

Family Planning In Nepal: Trends And Pattern

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ABASRACT: *Family planning is the central to all the other components of reproductive health as well as considered as a means to achieve the family wellbeing. It plays a central role in sexual and reproductive health care, because it allows planning couple to have healthy reproductive lives. The greatest contribution of family planning program lies in avoiding unwanted pregnancies and there by unplanned birth and making sure that all birth are planned. Knowledge of at least one contraceptive method is nearly universal in Nepal among currently married women. Contraceptive use has increased dramatically (16 fold increase) in the past 30 years. Contraceptive prevalence rate (CPR) has risen from 2.9 percent in 1976 to 48 percent in 2006, with consistent increases in every five year period (MOHP, 2007). The NDHS 2016 revealed that among to married women of reproductive age (53 percent) of currently married women are using any kinds of family planning methods. Overall, 24 percent of married women in Nepal have an unmet need for family planning (8% for spacing and 16% for limiting birth) but are not currently using contraception*

Key Words: Family Planning, Contraception, Knowledge, Use, Married and unmet need.

I. INTRODUCTION

Family planning is the central to all the other components of reproductive health. It is considered as a means to achieve the family wellbeing. It plays a central role in sexual and reproductive health care, because it allows planning couple to have healthy reproductive lives. The greatest contribution of family planning program lies in avoiding unwanted pregnancies and there by unplanned birth and making sure that all birth are planned. Family planning means to enable couples and individual to decide freely and make responsible for the numbers and spacing of their children. In short form family planning means family management, family welfare program and Planned Parenthood. Family planning programs play a vital role in providing information and services that help people make informed reproductive choices and use contraception safely and effectively (Wagle, 2005). Family planning is to make the family life happy through appropriate management and mobilization of income and other sources, another major subject to save mother's healthy life. Family planning is very important component to maintain the reproductive health (RH) of male and female. Family planning is a way of thinking and living that is adopted voluntarily up on the basis of knowledge, attitude and responsible decision by individuals and couples in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country (WHO, 1971).

WHO defined family planning as "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes, and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country." Nepal's family planning program was initiated in 1959 by Family Planning Association of Nepal, nine year later (1968) government introduced family planning service delivery. Contraceptive use has increased dramatically (16 fold increase) in last 30 years. Contraceptive prevalence rate (CPR) has risen from 2.9 percent in 1976 to 48 percent in 2006, with consistent increases in every five year period (MOHP, 2007). Nepal Demographic Health Surveys 2011 shows that CPR has been almost 2 percent increases per year in Nepal (MOHP, New ERA and ICF International Inc., 2012). However, the another survey in 2009 revealed that CPR is increasing very slowly in rural areas of Nepal due to the spousal separation, according to short term and long term migration which accounts only 1 percent increase within a three-year period (Nepal Family Health Program II and New ERA, 2010). Moreover, an estimated one in four married Nepalese women has still an unmet need for family planning (Family Planning Association of Nepal, 2009).

Family planning program started in developing countries in the 1960s to reduce rapid population growth in order to match the resource with the population growth. During this period, population growth was challenge for almost every country as well as for the world. So family planning program started to solve the problem of population growth worldwide. But now, after decade of implementation of family planning programs in worldwide revealed that family planning has multiple benefits rather than population control. Family planning has been proven as one of key elements to improve quality of life of people. It allows women to delay motherhood, space births, avoid unintended pregnancies and abortions, stops childbearing when they

have reached their desire family size, and prevent the spread of infectious disease. Hence providing modern family planning services brings a wide range of benefits for women, their families and society. It improves women's health and enhances their status and rights; at the same time, it protects the health of infants and young children and improves the well-being of families. The health benefits of contraception are immense (Shrestha, 2012).

Most of the countries that have achieved rapid economic growth have also had strong family planning programs that help women avoid unplanned pregnancies and have the smaller families they actually prefer. Like girl's education, family planning is definitely a "best buy" for development. These evidences indicate that family planning and maternal- child health services help reduce poverty, the first goal of the millennium Development Goals (Shrestha, 2012).

The International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994 incorporated family planning as one of the important components of overall reproductive health. Additionally, the 1995 fourth world conference on women held in Beijing expanded the right to family planning to include the right to better sexual and reproductive health. Hence, many women in developing countries today use family planning methods to prevent unwanted

and unplanned pregnancies utilizing their sexual and reproductive rights. As a result, the level of contraceptive use has increased from 10 percent in the 1960s to more than 50 percent in the 1990s in developing countries (Korra, 2002). Literature around the world suggest that the use and promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and avert 32 percent of all maternal deaths and nearly 10 of childhood deaths (Cleland et al, 2006).

