

CHAPTER 17

POPULATION POLICY AND REPRODUCTIVE HEALTH

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17.1 Population Policy

17.1.1 Background

Nepal's population has increased from 6.28 million in 1941 to 23.15 million in 2001. The addition of more than 16 million in six decades' time period is seen mainly through the high rates of population growth. In 1941 population growth rate of the country was just 1.16 percent, which has increased to 2.25 percent in 2001. Over the past decades rapid population growth has been recorded. Prevalent population growth of Nepal is considered as an unacceptably high rate of population growth compared to other developing countries in Asia. If the population growth rate of 2.25 percent continues, it is projected that population of Nepal will be doubled within 31 years.

The high rate of population growth in Nepal has affected both social and economic aspects of Nepalese people in general. Excessive population growth has caused increased pressure on limited resources available in the country. In essence, population growth in Nepal has not coincided with similar growth in food and other productions of the country. There has been a growing tendency to cultivate marginal land and steep terrain, thereby causing further land degradation and erosion. It has led to adverse effects on natural resources leading to negative impact on environment. Likewise, the pressure of rapid population growth in urban and semi-urban area has increased excessive pressure on social and physical infrastructures. Excessively young structure of Nepalese population characterized by high fertility has led to continuous growth of population. Increase in population size of the country has caused malnutrition, high maternal and infant mortality rate and growing unemployment/underemployment, specially in rural areas. Spatial distribution of population is worsening due to imbalance between government's investment and population distribution, concentration of investment in limited areas and other factors. Prevalence of widespread poverty has been the major constraint to overcome social-economic challenges of the Nepalese people. It should be understood that population growth is not a problem in itself, rather its unbalanced growth has caused various problems. Change in population of the country and its pattern, level of use of natural resources and the pace of socio-economic development are very

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much interrelated. Demographic parameters such as population growth, structure and distribution will have significant influences on overall socio-economic status of the country.

It is well understood that effective policies can have significant influences in overcoming demographic and population challenges of the country. Nepal's population policies have been geared to improve socio-economic situation of the country. Population policies of Nepal have been guided through the periodic plans of the country. Nepal has adopted the policy of incorporating population concerns into the periodic plans of the country ever since the first five year plan launched in 1956. Population issues have been addressed in all periodic plans of the country. This clearly indicates that His Majesty's Government of Nepal has been concerned on population dimensions ever since the initiation of planned development process in the country. However, explicit population policy at the national level with long term vision and targets is still to be materialized.

17.1.2 Review of Population Policies

The initiation of population policies in Nepal goes back to late fifties since Nepal launched its first five year plan. As of now, Nepal has completed nine periodic plans and the tenth plan is underway. The population related issues, policies and programmes have been embraced more or less in all these periodic plans. In essence, population concerns form a substantial part of the development planning process in Nepal. A review of population policies, strategies, targets and programmes pursued through the periodic plans since 1956 is presented below.

17.1.2.1 The First Plan (1956 - 61)

The concern for population distribution was initiated from the first plan period itself. The policy of redistributing population from the densely populated hills to sparsely populated terai was introduced. It was aimed to absorb increasing population by reclaiming the terai and inner terai forests for resettlement. Policies concerning providing employment opportunities, improving standard of living without discrimination and creating necessary statistical information were also included in the first plan document. Negative consequences of high population growth on national development were also recognized. In 1959, Family Planning Association of Nepal (FPAN) was established, as the first non-government organization, to deal with the reproductive health and family planning services under the initiatives of few Nepalese Medical Doctors and Social Workers.

17.1.2.2 The Second Plan (1962-65)

The second three year plan document of the country was oriented towards resettlement programmes for absorbing the increased population. The second plan of the country had addressed management aspect of population by having established Nepal Resettlement Company in 1962. Extension of social services and increased employment opportunities through labor intensive schemes were considered as supplementary policies related to population. Similarly, with the objective of bringing equilibrium between population growth and economic output of the country, the policy of family planning was emphasized .

17.1.2.3 The Third Plan (1965-70)

The population policy of Nepal was initiated formally during the third plan period. Before this, population concerns were incorporated into the plan document without having any explicit policy guidelines on population. In the third plan document, a separate chapter on 'Population and Manpower' was included. Family planning was focused as an integral part of the population policy. The need for population control was first reflected in the third plan document. Since then fertility reduction has remained a common denominator in all population related policies and programmes of Nepal. As such, third plan provided an impetus to the development of population policy in the country.

The third plan had assessed that expanded health services led to increase in life expectancy and increased rate of population growth in the country. It had also predicted that the population of Nepal will grow at a faster rate due to a higher standard of the public health measures. Thus, it was realized that it would not be possible to decrease population and increase the standard of living of the people unless the birth rate is controlled. Positive steps were advocated in the field of family planning.

The third plan had examined the implications of increased population on health, resettlement, employment and income. Recognizing the vitality of agriculture and limited resources to raise the living standard of the people, the plan noted that simply to maintain the present per capita income, production must increase. Scarce resources will be absorbed in maintaining income levels rather than increasing them. This justified the need for undertaking an effective and widespread family planning programme.

Even though official family planning programme, as part of the population policy, can be traced only from 1965 onwards, family planning services were offered in Nepal by the Family Planning

Association as early as 1959. In 1968, Nepal Family Planning and Maternal and Child Health Board, a semi-autonomous body under the Ministry of Health was also formed. The board was mandated for taking measures to reduce the CBR from 40 to 38, infant mortality rate from 200 to 150, and to provide maternal and child health services systematically throughout the country. Similarly it was also targeted to decrease the crude birth rate from 39.1 in 1967 to 38.1 by 1970.

