data obtained from primary respondents were triangulated through interviews and discussions with secondary respondents. PSI Nepal then generalized the narrative experiences of individual consumer journeys to give insight into the 'typical FP journey' for the average person in these respondent segments (see Annex 1-3). All respondents provided informed consent prior to participation.



The Consumer Journey

Journeys begin with identifying a need for voluntary FP, continue with planning and acquiring services and products, and conclude with descriptions of how methods are (or are not) maintained. Below is one map component for illustration; see annexes for full journey maps.

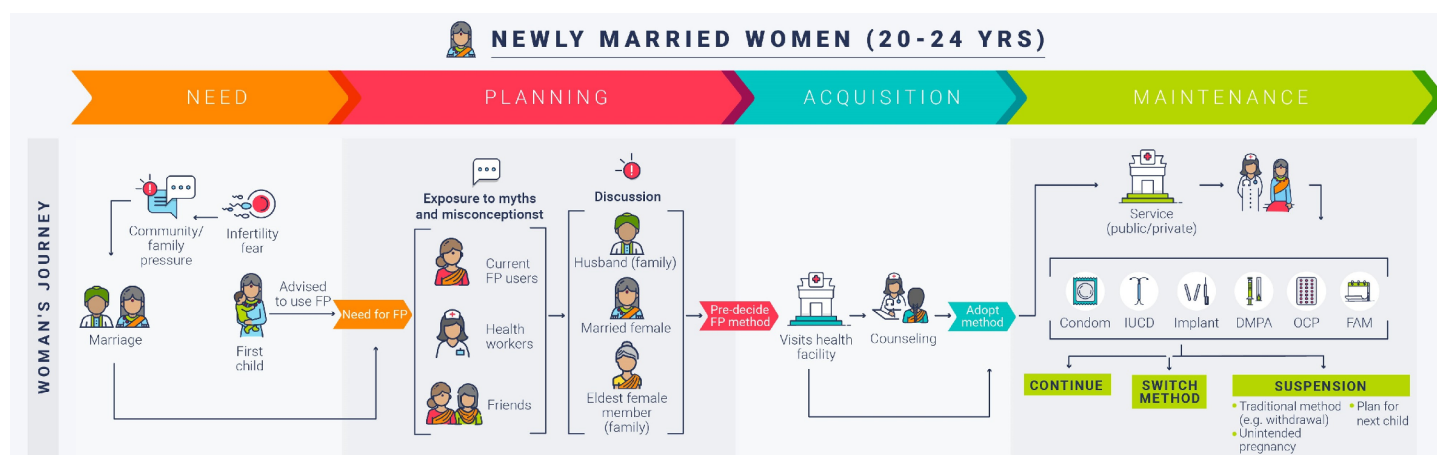
NEED

Social and parental pressure often compelled couples to have a child soon after marriage; therefore, most newly married women only expressed a need for FP following the birth of her first child. There is a common misconception that women's use of contraceptives before giving birth may result in infertility or difficulty during labor. This played a role in decisions to delay use of voluntary FP until after the birth of a first child. Both male and female unmarried youth were aware of a need for FP and that condoms in particular should be used during sexual activity to prevent 'bad diseases' and pregnancy. However, use of condoms was not always consistent (or preferred) and perception of risk would sometimes determine need. For example, unmarried men mentioned occasions when they

had unprotected sex with their 'regular' partner but recognized a need to use condoms with sex workers.

PLANNING

Respondents described women in general as most often initiating FP discussions because they were perceived as more concerned about an unintended pregnancy than their partners. For young married women, the decision to use FP was heavily influenced by their husband or an elder female family member (e.g. mother-in-law). Therefore, young married women's eventual choice of FP method was usually predetermined prior to seeing a service provider. Unmarried women had limited autonomy in sourcing FP products directly. Respondents described these women as needing to initiate FP discussions requesting that their partner purchase condoms prior to sexual activity. If condoms were not preferred by their partners (e.g. due to decreased 'satisfaction'), then use of ECPs by unmarried youth was a known and trusted method of voluntary FP. Unmarried youth described frequent use of ECPs as a planned-for solution for preventing pregnancy after having unprotected sex.



