

# Comparative Study on the Global Use and Underuse of Contraceptives: A One-Year Study in Sudurpaschim and Karnali Province, Nepal

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Publication Date: 2025/08/01

**Abstract:** This study investigates the comparative use and underuse of contraceptives in Sudurpaschim and Karnali provinces of Nepal over a one-year period. We analyze the types of contraceptives used, awareness levels, educational impact, and the need for further community outreach. The results are presented with ethical data representation, focusing on both temporary and permanent contraceptive usage. Tables and diagrams illustrate the disparities in use and the influence of socioeconomic and educational factors. Recommendations for improving community health literacy are discussed.

**Keywords:** Contraceptives, Awareness, Sudurpaschim, Karnali, Family Planning, Temporary Methods, Permanent Methods, Health Education.

**How to Cite:** Dr. Kabita Sah Swarnkar; Dr. Rekma Sah Swarnakar; Dr. Ankur Sah Swarnakar; Dr. Nirmal Thapa; Dr. Ranjeet Singh; (2025). Comparative Study on the Global Use and Underuse of Contraceptives: A One-Year Study in Sudurpaschim and Karnali Province, Nepal. *International Journal of Innovative Science and Research Technology*, 10(7), 2553-2555. <https://doi.org/10.38124/ijisrt/25jul1129>

## I. INTRODUCTION

Contraceptive use is crucial in reducing unintended pregnancies and improving maternal health outcomes. In Nepal, particularly in Sudurpaschim and Karnali provinces, contraceptive uptake remains inconsistent. This study explores how global trends compare with local practices, with emphasis on understanding the reasons behind underutilization and proposing evidence-based health education strategies.

## II. OBJECTIVES

- To compare the prevalence of contraceptive use in Sudurpaschim and Karnali provinces.
- To assess the types of contraceptives (permanent and temporary) being used.
- To evaluate the level of awareness and education about contraceptive methods.
- To identify gaps in utilization and recommend educational interventions.

## III. METHODOLOGY

Study Design: Descriptive cross-sectional study\  
Duration: July 2024 to June 2025\  
Sample Size: 800 participants (400 from each province)\  
Data Collection Tools: Structured interviews, questionnaires, health center records\  
Ethical Approval: Obtained from Institutional Review Board (IRB), Karnali Academy of Health Science.

#### IV. RESULTS

Table 1 Contraceptive Use by Type and Province

Type	Sudurpaschim (n=400)	Karnali (n=400)	Total (n=800)
Temporary (Condom, Pills, Injectables)	230 (57.5%)	180 (45.0%)	410 (51.3%)
Permanent (Vasectomy, Tubectomy)	60 (15.0%)	40 (10.0%)	100 (12.5%)
Not Using Contraceptives	110 (27.5%)	180 (45.0%)	290 (36.3%)

Table 1 Contraceptive Awareness Level by Region [Insert Bar Chart Comparing High, Moderate, Low Awareness Levels Between Provinces]

Table 2 Reason for Not Using Contraceptives

Reason	Sudurpaschim	Karnali
Lack of Awareness	40 (36.3%)	90 (50%)
Cultural Beliefs	30 (27.2%)	40 (22.2%)
Side Effect Concerns	25 (22.7%)	30 (16.6%)
Spousal Disagreement	15 (13.6%)	20 (11.1%)