17.1.2.4 The Fourth Plan (1970-75)

Like the third plan, the fourth plan also included a separate chapter on Population and Manpower. The fourth plan reiterated earlier policies of using manpower resources, family planning programmes, labor intensive techniques, use of indigenous resources to absorb maximum manpower and the control of population growth. This plan identified some prerequisites for bringing about required changes in the economic and social conditions, cultural patterns and aspirations of common man.

The plan document observed increased life expectancy due to declining deaths contributed by expansion of modern health care system in the country while birthrates remained high. The plan document had also noticed that decline in deaths and rather stagnant birth rates contributed to rapid increases in population. As such, the fourth plan had set strategies for the reduction of the birth rate through change in socio-economic condition and cultural practices of the people and family planning programmes.

The plan made an analysis of the density on land and also acknowledged the difficulty in meeting other socio-infrastructural needs (education, employment, health, drinking water) for the increasing population. It also explicitly expressed that other sectors of the economy must be expanded in order to absorb the growing labor force, to decrease dependency and to reduce disguise and under-employment in the agricultural sector. In the fourth plan period family planning services had been targeted to cover 15% or 12000 married couples by the end of 1974/1975. It was later revised to 13% and the target was set for regional and district levels.

In May 1974, the National Planning Commission (NPC) constituted a Task Force on Population Policy. The task force defined population policy 'as that portion of public policy which deals with laws, administrative regulations, and action programmes having an indirect or direct effect on population growth and distribution'. The need for having an explicit population policy of the country was duly emphasized by the task force. The population issues were viewed in terms of total change and from a broader perspective. Four variables: fertility, mortality, migration and population growth were thought to be intimately linked with population policy. The task force

considered population policy as an integral part of the national development policy. In the formulation of a population policy, the following factors were suggested for consideration.

- To consider the population policy as an integral part of national development planning.
- To make population policy concerned with both public and private sector activities.
- To formulate population policy on the basis of certain time-limited goals ; and
- To make population policy people-oriented, i.e. mainly concerned with improving the quality of life of the Nepalese people.

The task force recommended to form a Population Co-ordination Board under the National Planning Commission to coordinate various activities of the sectoral ministries/departments. It also recommended the implementation of vital registration system, entry permits, promotion of female education, intensive family planning programmes in high population density districts.

17.1.2.5 The Fifth Plan (1975-80)

The fifth plan adopted the major recommendations of the task force formed during the fourth plan. The plan document emphasized the following policies with regard to population issues of the country.

- To reduce CBR through basic development and reforms in social, economic, cultural and educational aspects as well as through family planning and maternal child health programmes.
- To regulate internal migration from hill to the terai in a planned and systematic way.
- To regulate external migration to minimize the impact of immigration on population growth.
- To achieve the optimum distribution of population across regional axis, especially in the western terai.
- To provide provision and expansion of basic facilities, e.g. schools, hospitals, drinking water, etc. in selected centers for urbanization.

During the fifth plan period, vital registration system was introduced in some districts. Permanent methods of family planning were officially promoted as cost-effective methods requiring minimum follow-up and supervision. Mobile camps for sterilization became a popular approach for delivering family planning services in the country.

In 1975, a high level Population Policy Coordination Committee was constituted. Later on, it was converted to the National Commission on Population (NCP) in the year 1980.

17.1.2.6 The Sixth Plan (1980-85)

Like the preceding plans, the sixth plan adopted a broad policy of reducing the population growth rate to maintain a balance between available resources and increased population. Specific objectives contained in the plan were:

- To reduce population growth rate of 2.3 percent per annum through provision of proper infrastructure. Adequate external and internal resources will have to be utilized for preparing the infrastructure in order to achieve the reduced population growth rate.
- To regulate internal migration from hills to the terai, feasibility of planned resettlement programmes will be studied. Based on the appropriateness, planned resettlement in the hills will be implemented.

Major policies and strategies adopted by the plan were:

- To make available family planning services to high fertility rural areas.
- To promote permanent methods of family planning instead of the temporary methods. Married women aged 20-39 will be the target population. Intensive family planning programmes will be launched in high population density areas.
- To make population education more widespread with a focus on rural areas.
- To increase participation of people, specially of women in population control programmes.
- To make expansion of basic facilities in the hills to discourage migration to the terai and planned urbanization in low growth rate areas.
- To facilitate the implementation of recommendations made by studies sponsored by the National Commission on Population with a focus on motivating people to adopt family planning services.

The sixth plan had fixed the target of bringing down TFR by 0.5 during the plan period, death rate from 19 to 17 per 1000 population and thereby population growth rate to 2.3 percent per annum by 1985. Likewise, during this plan period an ambitious National Population Strategy (NPS), 1983 was also adopted. The National Population Strategy consisted of both short term and long term strategies. Major goals were to:

- Reduce TFR from 6.3 to 5.8 by the year 1985, to 4.0 by the year 1990 and to 2.5 by the year 2000.
- Reduce population growth rate of 2.6 percent to 2.2 percent by the year 1985, to 1.9 percent in 1990, to 1.6 percent in 1995 and to 1.2 percent in 2000. To achieve those targets the following strategic thrusts were adopted.
 - Accord high priority for fulfillment of the current substantial unmet needs for family planning services.
 - Integrate population programmes in all projects relating to environment, forestry, agriculture and rural development.
 - Emphasize the programmes that helps to increase the status of women, female education and employment.
 - Mobilize local bodies, class organizations and NGOs in all population and fertility reduction programmes.
- Control the steadily increasing immigration into the country.
- Create institutional framework for the design and implementation of the strategic thrusts as stated above.

