NEPAL Mobile Services Expand Access to Vasectomy

Background: Family planning landscape

In Nepal, just over one-half of married women use some form of contraception, and modern contraceptive prevalence has trended upward over time, rising from 26% in 1996 to 43% in 2016.[1]

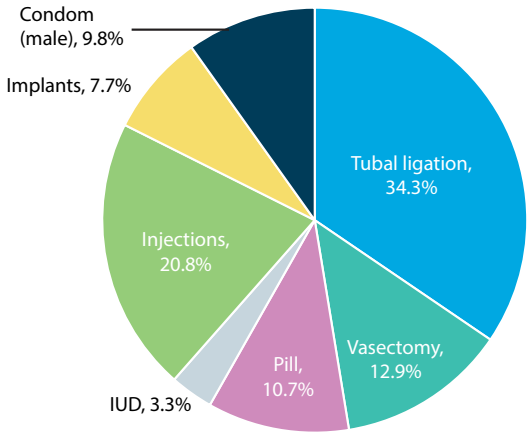
The vast majority of modern contraceptive users access family planning (FP) services and information through the public sector (70%), followed by the private sector (19%) and nongovernmental organizations (6%). The public sector is the "predominant source for implants (84%), male sterilization (79%), injectables (74%), female sterilization (73%), and intrauterine devices (IUDs) (70%).[1]

Key FP statistics in Nepal

- 42.8% of married women use modern contraception[1]
- Individuals who use contraception most commonly choose tubal ligation, injections, and vasectomy (Figure 1)
- The unmet need for limiting births is 16%, and the unmet need for spacing is 8%[1]

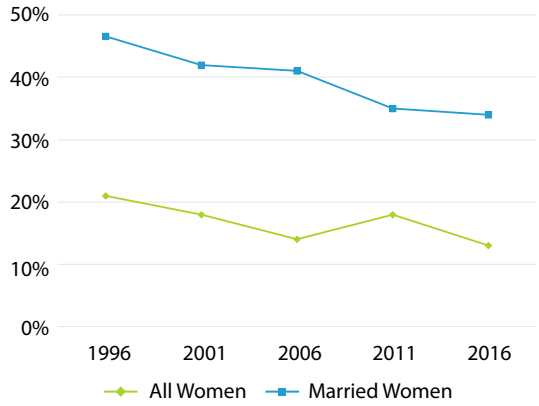
Vasectomy and tubal ligation have accounted for a significant share of the modern method mix among married women in Nepal since 1996, ranging from 12.9–20.7% for vasectomy and 34.3–46.5% for tubal ligation (Figure 2).[1] During that same time, unmet need for limiting among married women of reproductive age has hovered between 15.6 and 17.6%.[1]

Figure 1. Method Mix (Married Women)



Source: ICF. (2015). The DHS Program STATcompiler. http://www.statcompiler.com[1]

Figure 2. Vasectomy and Tubal Ligation Share of the Method Mix (Married Women)



Source: ICF. (2015). The DHS Program STATcompiler. http://www.statcompiler.com[1]

This case study is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.

USAID FROM THE AMERICAN PEOPLE

Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

Vasectomy in Nepal: Mobile outreach services expand access to long acting and permanent methods

Source: Simone D. McCourtie/World Bank

Nepal has a long history of FP provision through mobile outreach services. Since the 1970s, the Government of Nepal has expanded access to permanent methods in rural and hard-to-reach populations through mobile clinics, where trained surgical teams travel with necessary medical supplies and equipment to district health centers or set up temporary medical service sites in communities with limited or no access to contraceptives.[2]

In 2003, Population Services International and the Government of Nepal increased demand for and uptake of vasectomy through the Sun Quality Health Network (SQH), a program that aimed to increase access to a broad range of FP methods and services, including tubal ligation and vasectomy. They utilized several strategies to reduce unmet need and increase modern contraceptive uptake, including creating mobile clinics, organizing health fairs, implementing strategic behavior change communication strategies, and mobilizing community organizations.[3] According to one project brief, "demand for vasectomies was so high at one SQH health fair that frays broke out among men waiting in line for the limited number of vasectomies available that day."[4] By 2006, SQH mobile and stationary clinics had provided 1,820 IUDs and 5,968 voluntary surgical contraception services (vasectomy and tubal ligation).[3] In recent years, the Government of Nepal has also increased access to long-acting reversible contraceptives through mobile and satellite clinics, which led to higher uptake.[2]

MOBILE CLINICS AND VASECTOMY

A 2014 study found that mobile clinics in Nepal are associated with higher odds of a vasectomy (odds ratio, 1.65; 95% confidence interval, 1.21-2.25), concluding that "mobile clinics significantly increase the uptake of vasectomy in hard-to-reach areas of Nepal." [5]

While mobile clinics have their own challenges* and may not be appropriate in every context, the Government of Nepal, SQH, and other programs demonstrate that mobile services can lead to increased uptake of vasectomy and other methods.

References

1. ICF International. (2015). The DHS Program STATcompiler. The DHS Program. https://www.statcompiler.com/en/index.html.
2. Wickstrom, J., Yanulis, J., Van Lith, L., & Jones, B. (2013). *The RESPOND Project study series: Contributions to Global Knowledge: Approaches to mobile outreach services for family planning: A descriptive inquiry in Malawi, Nepal, and Tanzania.* (Report no. 13). The RESPOND Project. https://rhknowledge.ui.ac.id/uploads/resource_file/file/56/Mobile_Outcreach_for_Family_Planning_Malawi_Nepal_Tanzania.pdf
3. Population Services International. (2006). Increasing awareness and access to long-term and permanent methods through clinic franchising & health fairs in Nepal. Knowledge SUCCESS. https://toolkits.knowledgesuccess.org/sites/default/files/nepalclinicfranchising_0.pdf
4. Population Services International. (2005). Giving families more room to breathe: Voluntary birth spacing provides health, economic and social benefits. https://www.psi.org/wp-content/uploads/2009/10/birth-spacing.pdf
5. Padmadas, S. S., Johnson, F. A., Leone, T., Dahal, G. P. (2014). Do mobile family planning clinics facilitate vasectomy use in Nepal? Contraception, 89(6), 557-563. https://doi.org/10.1016/j.contraception.2014.01.019

* In Nepal, mobile clinics cannot be used during the rainy season in some regions due to poor road conditions. Staffing for mobile VSC is also more intensive and expensive relative to shorter-acting methods, and may require a higher initial out-of-pocket costs.