



# WORLD POPULATION DAY 2017

**IHERD**  
International

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**SPECIAL  
REPORT**

## Introduction

World Population Day, which seeks to focus attention on the urgency and importance of population issues, was established by the then-Governing Council of the United Nations Development Programme in 1989, an outgrowth of the interest generated by the Day of Five Billion, which was observed on 11 July 1987.

**World Population Day was first marked on 11 July 1990 in more than 90 countries.**

Since then, a number of United Nations Population Fund (UNFPA) country offices and other organizations and institutions commemorate World Population Day, in partnership with national governments and civil society.<sup>1</sup> Through resolution 45/216 of December 1990, the United Nations General Assembly decided to continue observing World Population Day to enhance awareness of population issues, including their relations to the environment and development.

The aim of the Governing Council of the United Nations Development Program is paying great attention towards the reproductive health problems of the community people as it is

the leading cause of the ill health as well as the death of the pregnant women worldwide. It has been distinguished that **around 800 women are dying daily in the procedure of giving birth to a baby**. The campaign of the World Population Day every year increases the knowledge and skills of the people worldwide towards their reproductive health and family planning.<sup>2</sup>

## World Population Day themes

2016	• Investing in teenage girls
2015	• Vulnerable Populations in Emergencies
2014	• A time to reflect on population trends and related issues and Investing in Young People
2013	• Focus is on Adolescent Pregnancy
2012	• Universal Access to Reproductive Health Services
2011	• 7 Billion Actions
2010	• Be Counted: Say What You Need
2009	• Fight Poverty: Educate Girls
2008	• Plan Your Family, Plan Your Future
2007	• Men at Work
2006	• Being Young is Tough
2005	• Equality Empowers
2004	• ICPD at 10
2003	• 1,000,000,000 adolescents
2002	• Poverty, Population and Development
2001	• Population, Environment and Development
2000	• Saving Women's Lives
1999	• Start the Count-up to the Day of Six Billion
1998	• Approaching the Six Billion
1997	• Adolescent Reproductive Health Care
1996	• Reproductive Health and AIDS

<sup>1</sup><http://www.un.org/en/events/populationday/> 1

<sup>2</sup><http://www.indiacelebrating.com/events/world-population-day/>

**World Population Day 2017 theme is  
“Family Planning: Empowering People, Developing Nations.”**

This year’s World Population Day, 11 July, coincides with the Family Planning Summit, the second meeting of the FP2020–Family Planning 2020–initiative, which aims to expand access to voluntary family planning to 120 million additional women by 2020.

Access to safe, voluntary family planning is a human right. It is also central to gender equality and women’s empowerment, and is a key factor in reducing poverty. Voluntary family planning is one of the great public health advances of the past century. Enabling women to make informed decisions about whether and when to have children reduces unintended pregnancies as well as maternal and newborn deaths. It also increases educational and economic opportunities for women and leads to healthier families and communities. Family planning is a smart, sensible, and vital component of global health and development. Achieving the world’s Sustainable Development Goals by 2030 depends significantly on how well the sexual and reproductive health and rights of women and young people are fulfilled.

Catering to their unmet need for family planning is among the most cost-effective investments overall. In developed countries, where the empowerment of women has progressed more rapidly than other parts of the world, one of the most significant elements of their empowerment was the arrival of the contraceptive pill. The contraceptive pill and other forms of contraception have given women freedom to choose if and when they want to become a mother; the freedom to plan.

**There are still 222 million women in developing countries who would like to use modern contraceptives but do not have access to them.**

This is not to say that universal access to family planning is the miracle solution that will automatically achieve gender equality, but without it, women will continue to be at the mercy of their fertility. As long as women lack access to family planning, they lack choice and opportunities. When a woman is prevented from choosing when to have children, it is not just a violation of her human rights. It can fundamentally compromise her chances in life and opportunities for her children.<sup>3</sup>

<sup>3</sup><http://www.familyplanning.org.nz/news/2014/family-planning-essential-for-women%E2%80%99s-empowerment>

### Global

- **Current global population rate is 1.11% per year (down from 1.13% in 2016).** The current average population change is estimated at around 80 million per year.
- **Over 25 % of the world's population is less than 15 years old.** The figure is 41% in least developed countries and 16 percent in more developed countries.
- **Japan has the oldest population profile, with over a quarter of its citizens older than 65.** Qatar and the United Arab Emirates are at the other end of the spectrum, with each having only 1 percent over 65.
- The top 10 fertility rates in the world are in sub-Saharan African countries, with nearly all above six children per woman, and one topping seven. In Europe, the average is 1.6.
- Thirty-three countries in Europe and Asia already have more people over age 65 than under 15. The annual growth rate is currently declining and is projected to continue to decline in the coming years.