Several policy decisions were made and a plan of action was developed by the National Commission on Population concerning implementation of the national population strategies. However its implementation part remained very weak., it was revealed that many of the total policies and/or actions proposed through the strategies were not put into action. Most of the targets and strategies set by NPS were considered as vague and ambiguous. However, continued emphasis on family planning programmes received some impetus during the sixth plan period.

17.1.2.7 The Seventh Plan (1985-90)

During preparation phase of the seventh plan, an assessment was made on the impact of the development polices and programmes adopted through the preceding periodic plans. The outcome of such assessment was found to be very gloomy. Population growth continued further and economic development remained sluggish while even the minimum basic needs of the people remained unfulfilled. It was acknowledged that failure to boost the production of traditional export items led to a situation whereby whatever was produced had to be diverted to meet the needs of the growing population. The seventh plan document observed that one of the major challenges that the country faced was to design appropriate steps to tackle the population problem. Curbing population growth needed to be accorded a high priority.

The seventh plan marks a mile stone in the development of population policy in Nepal. This plan consisted of several elements to expedite the population concerns. Firstly, it took a long term perspective on population growth and set targets with respect to fertility and population growth rates. Secondly, it realized the need of integrating population issues into the development process. Thirdly, it emphasized the importance of raising women's status in influencing the fertility behavior. Fourthly, it identified immigration as the area for major policy intervention. And, finally it also realized the role of communities, civil societies and NGOs in influencing the fertility behavior.

The national population strategy adopted in 1983 remained almost unchanged in the seventh plan. Population policies adopted during the seventh plan were based excessively on the national population strategy. The long term objective of the population policy in the seventh plan was to strike a balance between population growth and economic development by reducing the adverse effects on population structure and its distribution that result from the pressure of unchecked population growth. A new concept of 'minimum basic needs' was introduced during the plan period. To accomplish these objectives, the population policies of the seventh plan were:

- To expand family planning services and meet unfulfilled demand for such services.
- To integrate population programmes with development programmes keeping in mind the interrelationship that exists between development and population.
- To emphasize women's development programmes, since women's status in the society, women's education and women's employment have a positive impact on constraining population growth.
- To increase participation of local bodies and class organizations in reducing population growth.
- To control the continuous flow of immigration.

During the plan period, some operational policies were also formulated. Such policies included expansion of family planning services in densely populated areas, integration of population variables in sectoral development programmes, and increased emphasis on women's education and employment expected to propagate the idea of small family size norms, and in turn influence the fertility behavior. Other operational policies adopted during the plan period included active participation of local bodies and class organizations in implementing population programmes at the grass root level, and control of immigration through regulated entry and exit and work permit system.

The seventh plan adopted the long term target set through the national population strategy of reducing total fertility rate to 2.5 by the year 2000. It also set a target of reducing the total fertility rate to 4.0 and infant mortality rate to 98.3 per thousand and increasing average life expectancy to 55.4 years by the end of the plan period. The seventh plan aimed at intensifying family planning programmes to reduce the population growth.

For the first time in Nepal's planned development, the seventh plan document contained separate chapters on women and development and child development. The objective of increasing women's participation in development was to raise social and economic status of women. In this context, one of the policies was to implement maternity and child health programme as a priority activity. Under the child development, the plan envisioned all-round development of child through better provision of health, nutrition, and education. It was realized that fertility behavior is intricately associated with women's autonomy/status and until and unless, women's status is improved, there may not be any change in their reproductive behavior . Improvement in women's status was considered as crucial for reducing the population growth.

Although many of the goals of the national population strategy were incorporated into the plan document, the operational mechanisms suggested remained to be implemented. None of the six working groups proposed by the NCP really functioned. Similarly, grants to district development committees that were required to be spent on population activities were disregarded. Establishment of population units in sectoral ministries were also not incorporated, neglecting the integration aspect that was emphasized as crucial for socio-economic and demographic transformation. Thus, instead of having a pronounced policy statement for balancing population growth with economic development during the seventh plan period, the performance had been rather dismal. The following table highlights the performance of the seventh plan period.

Table 17.1 : Demographic targets and performance of the seventh plan.

| Indicators | 1985-1990 | | |
|------------------------|-----------|--------|-------------|
| | Base Year | Target | Achievement |
| Population Growth Rate | 2.7 | 2.0 | 2.6 |
| Crude Birth Rate | 41.6 | 32.2 | 39.6 |
| Crude Death Rate | 16.6 | 12.8 | 13.9 |
| Total fertility Rate | 6.1 | 4.0 | 5.8 |
| Infant Mortality | 111.5 | 98.3 | 105.3 |

The seventh plan adopted an ambitious target of TFR reduction to 2.5 by 2000 AD. However, it discarded some important policies and institutional mechanism proposed by the NPS. Functional linkages between the population policies and programmes of the line agencies were missing. At the beginning of the seventh plan, a 15 year programme of fulfilling the basic needs of Nepalese people by the year 2000 AD was declared. This programme consisted of separate demographic targets, such as annual population growth rate of 1.9 percent with a TFR of 4.0. While, on the other side, NPS had set the target of 1.2 percent annual population growth rate and a TFR of 2.5 by the year 2000 AD. Setting of two targets led to a lot of confusions for the implementing agencies. Anyway, both the targets remained far from being achieved.