According to the World Bank, it was suggested that if the need for unmet need for family planning was fulfilled for women in the developing countries, maternal mortality would drop by 25 to 35 percent. In addition to this, a USAID research shows that infant and under five mortality rates would fall significantly (24 and 35 percent respectively) if women in developing countries could space their births three years apart (Barot, 2008). This is due to the fact that healthier mothers are better able to provide for the nutrition and care of their babies after delivery. Thus, family planning helps countries reduce child mortality and improve maternal health. This shows that family planning can significantly contribute to achieve the Millennium Development Goals.

Over the past four decades, family planning has been accorded an increasing higher priority in successive development plan documents, and is today an important element of population policy and essential component of reproductive health services (Aryal, 2002).

Family planning and safe motherhood in reproductive health has been widely recognized as human right. All women have access to be able to make information choices, plan their births and avoid unintended pregnancies (UN, 1995).

"Family planning is a basic human right. However, It remains meaningless unless individuals and couples have access to contraceptives, information and services to enable them to exercise that right.....we have to meet the needs of the 22 million women who want to delay or avoid pregnancy but have no access to modern contraceptives. This would help prevent 21 million unplanned births; this would also help prevent 79,000 maternal deaths and 1.1 million infant deaths." -UNFAMILY PLANNINGA Executive Director (part of message for world population day July 11, 2012)

In September 2000, the United Nations endorsed the Millennium Declaration. The declaration outlined peace, security, and development concerns including environment, human rights and governance and mainstream a set of inter-connected and mutually reinforcing development goals into a global agenda. An increase in contraceptive prevalence would help reduce the fertility rate and reduce the risk of maternal mortality in Nepal while the spread of HIV/AIDS can be prevented through use of condoms. Therefore, other modern contraceptive methods would not have effect in reducing the prevalence of HIV/AIDS. Furthermore, the goal of achieving 100 contraception use among women of reproductive age is neither desirable nor necessary (NPC, 2010).

A high program effort has corresponded with increased use of contraception and fertility decline in most of the countries of the world. This is true in some of the south Asian countries too for example, Bangladesh, India and Sri-Lanka. However, the prevalence of contraceptive use and the fertility patterns do not seem to be supporting Nepal's Family Planning programme efforts as moderately strong until recently (Pathak, 1998).

Third plan recognized the importance of family planning program in reducing the crude birth rate. Although Nepal family planning association was established in 1959, the family planning association of Nepal focused on advocating the need for family planning services in Nepal. Since, third plan, family planning continues to be one of the major components of population program in development plan documents. The government has a declared policy on running the family planning program according to the concept of a managed family. To this effect, it prioritizes rising of the CPR, with an emphasis on promoting temporary methods of contraception aimed at reducing the share of permanent sterilization in overall family planning methods. There is also a

national adolescent health and development strategy to guide the government and its partner agencies in improving access, coverage and quality of the overall adolescent health and development program. In 2005, a country profile on adolescent health recommended the need for strengthening the implementation of the strategy within the health sector (MOHP, 2005). A National Health Policy (NHP) in Nepal was formulated in 1991 with the objective of enhancing the health status of the population. The national health policy is a comprehensive policy that addresses service delivery and the administrative structure of the health system. The 9th, 10th plan and the second long term health plan (SLTHP) (1997-2017) were developed in line with the NHP.

In rural Nepal, contraceptive use is considered to be risky behavior. Reproduction is a critical concern for rural Nepalese women and their families, and any change in a couple's reproductive capacity constitutes risk. Moreover, fertility decisions including those concerning the use of contraceptives occur within the context of competing motivations, real-life contingencies, and economic considerations. Children are desired as a means to secure the future social and economic welfare of households, couples balance their future needs against their present economic hardships. Because decisions regarding the birth of children affect other extended family members, couples sometimes must choose between satisfying their own desires and those of powerful kin (Bhandari, 2006).

The need for family planning and reproductive health services continues to be important in Nepal given the high population growth rate, large number and proportion of females of reproductive age and poor demographic and reproductive outcome indicators. More importantly, increasing focus on family planning will help Nepal achieve targets related to MDGs 5a and 5b, by further reducing maternal mortality, increasing CPR, and reducing unmet need. Efforts to increase education and literacy rates for women have led to more use of family planning importance of investing in social and economic development as well as family planning. Reproductive health community-based distribution programs including female community health volunteer to reach households in rural areas (CREPA, 2010).