### South Asia

- The current population of Southern Asia is 1,870,439,516 as of Monday, July 3, 2017, based on the latest United Nations estimates.
- **Southern Asia population is equivalent to 24.89% of the total world population.**
- Southern Asia ranks number 1 in Asia among sub regions ranked by Population.
- Population density: 292 per square km (757 people per square mile).
- **35.1 % of the population is urban**
- The median age is 26.4 years with a fertility rate of 2.53

### National

- The current population of Nepal is 29,186,929 as of Monday, July 3, 2017, based on the latest United Nations estimates.
- **Nepal population is equivalent to 0.39% of the total world population.**
- Nepal ranks number 47 in the list of countries (and dependencies) by population.
- Population density: 204 per square km (527 people per square mile).
- Median age - 23.4 years.
- fertility rate of Nepal is 2.24
- **Population growth rate is 1.15% per year**

## Major policies, plans and programs on population

In 1994 the United Nations Population Information Network (POPIN) organized an International Conference of Parliamentarians on Population and Development (ICPPD) and an International Conference of Parliamentarians on Population and Development (ICPD) in Cairo. There was a shift in thinking recognized at Cairo, towards viewing population from a more humane and equitable perspective. The consensus document that was produced recognizes that consumption in wealthy countries and rapid population growth in poor countries put pressure on the natural environment, both locally and globally.

Rather than simply equating population policy with family planning, the new thinking is that population growth should be stabilized - and development enhanced - by attacking some of the roots of the problem: by improving women's access to education, health care, and economic and political decisions.

The ICPD Programme of Action defined reproductive health for the first time in an international document, stating that:

reproductive health is 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... .” It also said that reproductive health care should enhance individual rights, including the right to decide freely and responsibly “the number and spacing of one’s children”.<sup>4</sup>

Today, more than half of all developing countries have national population policies, and about 130 national governments subsidize family planning services. When polled by the UN in 1994, 91 percent of the countries that lacked national population policies stated that they intended to formulate them in the near future, reflecting a rising global commitment to population-related concerns. Different cultures have been introduced in context to the reduction in emerging population growth. For example, **China has operated a one-child policy** for a number of years, enforced though a system of fines, relaxed after mass bereavements such as Sichuan Earthquake. India operates a two-child policy. Kenya was the first country in sub-Saharan Africa to view runaway population growth as a serious impediment to economic prosperity, and it

<sup>4</sup><http://www.un.org/esa/population/publications/completingfertility/RevisedPOPDIVPPSpaper.PDF>

became the first, in the late 1960s, to begin developing a national family-planning campaign. By contrast, France offers financial incentives for larger (3 child) families. The population of Europe is also aging faster than any other part of the world, except Japan.<sup>5</sup>

## FAMILY PLANNING 2020

Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have. FP2020 works with governments, civil society, multi-lateral organizations, donors, the private sector, and the research and development community to enable 120 million more women and girls to use contraceptives by 2020. FP2020 is an outcome of the 2012 London Summit on Family Planning where more than 20 governments made commitments to address the policy, financing, delivery and socio-cultural barriers to women accessing contraceptive information, services and supplies.<sup>6</sup>

## Major policies, plan and programmes on population at national level

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.

Nepal formally initiated the first population policy in Third Plan Period (1965-70). There was a chapter on 'Population and Man Power' and the main focus was given to family planning with a view to reducing crude birth rate. The Fourth Plan (1970-75) further established the population policy to reduce birth rate by bringing changes in socio-economic condition and cultural practices of people, and implementing family planning programs at different levels.

<sup>5</sup><https://www.healthknowledge.org.uk>

<sup>6</sup><http://www.unfoundation.org/what-we-do/campaigns-and-initiatives/family-planning-2020/?referrer=https://www.google.com.np/>

Later, in 1975, the Fifth plan addressed the recommendation extracted from the outcomes of 4th plan and included fertility, mortality and migration issues in population policy.

The Sixth plan (1980-85) further broadened its arena on population policy including the programmatic issues. National Population Strategy was finalized and set many long and short term demographic targets. The Seventh Plan (1985-1990) put the issue of unmet need for contraception. It also kept eyes into other economic, agricultural and environmental issues and planned to mobilize both the local and non-governmental organizations for women and child development and population growth control.