The overall development performance of the past seven periodic plans were considered far from satisfactory, due to high population growth and low GDP growth rates with marginal improvement in per capita income of the people. During the third plan period, the average annual GDP growth (2.7 percent) was slightly higher than population growth. But during the fourth and fifth plans, the GDP growth rates of 1.8 and 2.3 percent respectively lagged behind population growth rate of more than 2 percent. It was only during the sixth and seventh plan periods, the GDP growth rates of 4.0 percent and 4.6 percent respectively exceeded the average population growth rates of about 2.6 percent by an appreciable margin.

17.1.2.8 The Eighth Plan (1992-97)

This was the first plan after the restoration of democracy in Nepal. The previously drafted eighth plan document aimed to bring down significant reduction in the prevailing high fertility rate, to reduce adverse effect exerted by the uneven population distribution, and to raise the life expectancy. Accordingly, the draft plan targeted to bring down TFR from 5.8 to 4.0, infant mortality rate from 102.1 to 63.6 and to raise life expectancy from 54.3 years to 59.9 years. The annual growth rate of population was to be reduced from 2.6 percent to 2.2 percent. The plan document of the eighth plan previously drafted intended to bring a balance between the population growth and the pace of economic development of the country.

Due to political changes in the country, the original draft of the eighth plan could not be adopted. After a gap of two years (1990-92), the eighth plan document was finally endorsed incorporating policies and programmes related to population. The eighth plan document contained a separate chapter on Population, which is considered as an important initiation to prioritize the population concerns. The eighth plan aimed to address the following two challenges of the population sector in the country.

- To regulate population growth rate, and
- To solve the problems arising out of the effects of age composition created by the high fertility rate in the past and other possible effects in areas like migration, environment and urbanization.

The major objective of the national population policy adopted during the eighth plan period was to establish an adequate balance between population growth, socio economic development and environment and thereby helping the Nepalese people to fulfill their basic needs. The long term goal of the national population policy was to create a conducive environment for the formation of a small family size norms through socio- economic incentives and thereby restricting each couple's desire for two children only. Since no significant achievements could be made with regard to targets set during earlier periods, the long term targets in the eighth plan were revised without much substantive change in the policies. The eighth plan had set specific targets as the followings:

- To reduce the total fertility rate from 5.8 to 4.5
- To increase the present life expectancy from 54.4 to 61 years.
- To reduce the existing infant mortality rate from existing 102 to 80 per thousand.
- To reduce the child mortality rate under 5 years of age from 165 to 130 per thousand.
- To reduce the existing maternal mortality rate from 850 to 720 per 100,000 live births.
- To regulate internal migration.

For achieving the set targets, major policies on population adopted for the eighth plan were the followings:

- To create a congenial socio-economic atmosphere for small families with only two children and to motivate the couples for small families by implementing various programmes for promoting general people's living standard.
- To keep on developing the programmes related to women's development, adult literacy and education in order to improve women's socio-economic status.
- To integrate the family planning programme with the primary health programme and then implement it.
- To expand NGOs and other private agencies to make family planning services available up to the grass-root level in an effective manner.
- To develop skilled manpower through training and extension programmes.

Similarly issues related to population were also contained in the health and family planning, women in development and child development sections of the eighth plan document. The specific programmes related to population during eighth five year plan were grouped under the following six broad headings.

- i. MCH and Family Planning Service Delivery.
- ii. IEC and Population Education
- iii. Status of Women.
- iv. Population and Development
- v. Population and Environment.
- vi. Migration and Urbanization.

The data reveals that improvements could be made in reducing infant mortality rate and child mortality rate during the plan period. The TFR could not improve as per the target yet the trend towards decline could be continued. The creation of the Ministry of Population and Environment (MoPE) in 1995 could be considered as fulfillment of the commitment made by the government in ICPD 1994 for taking ahead the population policies and programmes in an integrated way. However, the overall performance of the population programme was less than satisfactory during the eighth plan period, instead of having said that strategies and targets of the eighth plan were reformulated to make them achievable in reality. The main reason for the failure was due to the fact that major policy instruments were never implemented. Two years after bringing out the National Population Strategy, National Commission on Population reviewed the status of 91 population-related decisions of the government. It was found that out of the decision items studied, less than seven percent were successfully implemented, a little more than one-third were partially implemented and the rest were not implemented at all. These findings clearly illustrates the weak implementation of the population policy and unsatisfactory performance of the population programmes in the country.

17.1.2.9 The Ninth Plan (1997-2002)

The ninth plan was developed in the perspective of a 20 years long term plan. The main thrust of this plan was to alleviate poverty and thereby accelerate economic development of the country. It was also realized that the growing population caused environmental degradation and aggravated the problems of development. This required that triangular relationship among population, environment and development should be integrated and utilized for the progress of the country. Additional emphasis was sought on population management to achieve the goal of poverty alleviation through high employment generations. Similarly, in addition to bringing improvement and extension of services and supply system, it was required to meet the unmet need of family

planning services. The ninth plan document incorporated many of the commitments made by Nepal during the International Conference on Population and Development (ICPD) in 1994. The long term objective of the ninth plan was to bring down total fertility rate to the replacement level in the next 20 years. Immediate objectives of the plan were:

- To attract couples towards a two child family.
- To implement various programmes to bring down the fertility rate to replacement level in the coming 20 years.
- To ensure qualitative family planning and maternal child health services (FP/MCH services) easily accessible and available.