A SNAPSHOT OF FAMILY PLANNING AMONG NEPALI YOUTH

52%

of women have sex before age 18

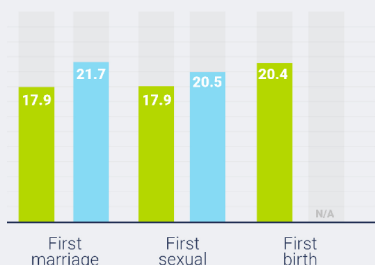


52% vs 19%

52% of women are married by age 18 vs 19% of men

MEDIAN AGE AT FIRST MARRIAGE, SEX, AND BIRTH
Among women and men age 25-49

■ Women ■ Men



First birth within
2.5 YEARS
of marriage

17%

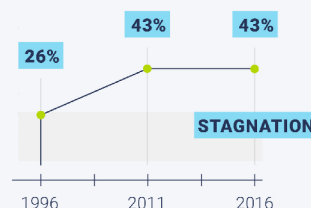
of adolescent women (15-19) have begun childbearing



Use of modern family planning methods has stagnated

Progress was significant between

1996-2011



Contraceptive discontinuation remains high



DMPA



OCP



ECP



Condom



IUCD



Implant

58%

of all users stop within a year



REACH OF FAMILY PLANNING MESSAGES

Women and men have not been reached by FP messages via primary media sources (e.g., poster/billboard, radio, television, newspaper/magazine or street drama)



35%



13%

Respondent quotes taken directly from interview transcripts are included throughout this brief to provide additional insight into respondents' perspectives and opinions

||

Some people say that it is not good to use FP methods before the birth of the first child. A woman was consuming oral pills before her first baby was born, as a result, she had lots of trouble during her delivery time

||

— Married female, IDI

||

Sometimes it [sex] happens, we meet prostitute...and we do [have sex] with them as well. At that time, I use condom, with regular girl, I do not use condom

||

— Unmarried male, IDI

ACQUISITION

The majority of respondents preferred use of short-acting FP products, such as condoms and 'pills'* due to their low cost and easy accessibility. Voluntary long-acting methods were only described by married women who already had children and/or had reached their desired family size.

The purchasing behavior of most consumers depended less on cost and distance, and more on privacy and the behavior of service providers. Both married and unmarried women described embarrassment when acquiring FP. Married consumers felt embarrassed by the perception that their FP purchase could indicate they were carrying on an extramarital affair, a salient fear in a country context where husbands are often away for long periods of time. Unmarried youth expressed their embarrassment derived from cultural norms that labelled premarital sex as 'shameful' and use of FP before marriage as 'morally incorrect.' The

** An important distinction appeared between how married and unmarried youth used the term 'pill'. Young married women used the term to mean OCPs, whereas unmarried youth were referencing ECPs.*

presence of other customers and the perceived judgment by service providers would cause unmarried youth in particular to 'feel shy' when purchasing FP. For example, young men described being taunted by shopkeepers who 'make jokes' or teased them when they purchased condoms. Due to fears of being labelled as 'characterless' or 'prostitutes', most unmarried women were quite reluctant to purchase FP products. For most unmarried youth, identifying a need for services was not enough motivation to acquire voluntary FP—they also needed to overcome feelings of embarrassment and fear.

Unmarried youth were unlikely to visit public health providers due to lack of privacy and the perception that providers 'behaved badly' towards unmarried youth. Instead, they preferred private (i.e., non-public) service providers due to greater privacy and provision of faster service while asking fewer questions. While private service providers were also popular among married consumers (for similar reasons), young married women reported they were also likely to acquire voluntary FP through the public health sector due to the free or reduced cost of a preferred method (e.g. implant).