Little improvement has been made in raising the CPR in recent years, mainly as a result of high levels of migration that separate couples. According to a recent survey of 40 rural districts, the use of contraceptives among separated couples is as low as 23 percent (NFHP, 2010). According to Nepal Demographic and Health Survey 2006, the main sources of contraception are government hospital, primary health center, health post, Sub health post and so on.

Several studies shows that the demographic transition in Nepal will largely depend on the practice of breast feeding, contraceptive use and delayed entry in to marital unions (Shrestha and Risal, 1987). Family planning programs usually focus only on married couples. The family planning program is closely associated with a reduction in fertility. It assists individuals and couples to space and limit the births of their children, prevent unwanted pregnancies, and improve their overall reproductive health. Family planning program is emphasis on promoting temporary methods of contraception to reduce the share of permanent sterilization in all methods used for family planning. However, the expected number of voluntary surgical contraception (VSC) cases needs to be increased in order to meet the unmet demand of those who desire to limit further births. In addition, counseling services for family planning need to be provided to potential clients by service providers so that people are able to make an informed choice regarding an appropriate method of family planning (NPC, 2010).

Family Planning Program Efforts in Different Plans of Nepal

The family planning program of Nepal has contributed significantly to contraceptive prevalence and acceptability and therefore to total fertility reduction. Over the last 35 years, steady progress has been made in increasing contraceptive use to 50 in 2011 and reducing fertility to 2.6 by the same period. Nepal has set goals of increasing the contraceptive prevalence rate 65 by 2017.

Nepal is committed to ICPD 1994 and has to make efforts to achieve the millennium development goals. The family planning program will, therefore, be revitalized by redefining the concept of family planning or by "repositioning family planning" that is, going beyond "promoting family planning methods" to include advancing understanding of family planning as a health intervention for mothers, newborns and children.

In Nepal, the concept of family planning was pioneered by the family planning Association of Nepal set up by a group of social workers in 1959 with the support of Pathfinder. Their purpose was to develop a sense of urgency towards establishing and implementing mechanisms through which unnecessary births might be prevented. Family planning association of Nepal also advocate to decision makers and general people about need of family planning in the country. The family planning program in Nepal was formally initiated in 1959 by the non-governmental sector, the family planning association of Nepal and government-supported family planning service delivery began in 1968. Nepal began initiating health and development Plans in the late 1950s and has already completed 10 five-year development plans and one three-Year development plan. The third five-year development plan (1965-70) was the first to clearly state the need for population policy in Nepal. Family planning was considered a crucial instrument in addressing high fertility. At this time, family planning

was integrated with maternal and child health (MCH). Family planning has always been a part of Nepal's development plans and has had specific fertility reduction objectives.

Objectives

To Analyse the situation of Family planning in Nepal is the main objective of this study.

II. METHODOLOGY AND DATA

This study is as regards to Family Planning in Nepal. This study is based on secondary data from the Nepal Demographic and Health Survey and others various surveys. It was based on descriptive research Design. The simple mathematical tools and techniques are used to make the study effective.

III. RESULT ANALYSIS

Family Planning in Nepal

Family planning program aim to enable individuals and couples to anticipate attain their desired number of children and the spacing and timing of their births. However, it aims to enable individuals to have the information and means to do so and ensured informed choices and make available to full range of safe and effective methods. The success of population education and family planning program in different places demonstrates that informed individual's everywhere can be will act responsibility per their own needs. According to the Cairo, conference, 1994 informed free choice is essential to the long term success of family planning program.

Knowledge of Contraceptive Methods

Knowledge is very important factors to determine the use of contraception. Without out the knowledge of contraception it is not effectives. Knowledge of at least one contraceptive method is nearly universal in Nepal among currently married women. The most widely known modern contraceptive methods among currently married women are: injectables (99 percent); female sterilization (99 percent); condoms (97 percent); male sterilization (96 percent); and contraceptive pill (95 percent). Only 6.5 percent currently married women have knowledge of emergency contraception (MOHP, New ERA & Macro International Inc., 2007). Nepal Demographic and Health Survey 2016, shows the modern methods are more widely known than traditional methods; almost all women know of a modern method, while 67 percent know of a traditional method. Female sterilization (98.4 percent), injectables (99.4 percent), male sterilization (93 percent), the pill (95 percent) and condoms (97 percent) are the most commonly known modern methods among women, with a slightly smaller age mentioning IUDs (86 percent). Emergency contraception is known by a relatively smaller age of women (34 percent).