The ninth plan had set the following targets based on status of 1996/97

Table 17.2 : Targets of the Ninth Plan.

| Description | Status (1996/97) | Target of the Ninth Plan(2001/02) |
|--|------------------|-----------------------------------|
| Total Fertility Rate (TFR) | 4.58 | 4.2 |
| Contraceptive Prevalence Rate (CPR) | 30.1 | 37.0 |
| Percent of Married Women Aged 15-19 Years (in %) | 42.1 | 36.1 |
| Infant Mortality Rate/1000 | 74.7 | 61.5 |
| Child Mortality Rate/1000 | 118 | 102.3 |
| Maternal Mortality Rate/100,000 | 439.0 | 400.0 |

In addition to the demographic targets, the ninth plan also adopted the goal of undertaking qualitative reforms in the management of population. Major qualitative goals consisted of:

- Increasing the satisfaction of target groups,
- Intensifying the awareness regarding the benefits of small family,
- Developing an attitude down the local level for bringing balance between population and resources,
- Enhancing male participation in population management , care of the infant and information dissemination,
- Increasing the participation of local units to provide quality services,
- Providing quality services by intensifying public awareness towards the importance of antenatal and postnatal care for the reduction of maternal mortality and infant mortality,

- Enhancing safe motherhood and breast feeding.

The population policies and implementation strategies of the ninth plan consisted of:

- To develop the concept of two children per family by emphasizing the socio-economic development activities which motivates a desire for small family.
- To conduct programmes concerning population, development and environment in an integrated manner.
- To give special emphasis on fertility and child health in national health services.
- To provide quality services and methods of family planning according to specific needs of users.
- To encourage the involvement of local units and government organizations in the delivery of population and reproductive health services.
- To provide preventive and curative health services for reducing child and maternal mortality in rural areas.
- To conduct informational and educational programmes concerning various aspects of population management as well as safe motherhood, family planning and additional programmes which encourage control in the prevention of AIDS and diseases concerning reproductive and venereal diseases.
- To mobilize effectively the local units as well as non-government and community organizations in the population programmes.
- To encourage INGOs to work collaboratively with the local NGOs to contribute in the provision of services in reproductive health, maternal infant services and venereal diseases.
- To emphasize female education and employment opportunities.
- To make provision of special and additional grants to District Development Committees and Village Development Committees to implement women's empowerment and population management programmes.
- To adopt policy and programmes for regulation of international migration based on research findings.
- To undertake special programmes for social security and welfare of elderly population.
- To promote population education both in formal and non-formal education .
- To encourage male participation in family planning, reproductive health and caring of children.

- To develop effective and regular monitoring of population activities by involving experts from government, non-government and private sectors.
- To encourage studies and research in the field of population.

Specific programmes set by the ninth plan were as follows:

- Formulation of a Population Perspective Plan (PPP) for having long term vision on population management.
- Special programme for Adolescent and Youths, in consideration of the principal actor for the growth of population.
- Special programmes to raise awareness in increasing the minimum age for marriage and in enhancing the spacing.
- Providing family planning services in convenient place and time as desired by the users.
- Undertaking Information, Education and Communication Strategy (IEC) to popularize the concept of two children, raise the age of marriage and improve social status of women.
- Enhancing effectiveness of vital registration system.
- Incorporating population and reproductive health education in women education and employment.
- Strengthening Monitoring & Evaluation (M&E) system for regular monitoring and evaluation of the specified goals and activities.

The ninth plan document had incorporated population concerns through sectoral policies, strategies and programmes as well. In this context, the main topics have been education, health and child development under the social science and social security chapter and also the women and youth development chapter. These chapters have been considered as contributing factors to achieve the stated goals of the population sector.

The overall achievements made in population management during the ninth plan period could be considered reasonably satisfactory. With regard to target on lowering of TFR, it has exceeded the plan target marginally. Similarly, substantive progress has been recorded in some other demographic indicators as well. The following table highlights some commendable achievements of the ninth plan.

Table 17.3 : Achievements of the Ninth Plan.

| S.N | Description | Status of 1996/97 | Ninth Plan | |
|-----|---|-------------------|--------------|--------------|
| | | | Plan Targets | Achievements |
| 1. | Population Growth Rate (%) | 2.3 | | 2.25 |
| 2. | Infant Mortality Rate (per 1000) | 74.7 | 61.5 | 64.2 |
| 3. | Maternal Mortality Rate (per 100,000) | 439.0 | 400.0 | 415.0 |
| 4. | Total Fertility Rate | 4.6 | 4.2 | 4.1 |
| 5. | Contraceptive Prevalence Rate (CPR) (%) | 30.1 | 36.6 | 39.3 |
| 6. | Average Life Expectancy (Years) | 56.1 | 59.7 | 60.4 |
| 7. | Literacy Rate (Age 15+) (%) | 37.8 | 70.0 | 49.2 |

In spite of having several achievements in the field of population management during the ninth plan period, there remained several demographic challenges for enhancing socio-economic status of the Nepalese people. The demographic structure of Nepal is still characterized by its young people, high fertility, low prevalence of contraceptive and early marriage. The population growth has not matched with economic growth of the country. As such, the prevailing situation has led to widespread poverty and low socio-economic status of the Nepalese people. This has called for massive efforts to bring down the prevailing rate of population growth in the country.