MAINTENANCE

Both married and unmarried respondents described a combination of modern and traditional methods (i.e., fertility awareness methods and withdrawal) to maintain their use of FP. However, all respondent groups also reported that sometimes no method - modern or traditional - was used despite a couple having no intentions to get pregnant. For young married women, modern methods such as OCs and injectables were preferred; however, they also used the traditional method of withdrawal. Among married women, discontinuation of voluntary FP was primarily associated with an absentee husband or product side effects.

||

No, I did not [consult with anybody], it's not the matter of consulting with anyone... It is a matter of shame. Where and whom to ask? It is better to pay 80 or 100 [rupees] and give it [ECP] to my girlfriend without asking anyone

— Unmarried male, IDI

||

Counseling to newly married couple or a single youth is [more] challenging than a matured or married couple

— Health service provider, IDI

||

If I accidentally had physical relationship, I would go to a pharmacy or a medical shop and ask for a medicine that would prevent pregnancy, because that would be the best solution

— Unmarried male, IDI

||

We go to medical shops, we get our turn there very quickly. But in the hospitals, we have to wait a lot and our turn does not come, we first have to take the token, they ask us to do this and that. That tortures us, we have to write many things on paper

— Married male, FGD



||

The easiest one is to buy is those two products [condoms and ECPs] only. And it is easy to use as well. There is no need to tell to anyone

||

— Unmarried female, IDI

||

We buy condoms from the pharmacy and always keep the stock, but sometimes during urgency at night, while pharmacy is not open, we borrow from friends

||

— Unmarried male, IDI

Unmarried youth in particular felt they had limited choices with regards to FP methods and often described the only options available to them as condoms, ECPs and withdrawal. Service providers believed that negative cultural impressions of unmarried women's use of voluntary FP was the primary reason why young women did not choose particular methods. Further, due to their 'fear' at being discovered as sexually active, young unmarried women avoided using any method which could serve as 'proof' of their sexual activity. This contrasted sharply with the behavior of young unmarried men who described keeping a 'stock' of condoms on hand in case FP was needed. Commonly cited reasons for unmarried youth switching between use of condoms and ECPs were male dissatisfaction with condoms, and side effects experienced by women taking ECPs.

What happens is that if an unmarried boy uses a condom, then it won't matter much, but if an unmarried girl is found using FP products, it will be totally a matter of shame. Our society has double standards

Unmarried female, IDI



Recommendations

Through mapping the consumer journeys of these particular market segments, PSI has identified a number of specific FP market failures negatively affecting youth access to voluntary FP services and products in Nepal. Recommendations for addressing three identified market constraints are outlined below:

Create tailored, empowering FP messages for married and unmarried young women, young men, and their key influencers:

Due to misconceptions regarding infertility and social and parental pressure to have children soon after marriage, young married women often did not consider a need for FP until after the birth of their first child. Most of the married women recruited for this study had at least one child. Although the study questions did not explore birth spacing specifically, married women's responses were likely derived from their use of, or interest in, voluntary FP methods for spacing rather than delaying first birth. Moreover, with early marriage and early childbearing common in Nepal,² one can infer that the "demand crossover age (the average age at which demand to limit births begins to exceed demand to space)"³ is likely lower in Nepal, which is reflected in the predominance of permanent methods in the method mix.

For young unmarried women, negative societal labels applied to sexually active women also have a limiting effect on their agency in purchasing FP products, leading them to rely on their partners. While the 2016 DHS reports that just 11% of men agree with the statement that "contraception is women's business," it also reports that the percentage of men who agree with the assertion that women who use contraception may become promiscuous has increased from 20% in 2011 to 26% in 2016.^{1,2} This highlights a failure to effectively communicate with young women, young men, and their key influencers, such as partners, parents, and in-laws about the benefits of contraception. It also presents a failure to empower young women – married and unmarried – to make contraceptive choices for themselves.

■ ■ We went together to the pharmacy, he asked for it [condom] as I stayed little far from the pharmacy, and watch him buy it. I felt very shy at that time, so I stayed far and he bought it ■ ■

— Unmarried female, IDI



- *Recommendation:* Develop and provide communication messages that address the unique needs of young married and unmarried women and the limits on their agency. Messaging should seek to empower both groups of young women to plan for and acquire voluntary FP products and services which speak to *their* personal needs and interests, rather than relying solely on parental or partner decisions. Messages should also be developed and tested for young men. These could focus on: fostering social norms supportive of couple communication, contraception, and delayed childbirth (e.g., through radio serial dramas); on understanding options for voluntary long-acting reversible methods or the lactational amenorrhea method; or on initiating FP discussions with their partners prior to sexual encounters.