Table 1: Percent distribution of currently married women by knowledge of family planning methods, 2001-2011.

Methods	2001	2006	2011	2016
Any Method	99.5	99.9	100.0	100.0
Any Modern Method	99.5	99.9	100.0	100.0
Female Sterilization	99.1	98.7	99.4	98.4
Male Sterilization	98.2	96.3	96.0	93.0
Pill	93.4	95.4	94.6	95.0
IUD	54.7	67.2	84.3	86.4
Injectables	97.3	98.8	99.0	99.4
Implants	79.8	83.5	92.5	94.2
Condom	91.0	96.8	98.2	96.9
Emergency Contraception	Na	6.5	26.2	34.2

Source: MOHP, New ERA and ICF Internal Inc., 2016

The extent of patterns in knowledge of a modern method of family planning among currently married and never-married women are similar except that never-married women are slightly less knowledgeable than currently married women about contraceptive methods other than emergency contraception (MOHP, New ERA and ICF Internal Inc., 20012). As indicated by the 2006 NDHS, the mid-term survey also showed that the knowledge on any contraceptive methods was universal among women of reproductive age (15-49 years). Specific knowledge on the various contraceptive methods has improved over the years. For instance, knowledge about IUDs, implants, condoms and emergency contraception has improved significantly from the baseline of 2006 to the mid-term survey of 2009. While 67 percent of women of reproductive age had ever heard of the IUD in 2006, this increased to 75 percent in 2009 by NFHP.

Levels and Trends of Contraceptive Use in Nepal

Trends in current use of family planning can be used to monitor the success of family planning programs over time. It also helps to analyze the whole picture of contraceptive prevalence rate. Moreover it also helps to formulate the policy of family planning in near future. Table 2.6 and figure 2.1 show the trend of contraceptive use among currently married women.

Contraceptive use has increased dramatically (16 fold increase) in the past 30 years. Contraceptive prevalence rate (CPR) has risen from 2.9 percent in 1976 to 48 percent in 2006, with consistent increases in every five year period (MOHP, 2007). The NDHS 2016 revealed that one among to married women of reproductive age (53 percent) of currently married women are using any kinds of family planning methods. Among them 43 percent are using modern contraceptive. The proportion of women who are using a modern method was increased by 25 percent between 2001 and 2006 (35 in the 2001 to 44 percent in 2006). However, contraceptive prevalence rate of any methods was increased only 3 percent between period of 2011 and 2016.

Table 2: Percent distribution of currently married women by currently using contraceptive methods, 1976-2016

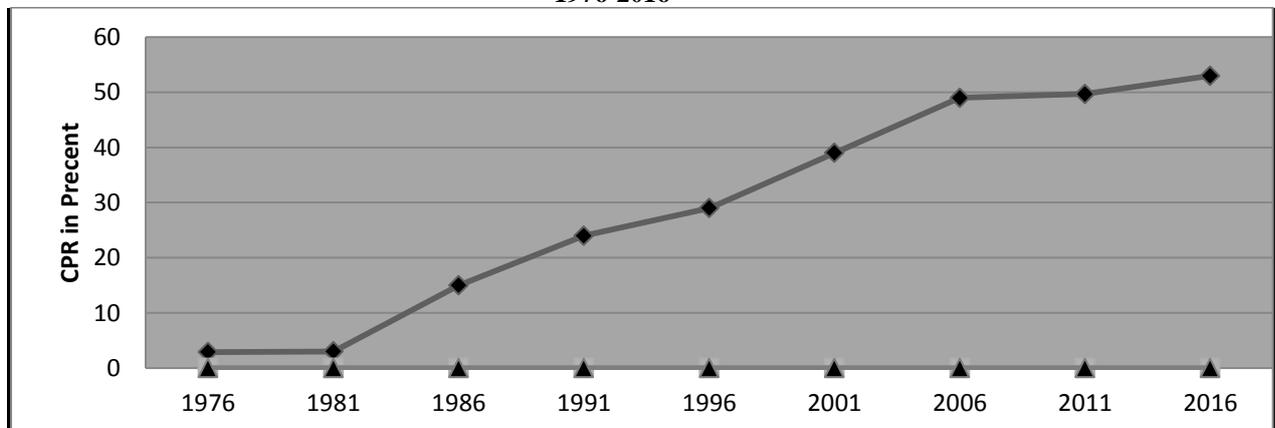
Method	1976	1981	1986	1991	1996	2001	2006	2011	2016
Any method	3.0	7.8	15.1	Na	28.5	39.3	48.0	50	53
Modern method	2.9	7.6	15.0	24.1	26.0	35.4	44.2	43.2	43
Female Sterilization	0.1	2.6	6.8	12.1	12.1	15.0	18.0	15.2	15
Injectables	Na	0.1	0.5	2.3	4.5	8.4	10.1	9.2	9
Male sterilization	1.9	3.2	6.2	7.5	5.4	6.3	6.3	7.8	6
Condom	0.3	0.4	0.6	0.6	1.9	2.9	4.8	4.3	4.2
Oral Pills	0.5	1.3	0.9	1.1	1.4	1.6	3.5	4.1	5
Implants	Na	Na	Na	0.3	0.4	0.6	0.8	1.2	3.3
IUD	0.1	0.1	0.1	0.2	0.3	0.4	3.7	1.3	1.4