17.1.2.10 The Tenth Plan (2002-2007)

Poverty alleviation has been the overriding objective of the tenth plan to promote faster broad based economic growth, equitable access to social and economic infrastructure and resources for the poor and marginalized groups, and ensure social inclusion. In the context of population related issues, many of the commitments made during ninth plan period have been renewed for the tenth plan period. The progress achieved during the ninth plan period on population and demographic issues is commendable in several areas, however it should be noted that gains have been made from a relatively low base. There is a need to continue further for having more impressive results. The major concerns have been incorporating population issues into the total development process and bringing behavioral change for accomplishing the demographic targets.

Long term Concept

The long term concept on population management of the country has been to achieve the replacement level fertility by 2017 and to contribute towards poverty alleviation through educated, healthy and skilled human resource development for having a prosperous society.

Objectives

The objectives of the tenth plan concerning population management are as follows.

- i. To associate the people into development activities through the development of small and quality family.
- ii. To systematize the migration process.

Quantitative Targets

The quantitative targets set for the tenth plan period are as follows:

Table 17.4 : Targets of the Tenth Plan

| S. No. | Description | Status of the Ninth Plan | Targets of the Tenth Plan | |
|--------|--|--------------------------|---------------------------|-----------------------|
| | | | At Expected Growth Rate | At Normal Growth Rate |
| 1. | Total Fertility Rate | 4.1 | 3.5 | 3.6 |
| 2. | Contraceptive Prevalence Rate (%) | 39.3 | 47 | 46 |
| 3. | Infant Mortality Rate (per 1000 live births) | 64.4 | 45 | 47 |
| 4. | Child Mortality Rate Under 5 Years (per 1000 live births) | 91.2 | 72 | 74 |

Strategies

The following strategies have been set for accomplishing specified objectives of the tenth plan as stated above.

- i. Strategies relating to first objective of the tenth plan, i.e. promoting small and quality family are the followings:
 - Easy access to reproductive health services, delayed marriage and breast feeding will be encouraged.
 - Public awareness on massive scale will be emphasized in population management.

- Special programme will be carried out by targeting adolescent and youth (10-24 years) groups.
 - Population management works will be made effective through the review of population related laws and policy reforms.
 - Special emphasis will be stressed towards the enhancement of family and social status of women, skills development and increased employment opportunities for women, women literacy and girls child education.
 - Role of the educational institutions will be increased effectively in formulation and implementation of the population education programmes.
 - A policy of increasing the participation of local bodies will be pursued as per decentralization concept while undertaking population management programmes.
 - A policy of undertaking population management programmes will be adopted by having participatory partnerships with the private and non-government sector.
- ii. In accordance to second objective of the plan, both internal as well as external migration will be made systematic.

Programmes with Special Emphasis

- Formulation and implementation of long term population perspective plan (PPP).
- Review and implementation of population policy and legal system.
- Conducting population management programmes with the involvement of local bodies.
- Conducting population management related programs with the partnership of civil society, NGOs and private entrepreneur.
- Undertaking adolescent friendly and youth-oriented programmes.
- Preparation of Population Pressure Index.
- Maintaining records of outgoing Nepalese at exit points and incoming non-Nepalese at entry points.
- Population advocacy and behavioral change communication, information, education program.
- Easy accessibility of reproductive health services.
- Strengthening and utilization of vital registration system.
- Increasing the accessibility of girls in educational opportunity.

Anticipated Accomplishments

Achievements made in the social sector like population management can be felt in the longer period only. By having encouraged population for small family size contributes towards decrease of population growth leading to poverty alleviation in the one hand and also contributes towards human resource development and management in the other hand. Balancing between population growth rate and new opportunities for employment generation helps in achieving qualitative employment management. Reduction in population growth rate leads to better utilization of the local resources, which in turn makes the balanced development and migration management easier. Effective population management carried out through the lead role of District Development Committee will ensure that backward classes and sectors would not be deprived of the fruits of development. Conducting programmes like girls education, promotion of women status in family and in society under population program will contribute to gender equality. As a result, proper management of population growth, composition and distribution leads to quantitative and qualitative accomplishments in materializing the long term concept on population.

17.1.3 Population Related Institutional Development

Population being a cross cutting issue with multi-sectoral and multi-dimensional character, institutional arrangements becomes very much interlinked. There is a need for an integrated and comprehensive institutional framework for effective implementation of population policies, strategies and programmes. Ever since the beginning of the first five year plan in Nepal, emphasis has been laid on the institutional arrangements for carrying out population related activities. Many ups and downs have been noticed pertaining to institutional arrangements for population concerns. A review of the institutions related to population reveals the following scenario.

Fertility has been the prime concern ever since the initiation of population related policies in Nepal. As such, the fertility aspect has influenced the organizational development process in the areas of population. The Family Planning Association of Nepal (FPAN) was established in 1959 as a non-governmental organization, under the initiatives of a few Nepalese medical practitioners and social workers. The creation of FPAN was sponsored by Pathfinder Fund and later by International Planned Parenthood Federation (IPPF). The FPAN has been the pioneer non-governmental organization involved in the promotion and delivery of family planning services in the country. In the NGO sector, the FPAN has the largest network spread over different parts of the country. At present there are several other NGOs / INGOs involved in the delivery of reproductive health and family planning services.