Expand youth-friendly voluntary FP services for unmarried youth:

While private service providers were popular among all consumer groups for their relative privacy and faster service, unmarried youth viewed public health providers as unfriendly and biased toward married clientele. The aversion to the public sector is also demonstrated by the method choices unmarried youth felt are most accessible. For example, ECPs were cited regularly as a preferred method choice by this group, which are strictly available in private medical outlets and are not provided as an FP method in the public sector.⁴ These findings correlate with DHS 2011 data that states that the public sector has been a steadily decreasing source of contraceptives for adolescents and youth since 1996.¹ Despite the commitment of the Nepali government to scale up adolescent friendly services (AFS), this data presents a continuing failure to make Nepali youth aware of a broader range of methods and provide services in a youth-friendly environment which addresses their unique needs. Additionally, while school curricula include discussion of voluntary FP and life skills, some teachers are reluctant to teach this content, and many youths from rural and urban slum areas drop out of school before this subject is taught.

- *Recommendation:* Continue to scale up or reinforce training and supervision of providers in AFS in order to strengthen youth-friendly approaches within existing services. Ensure discreet, youth-friendly spaces within health facilities are available. Explore channels such as the Female Community Health Volunteer cadre, media sources, or non-school programs for communicating key FP messages on all

■ ■ Some women come on their own, while others are forced by their families. When we ask them why they've come for removal [Implant], they tell us that their in-laws told them to remove as their husband left abroad ■ ■

— Health service provider, IDI



voluntary methods. Increase awareness about AFS center locations and encourage participation in AFS center management by young people themselves.

Increase privacy, improve counseling and expand method choice in the private sector:

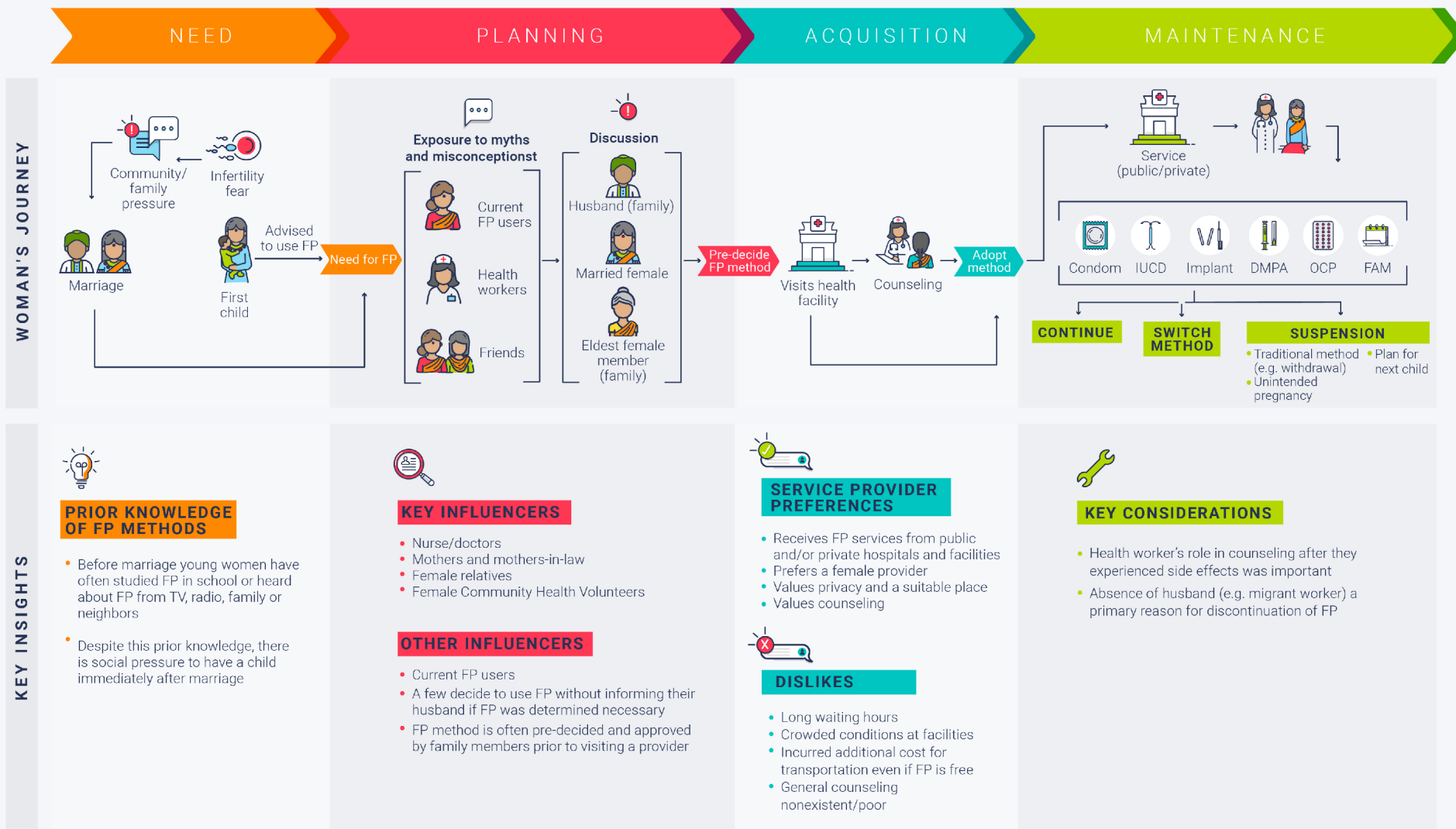
From the data collected, private sector outlets are clearly an important source of voluntary FP for unmarried youth in Nepal – though based on the findings, perhaps only a marginal improvement on the public sector for this consumer segment. The findings also show that demand exists among youth for short-acting user-controlled contraceptive options. However, there is currently a disconnect between youth desire to acquire products quickly (to avoid embarrassment) and the need for counseling to increase their product knowledge and behavior, dispel rumors and misconceptions, and encourage correct and consistent use of voluntary FP. This latter finding aligns with the 2016 DHS which states that only 36% of women who obtained their method from the private medical sector were given information about the method's side effects, about other methods, or what to do if they experience side effects.² For youth, stigmatizing provider behavior, such as teasing, illustrates a failure to provide a safe and non-judgmental space for FP acquisition and maintenance.