The Eight Plan (1992-97) continued national population policy view balancing the population growth, socio-economic and environmental issues together whereas Ninth Five Year plan went a step ahead and worked on population management and poverty alleviation which was also continued in Tenth Plan (2002-2007) .

### **Long Term Vision**

Nepal has set a long term vision of assuring a quality life for all Nepalese through effective population management and human development.

[7http://mypublichealthblog.com/?p=78](http://mypublichealthblog.com/?p=78)

By 2017, the vision is to bring the fertility rate to the level of replacement through the medium of women empowerment and poverty alleviation.

### **Population Perspective Plan (2010-2031)**

The concept of population perspective plan (PPP) was first conceived in the ninth five year plan (1997-2002). The plan was brought in response to reduce fertility to replacement level and alleviating poverty.

The PPP identifies the following population themes to integrate with development activities and population management:

- Demographic analysis
- Reproductive health
- Economic dimension
- Poverty dimension
- Spatial dimension
- Gender mainstreaming
- Social dimension
- Decentralization
- Institutional mechanisms<sup>7</sup>

### **Nepal Family Health Program (NFHP)**

NFHP II, USAID supports the Ministry of Health and Population (MoHP) strengthen FP service delivery and implementation of innovative approaches to enhance the quality

of and increase access to FP information and services especially by those in rural and marginalized communities. NFHP II supports the integration of FP activities with the LLS and HFMSM programs in select districts.<sup>8</sup>

### **National Family Planning Costed Implementation Plan (CIP: 2015-2020)**

The purpose of the CIP is to articulate national priorities for family planning and to provide guidance at national and district levels on evidence-based programming for family planning so as to achieve the expected results, as well as to identify the resources needed for CIP implementation.

### **Nepal's context**

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.

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.

- Inequalities in accessing family planning (FP) and demand for FP
- Proportion of long-acting and reversible contraceptive usage is low

Family Planning has been a longstanding strategy of the Government of Nepal in order to promote the development of an educated and healthy population (National Planning Commission, 2002).

To achieve this, the country has set itself ambitious goals aimed at increasing access to voluntary FP services with a focus on poor, vulnerable and marginalized populations. Nepal made a significant progress in increasing contraceptive among currently married women from 35% in 2001 to 43% in 2011 (NDHS) and 47.1 in 2014 (MICS).<sup>9</sup>

Overall, 53% of currently married women use a method of family planning, with 43% using a modern method and 10% using a traditional method. Modern methods include female sterilization, male sterilization, intrauterine contraceptive device (IUD), implants, injectable, the pill, condoms, and lactational amenorrhea method (LAM).

<sup>8</sup><http://nfhp.jsi.com/FP/fp.htm>

Despite so many changes in Nepali society, sex and reproductive health related issues are still a taboo in Nepal. Although Nepali youths are sexually active in the age between 18-19, they are afraid to talk about their sexual life with even with their family. According Demographic and Health Survey 2016, the issue of adolescent fertility is important for both health and social reasons. Children born to very young mothers are at increased risk of sickness and death. Teenage mothers are more likely to experience adverse pregnancy outcomes and to be constrained in their ability to pursue educational opportunities than young women who delay childbearing.

According to the report, 17% of women of age 15-19 had begun childbearing: 13% had had a live birth and 4% were pregnant. Rural teenagers tend to start childbearing earlier than urban teenagers. Similarly, the low level of awareness about the contraceptive use among the younger population and social taboo involved in forcing young to face unwanted pregnancy is risking life.

## Major interventions from non-government sector

In the NGO sector, the FPAN has the largest network spread over different parts of the country. **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 FPAN has been the pioneer nongovernmental organization involved in the promotion and delivery of family planning services in the country. At present there are several other NGOs / INGOs involved in the delivery of reproductive health and family planning services.

With its partners, **UNFPA** helps to strengthen community-based and youth-friendly reproductive health services, and to provide these services during humanitarian crises.

And through its UNFPA Supplies programme, UNFPA works with partners and governments to ensure access to a reliable supply of contraceptives, condoms, and

<sup>9</sup><http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/03/FP-Costed-Implementation-Plan-nepal.pdf>

medicines and equipment for family planning, STI prevention and maternal health services.

UNFPA also works to integrate family planning services into primary health care, so that women and girls are able to access information and contraceptives no matter what health facility they visit.