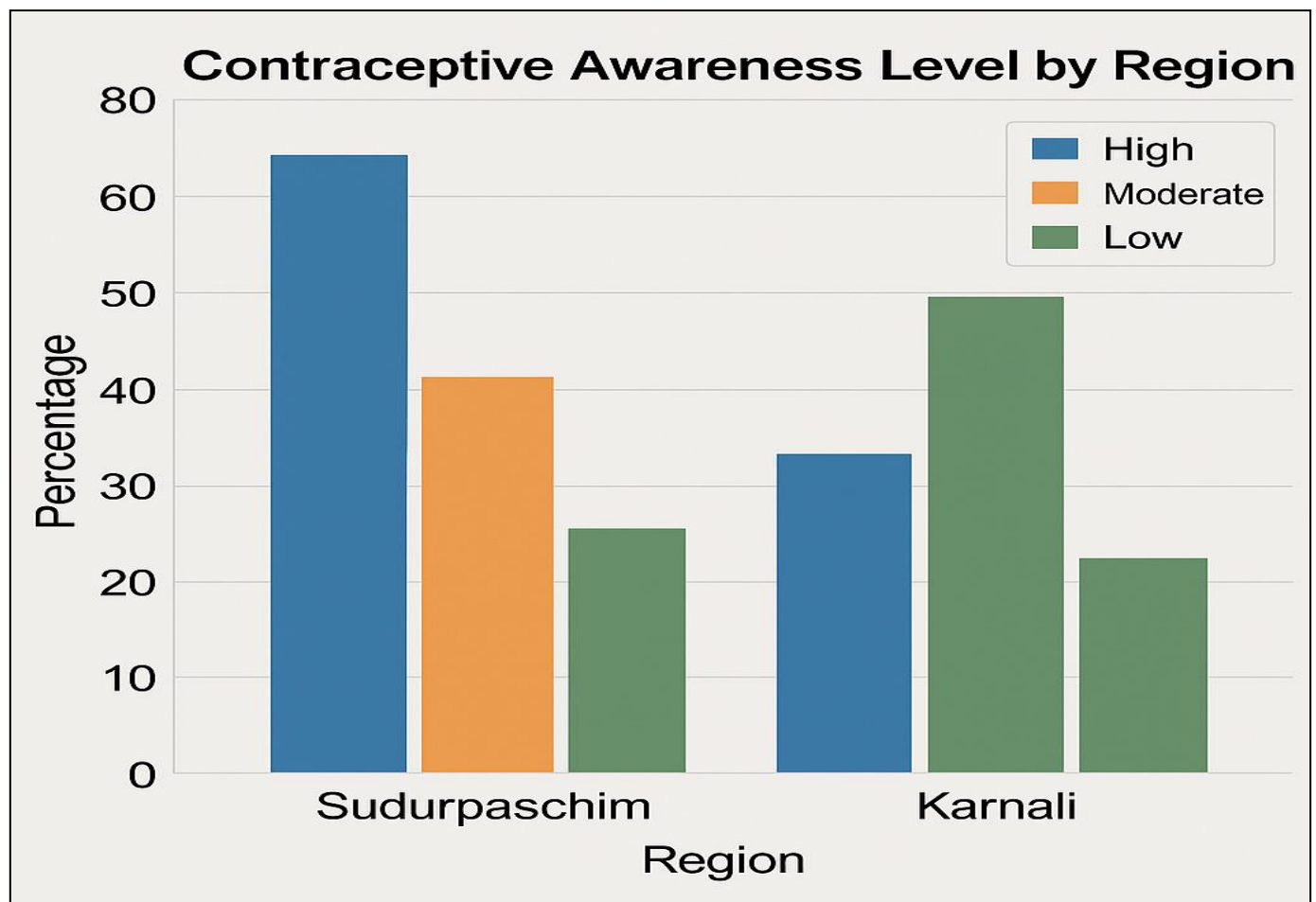


Fig 1 Comparative Chart of Temporary vs Permanent Methods [Insert Pie Charts for Each Province]

#### V. DISCUSSION

The study highlights significant underuse of contraceptives, especially permanent methods, in both provinces, with Karnali lagging behind Sudurpaschim. Education, cultural norms, and misconceptions about side effects are key deterrents. Temporary methods are more common, but their inconsistent use suggests an urgent need for targeted education campaigns.

**Global Comparison:** Worldwide, contraceptive prevalence averages 64%, whereas these provinces fall below the national average. The contrast reflects both geographical and educational disparities. Countries with effective health communication models show that informed communities are more likely to adopt family planning.

## VI. ADVANTAGES AND DISADVANTAGES OF CONTRACEPTIVE METHODS

Table 3 Summary of Pros and Cons

Method	Advantages	Disadvantages
Pills	Easy to use, reversible	Daily use, hormonal side effects
Condoms	Prevents STDs, no hormones	Less effective if not used properly
Injectables	Long-lasting, no daily action	Irregular bleeding, clinic visits
IUDs	Long-term, reversible	Insertion discomfort
Vasectomy	Permanent, low complication	Irreversible, cultural resistance
Tubectomy	Permanent, highly effective	Surgical risks

## VII. COMMUNITY EDUCATION MESSAGE

Contraceptives empower families to make informed choices about reproduction. Early education, especially among adolescents and young couples, is vital. Religious and cultural leaders should be included in awareness campaigns to dispel myths and promote informed decision-making.

## VIII. CONCLUSION

There is a clear need for enhanced education and outreach in both Sudurpaschim and Karnali provinces. Investment in community health workers, media campaigns, and school curricula can improve understanding and usage. Permanent methods remain underutilized due to cultural stigma and lack of counseling.

## RECOMMENDATIONS

- Integrate family planning education into community health programs
- Provide mobile clinics and home visits in remote areas
- Engage local leaders in sensitization workshops
- Offer couple counseling in primary health centers
- *Conflict of Interest:*  
None declared
- *Funding:*  
No external funding was received for this study
- *Author Contributions:*  
All authors contributed equally to study design, data collection, and manuscript preparation.

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