- *Recommendation:* Focus on critical FP access points for youth such as private pharmacies, shops and small clinics in order to provide a non-judgmental and youth-friendly environment, and to establish private spaces for counseling services. Enhance training on counseling tailored to the private sector with an emphasis on the needs of young unmarried youth. Offer medical detailing to outlet operators and staff to help them see value in supporting young men and women in overcoming feelings of embarrassment and fear when acquiring FP products. Support expansion of task shifting policies so that pharmacies and outlets can provide additional method choices, such as injectables.

Annex 1



NEWLY MARRIED WOMEN (20-24 YRS)



Annex 2



UNMARRIED WOMEN (15-24 YRS)

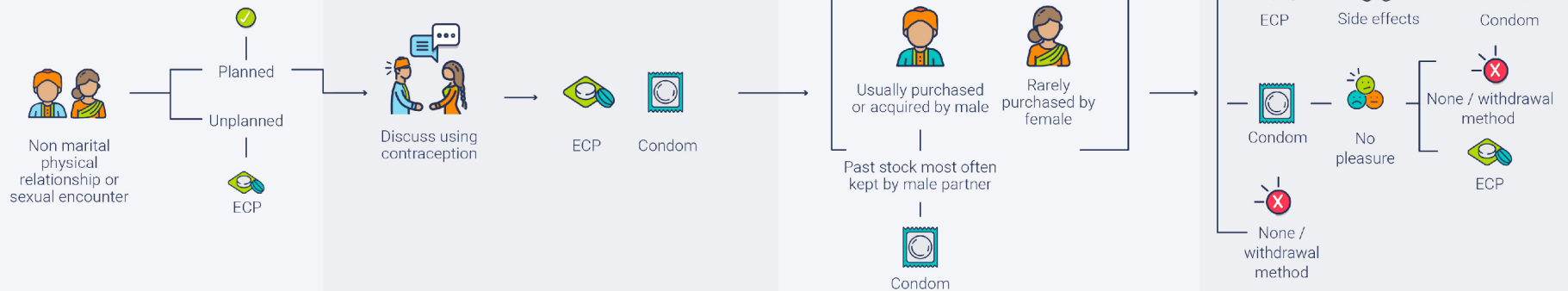
NEED

PLANNING

ACQUISITION

MAINTENANCE

WOMAN'S JOURNEY



KEY INSIGHTS



PLACE

- Friend's room
- Rented room



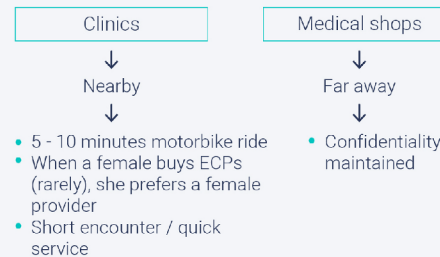
KEY INFLUENCERS

- Male partner
- Friends

SOURCE OF INFORMATION

- Grades 9 and 10 textbooks (Subjects: Population and Health)
- Radio / TV / internet
- Health workers

PURCHASE BEHAVIOR



PROVIDER BEHAVIOR

- Provider counseling given only when asked

KEY ISSUES



CONDOMS

- Pleasure issue (e.g. decreased partner satisfaction)



ECP: SIDE EFFECTS

- Weakness
- Dizziness
- Nausea
- Heavy bleeding
- Irregular menstruation

Annex 3



UNMARRIED MEN (15-24 YRS)

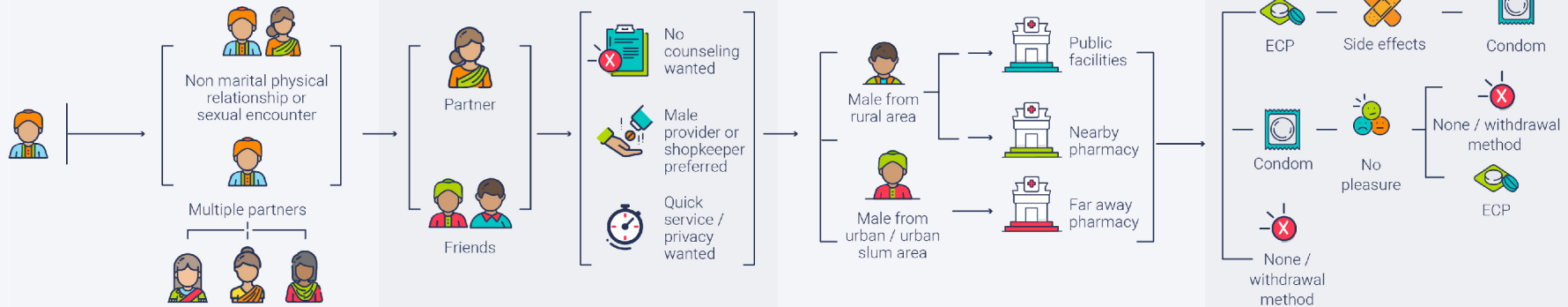
NEED

PLANNING

ACQUISITION

MAINTENANCE

MAN'S JOURNEY



KEY INSIGHTS



INDIVIDUAL BEHAVIOR

- Discuss FP method and choice of facility with partner
- Males from urban slums more likely to practice risky behavior and have multiple partners, including commercial sex workers
- Prefer not to use condoms with "trusted" partners



USER PREFERENCE

- Discuss FP method with friends
- Borrow condoms from friends
- Prefer quick and short visit with provider or shopkeeper
- Prefer male provider



PURCHASE BEHAVIOR

- Male partner purchases FP most often
- Rural – visits the same clinic / pharmacy for convenience and because the provider / chemist will already know what they want to choose
- Urban / urban slum – visits different locations or distant pharmacy to maintain privacy
- Men use "cap" as a code word for "condom"
- Keeps condoms in stock at home

KEY ISSUES



CONDOMS

- Pleasure issues (e.g. decreased satisfaction)



ECP: SIDE EFFECTS FOR PARTNER

- Weakness
- Dizziness
- Nausea
- Heavy bleeding
- Irregular menstruation



About PSI

PSI makes it easier for people in the developing world to lead healthier lives and plan families they desire by marketing affordable products and services.

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About the Project

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