Source: MOHP, New ERA and ICF International Inc., 2006 and 2016

The contraceptive method-mix has changed considerably over the years in Nepal. Female sterilization has continuously dominated other methods since early 1981s. Its share in the CPR increased from 39 percent in 1991 and 50 percent in 2011. Thus, half of the efforts of the family planning program appeared to have been spent on targeting the women for sterilization. The total share of method-mix used by the female (female sterilization, injectables, pills, IUCD and implants) was one-fourth of the CPR in 1976 which has increased continuously and tremendously in each of the successive decades. This trend reflects two things. First, the increase in the CPR is largely contributed to by the methods used by females. Second, the family planning program appears to be failure in increasing access to methods to be used by males.

This figure is mention because of the attractive for review of contraceptive prevalence rate for policy maker, thinkers, planner and researcher. The following figure presented the level and trend of contraceptive prevalence rate of currently married women of age group 15-49 in 1976 to 2016.

Figure 1: Percent distribution of currently married women by currently using contraceptive methods, 1976-2016



Nepal is committed to ICPD 1994 and has to make efforts to achieve the millennium development goals. The number of children born to the average family has decreased 20 in the last 10 years from five

children in 1991 to 4.1 in 2001. Nepal would appear to be well positioned to achieve its goals of reducing the total fertility rate (TFR) to 3.5 by the end of the 10th five-year plan and to 2.5 in 2017 and increasing the contraceptive prevalence rate (CPR) was 50 percent by 2011 , 53 Percent in 2016 and to 58.2 percent by 2017 (NPC, 2016).

Levels and Trends in Unmet Need for Family Planning

Unmet need of family planning is use full for further analysis of current scenario of family planning so it is one of the important issues for analysis of family planning. Unmet need for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth (spacing) or who wish to stop childbearing altogether (limiting). Unmet need for family planning refers to a discrepancy between expressed fertility goals and contraceptive practice. The population reports of 1992 estimated that 102 million married women of reproductive age in developing countries had unmet need for family planning. In 2000, a new estimate calculated that 105 million married women and 8 million unmarried women in developing countries had unmet need. While the age of women with unmet need fell in many countries in the 1990s, the absolute number of women of reproductive age increased. Thus the number of women with unmet need changed little. In the developing world as a whole, excluding China, about 20 percent of married women of reproductive age group (MWRA) have unmet need. As per the Demographic and Health survey of Nepal 2001, the total demand for family planning is 67.1 percent of the MWRA of which 39.3 percent is met. That leaves 27.85 percent of need not yet met (11.4 percent for spacing and 16.4 percent for limiting). Therefore out of 67.1 percent of the MWRA requiring family planning services, the demand has been satisfied for 58.6 percent of these couples (NFHS II, 1998-99).