**USAID Nepal's Family Planning Service Strengthening Program** aims to strengthen the accessibility and availability of comprehensive family planning (FP) services to the people of Nepal through support to: increase access to and use of quality family planning services in Nepal, particularly focusing on populations with high unmet need; improve the quality of FP services including counseling and; enhance the capacity and competency of health workers by providing training, supportive supervision, and on-site coaching and mentoring along with USAID-funded Health Communication Capacity Collaborative (HC3) project's efforts to increase the service utilization.<sup>10</sup>

**Nepal Fertility Care Center (NFCC)** has, since its inception worked simultaneously to provide standardized reproductive health services across

Nepal as well as support the government by training direct and indirect government and NGO health personnel with skills necessary for effective and efficient service delivery.<sup>11</sup>

**The Support for International Family Planning and Health Organizations 2: Sustainable Networks (SIFPO2)** is a USAID-funded program designed to strengthen family planning programs and other health services worldwide, with a focus on strengthening private sector channels including social franchise networks.

Along with them, there are other various organizations on local and national level that work for family planning.

## Challenges

Despite family planning being a critical issue of utmost health importance, there still lies challenges in addressing it, some of which are listed below:

- Inefficient public procurement system, which creates delays for contraceptive procurement leading to frequent stock outs
- Issues with quality of data: accuracy, adequacy, and time.

<sup>10</sup><https://www.usaid.gov/nepal/fact-sheets/family-planning-service-strengthening-program-fpssp>

<sup>11</sup><http://nfcc.org.np/background.html>

- Quality of FP counseling services remains an issue
- Lack of skilled health workers to provide quality

### ➤ Demand and Supply Gap

At present, 69% of the potential demand for family planning is being met. There has been a decline in the unmet need for family planning from 28% in 2011 to 24% in 2016.

However, the use of modern methods has remained constant at 43%, and the demand satisfied with modern methods has also stagnated at 56%.

The results indicate that Nepal is slightly behind in meeting the Sustainable Development Goal (SDG) target for 2017 of reducing the unmet need for family planning to less than 22% (National Planning Commission 2015).

### ➤ Youth in Market

Around 1.8 billion youngsters are entering into their reproductive years globally, and over 5 million locally in Nepal. It is necessary to call their attention towards the primary part of the reproductive health.

Sexuality related issues are very necessary to get solved among youths especially between

15 to 19 years of age. If there are more women in the reproductive age group then a large number of births will take place given a fixed fertility rate.

Published by the Ministry of Environment and Population, the Population Report 2016 said women, about 52 percent, are in the reproductive age. In Nepal, female marriage takes place early and almost every woman marries. The proportion of women in the reproductive age group has increased slightly over the last 10 years.<sup>12</sup>

## Recommendation

Despite different policies and interventions being carried out by government to local and international bodies across the nation, family planning remains a cross cutting issue as the need for family planning is still high. On the other side, Nepal still has opportunities that lies for family planning interventions. The country's developed National Health Sector Strategy (2016-2020) and Costed Implementation Plan (CIP) (2015- 2020) along with available data on FP and health services from national surveys (MICS, health facility survey 2016 and NDHS) aid the family planning interventions.

<sup>12</sup> <https://www.spotlightnepal.com/2017/07/09/world-population-day-protection-needs/>

There is an existing strong national coordination mechanism (FP sub-committee) and capacity for integrated FP services at Primary Healthcare Center (PHC)/Health Post (HP).

Along with that, the wide-spread demand generation interventions supported by many donors and government and expanding engagement of private sector in procurement and supply of contraceptives serves for more progress in the area of addressing family planning.

With opportunities lying, some priority activities that can be jotted down and worked on are:

- Effective advocacy with Parliament and Ministry of Finance to prevent budget cuts for FP and Ministry of Health to centrally position FP within the integrated service

delivery; formalization of public-private partnerships and partnership with civil society

- Expand LARC service sites and also training sites on quality FP (including in counseling)
- Expand access to contraceptives among adolescents (including for unmarried adolescents) and marginalized populations (both rural and urban)
- Improve health system mechanisms for procurement and supply-chain to ensure regular availability of commodities at service delivery points
- Harmonize logistic data from various sources (LMIS, HMIS, etc) for realistic and accurate forecasting.

**With this year's theme "Family planning: Empowering people, developing nations", World Population Day focuses on voluntary and safe family planning which eventually leads to women empowerment and development of nations, in the long run. Population being a cross cutting issue with multi-sectoral and multi-dimensional character and therefore there is a need for an integrated and comprehensive institutional framework for effective implementation of population policies, strategies and programmes to address the issue of population.**