In the government sector, the Department of Health Services (DoHS) has been the lead agency involved in providing reproductive health services including family planning as well as maternal and child health care services. Initially family planning programme was looked after by the Maternal and Child Health Section of the DoHS. The governmental initiation towards population, specially on family planning and maternal/child health was started by mid period of the third plan. It was in 1968, a semi autonomous body in the name of Nepal Family Planning and Maternal Child Health Board was created. This board was chaired by the Health Minister and a separate vertical project titled the Family Planning and Maternal/Child Health Project was also established during that period for effective planning and programming purposes.

At various stages, two separate parallel projects under the DoHS primarily took the responsibility concerning family planning goals of the government. These two projects were the Family Planning and Maternal/Child Health (FP/MCH) Project and the Integrated Community Health Services Development project. (ICHSDP). The first one had integrated family planning services with maternal/child health activities whereas, the second one provided family planning services as one of the six components of the project. With the objective of streamlining family planning and population related activities, several vertical programmes under the DoHS were integrated in the past. At present, Family Health Division of the DoHS has been entrusted to look after reproductive health services inclusive of family planning services.

In 1974, a task force on population was created in the National Planning Commission(NPC) to make recommendations on population concerns in a broader perspective. Based on recommendations of the task force, a high level Population Coordination Board was constituted in 1975. To make this board more operational, a Population Division was also created in the National Planning Commission. These initiations through the NPC underlined the fact that population was a cross cutting issue that needed to be coordinated and facilitated by a central agency. The establishment of the National Commission on Population (NCP) in 1981 was an initiation to have a high powered agency for formulating and coordinating population policies and programmes and influencing the implementation and monitoring of the policies and programmes.

The NCP lacked legal status, and so it could not function as an apex body for population issues. The sectoral ministries did not comply many of its guidelines. Moreover, the NCP was also treated as parallel to the NPC. As a consequence, the NCP could not last long. In 1990, the NCP was dissolved and its activities were transferred to the Population Division of the NPC. As a reaffirmation of Nepal's commitment to the Programme of Action adopted at the International Conference on Population and Development(ICPD) in 1994, the Ministry of Population and

Environment (MOPE) and the Ministry of Women and Social Welfare were created in 1995. The MOPE has been entrusted to formulate and facilitate implementation of the population related policies and programmes. A National Population Commission, chaired by the Prime minister, has also been constituted to provide guidance in the policies and strategies relating to population. It should be noted that the National Population Commission and MOPE are required to make further efforts in producing tangible results on population issues. The creation of the Ministry of Women and Social Welfare (at present Ministry of Women, Children and Social Welfare-MOWCSW) has made possible to look after specific concerns of women and children. Likewise the Ministry of Health and the Ministry of Education and Sports have also shouldered the responsibilities for implementing population policies, strategies and programmes.

17.2 Reproductive Health

17.2.1 Introduction

Reproductive Health (RH) is considered as a state of complete physical, mental and social well being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. After the International Conference on Population and Development (ICPD) held in Cairo in 1994, reproductive health has been recognized as the crucial one to the overall health and is central to human development. Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations.

Reproductive rights embrace certain human rights. Reproductive rights essentially rest on recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. The new paradigm of reproductive health that emerged through the ICPD 1994 has put human rights, human development and individual well being at the center of programme policies. The Programme of Action (PoA) adopted by the ICPD, 1994 consisted of the following points for consideration.

- All countries should strive to make accessible through the primary health care system, reproductive health to all individuals of appropriate ages.
- Reproductive health care programmes should be designed to serve the needs of women, and must involve women in leadership, planning, decision making, management, implementation, organization and evaluation of services.
- Innovative programmes must be developed to make information, counseling and services for reproductive health accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning and in domestic and child bearing responsibilities and also to help in avoiding transmission of sexually transmitted diseases.
- Governments should promote much greater community participation in reproductive health services by decentralizing the management of public health programmes and promoting partnerships in cooperation with local NGOs and private health care providers.
- The international community should give consideration to the training, technical assistance and short term contraceptive supply needs of the countries, where reproductive health is poor and deteriorating.
- Reproductive health services must be particularly sensitive to the needs of individual women, adolescents, migrants and displaced persons, with particular attention to those who are victims of sexual violence.

Additionally, the reproductive health needs of adolescents as a group have also been especially emphasized in PoA adopted through ICPD. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information, education, services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases including HIV/AIDS and subsequent risk of infertility.

17.2.2 Status of Reproductive Health

In line with the Programme of Action of the ICPD, Nepal has pursued several measures to strengthen reproductive health and reproductive rights over the last decade. Pertaining to reproductive health services in Nepal, it has been duly recognized that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Nepalese women of reproductive age

constitute 24.6 percent of the total population and 49.2 percent of the total female population. About 18 percent of Nepalese women of reproductive age (15-49) have never married and 79 percent Nepalese women of reproductive age are currently married.