World-wide less than half of all births are planned. Many women have unintended births or terminate unwanted pregnancies in induced abortion. The estimated 182 million pregnancies each year in developing countries 36 are unintended and almost half of induced abortions are unsafe. In the world 380 women become pregnant every minute and in developing countries (Pathak, 2002). An estimated 38 percent of all pregnancies occurring around the world every year are unintended, and around 6 out of 10 unplanned pregnancies result in an induced abortion (Shrestha, 2008). Unmet need for family planning is still high in Nepal. The current unmet need for family planning in Nepal, among currently married women aged 15-49 years, was 27.7 percent in 1991, and 31 percent in 1996 and 28 percent in 2001. Similarly the unmet need was 28 percent and 24 percent in 2011 and 2016 respectively (MOHP, New ERA and ICF International Inc., 2016). Compare between in 1996 to 2011, the pace of decline unmet need for spacing births is three times as high as the limiting births between 1996 to 2011 suggesting that the family planning program increasingly providing the spacing methods compared to the limiting ones.

Overall, 24 percent of married women in Nepal have an unmet need for family planning (8% for spacing and 16% for limiting) but are not currently using contraception (Table 5). Fifty-three percent of married women have a met need for family planning; that is, they are currently using contraception.

Table 3: Percent distribution of currently married women aged 15-49 by unmet need for family planning, 1996-2016

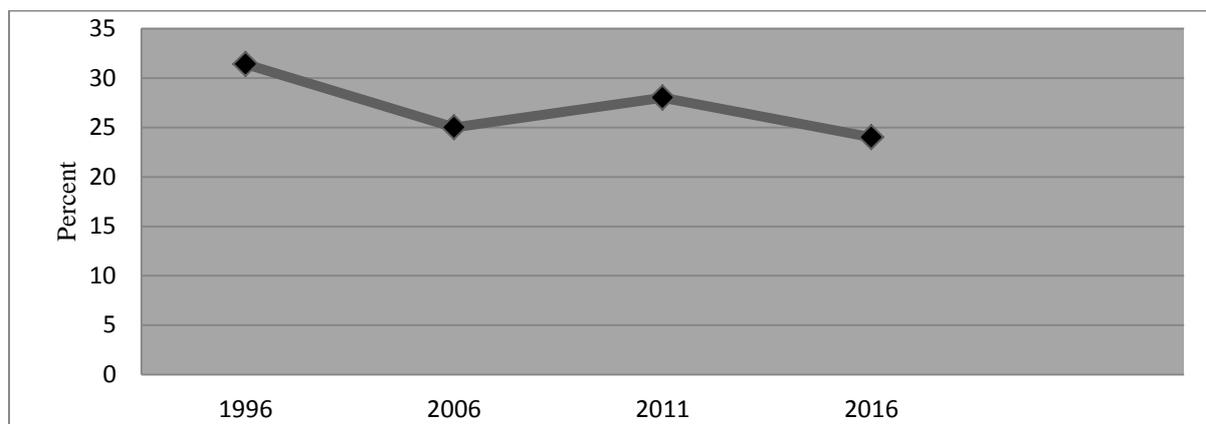
Unmet Need	1996	2001	2006	2011	2016
Limiting births	17.0	16.4	15.2	17.0	16
Spacing births	14.0	11.4	9.4	10.0	8
Total	31.0	27.8	24.6	28.0	24

Source: MOHP, New ERA and ICF International Inc., 2016

There has been a decline in the unmet need for family planning from 28 percent in 2011 to 24 percent in 2016 (Table 3). However, the use of modern methods has remained constant at 43%, and the demand satisfied with modern methods has also stagnated at 56 percent (NDHS,2016) .

The following figure presents the level and trend of unmet need of family planning of currently married women of age group 15-49 in 1996-2016.

Figure 2: Percent distribution of currently married women aged 15-49 by unmet need for family planning, 1996-2016



IV. CONCLUSION

Family planning plays a central role in sexual and reproductive health care, because it allows planning couple to have healthy reproductive lives. The greatest contribution of family planning program lies in avoiding unwanted pregnancies and there by unplanned birth and making sure that all birth are planned. The greatest contribution of family planning program lies in avoiding unwanted pregnancies and there by unplanned birth and making sure that all birth are planned. Family planning means to enable couples and individual to decide freely and make responsible for the numbers and spacing of their children. Knowledge of at least one contraceptive method is nearly universal in Nepal among currently married women. Contraceptive use has increased dramatically in the past 30 years. Contraceptive prevalence rate (CPR) has risen from 2.9 percent in 1976 and 53 percent in 2016. However, contraceptive prevalence rate of any methods was increased only 3 percent between period of 2011 and 2016. Overall, 24 percent of married women in Nepal have an unmet need for family planning (8% for spacing and 16% for limiting) but are not currently using contraception .

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