In recent years, there has been growing concern on reproductive health issues. However, reproductive health is not a new programme, but rather a new approach which seeks to strengthen the existing safe motherhood, family planning, sexually transmitted diseases including HIV/AIDS, child survival and nutrition programmes with a holistic life cycle approach. The current National Health Policy (1991) and Second Long Term Health Plan (1997-2017) have duly emphasized on improving the access to quality RH services. In 1998, a National Reproductive Health Strategy was developed for providing integrated reproductive health services. The RH strategy has focused in the following main areas:

- Implement the RH Package in an integrated way.
- Emphasize advocacy for promoting the concept of RH including the creation of enabling environment for RH.
- Ensure effective management system by strengthening and revitalizing existing health committees at various levels.
- Design and conduct research activities on RH.
- Initiate and upgrade service delivery and training facilities at various levels.
- Strengthen Planning, Monitoring and Evaluation process.
- Develop appropriate Adolescent RH program.
- Promote inter-sectoral and multi-sectoral coordination and collaboration

The integrated Reproductive Health Care Package consists of the followings:

- Family Planning
- Safe Motherhood
- Child Health (new born care);
- Prevention and Management of Complications of Abortion.
- RTI/STD/HIV/AIDS
- Prevention and Management of Sub-fertility.
- Adolescent Reproductive Health

- Problems of Elderly Women i.e. uterine, cervical and breast cancer treatment at the tertiary level or in the private sector.

The integrated reproductive health package in Nepal will be delivered through the existing Primary Health Care system. A substantive gender perspective, community participation, equitable access and inter-sectoral collaboration will be emphasized in a decentralized way in all aspects of the package.

17.2.3 Adolescent Reproductive Health

The reproductive health and reproductive rights of adolescents (10-19 years) are also being considered as a growing concern in Nepal. They are considered as particularly more vulnerable to reproductive health due to lack of information and access to reproductive health services. Adolescents in Nepal often encounter problems, which include lack of awareness and information about sexual and reproductive health, early marriage, early and frequent child bearing, unsafe abortion, STD, HIV/AIDS and substance abuse. The National Reproductive Health Strategy, 1998 as well as National Adolescent Health and Development Strategy, 2000 aims to ensure reproductive rights and reproductive health services of Nepalese adolescents.

17.2.4 RH Package Intervention Strategy

Five different levels of intervention have been set to deliver integrated reproductive health package, which comprises of family level, community level, sub-health post / health post level, primary health care center level and district level. At family/community level, minimal services will be provided with more focus on information, education and awareness creation activities related to reproductive health. Excessive number of people will be covered at this level. At each higher level, more specialized services will be provided. For having gradual improvements in the coverage and quality on reproductive health services being offered at different levels, activities like training, advocacy and IEC, management including planning, monitoring, performance review and evaluation, quality assurance, research, logistic support, collaboration with NGOs/private sector, policy guidance and coordination will also be pursued. All women of reproductive age, irrespective of their marital status, have been ensured of RH services. Similarly, role of men in protecting reproductive health and rights of women has also been emphasized through men's increased responsibility, specially in unwanted pregnancies. A National RH Steering Committee has been constituted to provide policy guidelines for all RH activities in Nepal. Likewise a National RH Programme Coordinating Committee has also been made functional in streamlining the RH related activities.

17.3 Concluding Remarks

Over the past decades, there has been some progress in the areas of population management in Nepal. Population issues have been emphasized ever since the first plan period of the country. Population related policies are being spelled out through periodic plans of the country, which are becoming more and more comprehensive. Initially, the concern with population was seen more on population distribution. The concern with population was shifted to population growth and its control from the third plan period. Since then, reduction in fertility has become a common denominator of all population related policies in Nepal's periodic plans.

The National Population Strategy, 1983 developed during sixth plan period is considered a milestone in the development of population policy in Nepal. This strategy had considered population growth into long term perspective and set quantitative targets with respect to fertility reduction and population growth rates. It also took note of the importance of integrating population concerns into the development activities. The strategies on population set during the sixth plan were adopted in the seventh plan to a greater extent. However, the strategies as stated could not be implemented in the absence of substantive programmes.

As such, the long term targets of 1983 strategy were revised in the eighth plan. The eighth plan stressed to bring about a balance between population growth and socio-economic development. The International Conference on Population and Development held in 1994 called for a broad and holistic approach to population. As a consequence, many of the ICPD concerns were reflected in the population policies of the ninth plan. The ninth plan conceived a 20 year perspective on population and set targets related to demographic and social indicators accordingly. Since the main thrust of the ninth plan was on poverty alleviation, it was envisaged that population issues will be integrated into national, sectoral and local level development process. The tenth plan has considered population management in the context of poverty alleviation. The plan document views that population, development and poverty are closely interrelated and there is an urgent need to maintain balance between population and resources for sustainable development, poverty alleviation and improving the quality of life. It has been recognized that population policies must take into account differential population and demographic dynamics and challenges.

There remain major challenges in the areas of population. The population policies pursued as of now suffers from several limitations. The policies as such, have not been supportive to bring

about anticipated changes on socio-economic status of the people. There is a need for specific policies on population from a very broad and holistic perspective. In essence, the population policies of Nepal will have to be directed to facilitate required demographic transitions in achieving a balance between demographic rates and socio-economic goals of the country. This justifies for having a separate Population Perspective Plan (PPP).

Likewise, the government has recognized that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children. Reproductive health services are being delivered in packaged forms in a decentralized way. It is encouraging to note that the National Reproductive Health Strategy was developed in line with the National Health Policy and Second Long Term Health Plan of the country. However, there remain several issues still to be resolved in providing widest range of reproductive health services, mainly due to varieties of complications arising out of early marriage, unsafe abortion and negligence on antenatal and postnatal care. Community participation and equitable access are not realized to the desired extent. Similarly, coverage and quality of RH services have not reached the satisfactory level. Moreover, the adolescents in Nepal are particularly more vulnerable to reproductive health because of lack of information and easy access to required RH services. This requires for an extended and easy access to quality RH services with greater participation of the community.

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