

**KNOWLEDGE AND PRACTICE OF CONTRACEPTION
(A CASE STUDY OF KHILJI VDC, ARGHAKHANCHI DISTRICT)**

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DEGREE OF MASTER IN POPULATION STUDIES**

**BY
GOPAL PRASAD GAIRE**

**Department of Population Studies
Ratna Rajya Laxmi Campus
Tribhuvan University
Kathmandu
August 2011**

DECLARATION

Except where otherwise acknowledged in the text, the analysis in this thesis represents my own original research.

Gopal Prasad Gaire

August, 2011

RECOMENDATION

This is to certify that the thesis

Submitted by

Gopal Prasad Gaire

Entitled

Knowledge and Practice of Contraception

(A Case Study in Khilji VDC, Arghakhanchi)

is Recommended for External Examination.

Naba Raj Thapa _____

(Thesis Supervisor)

Head

Department of Population Studies

Ratna Rajya Laxmi Campus, Kathmandu

Date:



Tribhuvan University

RATNA RAJYA LAXMI CAMPUS

DEPARTMENT OF POPULATION STUDIES

Exhibition Road, Kathmandu, Nepal

Ph. No. 01-4225891

Date:

VIVA-VOCE SHEET

We have conducted the viva-voce examination of the thesis

Submitted by

Gopal Prasad Gaire

Entitled

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(A Case Study of Khilji VDC, Arghakhanchi)

and find that the thesis to be an independent work of the student written according to the prescribed format. We accept the thesis as the partial fulfillment of the requirements for Master Degree in Population Studies.

Evaluation Committee:

Naba Raj Thapa _____

(Head of Department)

Naba Raj Thapa _____

(Thesis Supervisor)

Savitra Pant _____

Lecture of Padhma Kanya Campus _____

(External Examiner)

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ABSTRACT

Family Planning Programs play significant role for providing information and services that help people informed on reproductive choices and use contraception safely and effectively. Knowledge and use of Contraceptives methods among different community are influenced by their own different ideas, attitudes, rules and assumptions, beliefs system. This study was carried out with the objective to analyze the knowledge, attitudes and practices of contraception of among currently married women aged 15-49 years, Khilji VDC of Arghakhanchi District.

This study has been carried out by using primary data obtained from field survey 2010. Stratified sampling method was used to select the studied VDC. Four wards were selected from nine wards of the VDC. Out of total 318 households of selected wards, 150 respondents (currently married couples) aged 15-49 years from different caste were selected by using purposive sampling technique among them 88 were female and 62 were male. Among the total respondents the higher proportion (43.2%) was found in age group 30-34 years. Study found that majority of respondents have knowledge about any methods of contraceptives and 86 percent respondents have ever used contraceptives. Among total respondents, 46 percent of respondents have been currently using any type of contraceptives. Use of contraceptives is increased with increase of level of education.

The most widely known modern contraceptive methods were Condom, Injection, Male sterilization, Female sterilization and Pills. There was a positive association between literacy and educational attainment and ever used, current used and intend to future use of contraception for each caste. Nature of occupation of the people also influence to the contraceptive prevalence rate. Respondents involving in non-agricultural occupation had high contraceptive prevalence rate. Major reasons for never used contraception were fear of side effects followed by health condition, desire for more children. Similarly, the respondents who used contraception were suffering from various types of side effects. From this study, it can be conclude that the knowledge and practice of contraceptive was found good and the attitude towards the use of contraception was found positive. However, some education and awareness program is necessary to increase contraceptive use prevalence rate among the people of this VDC.

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ACRONYMS AND ABBREVIATION

CBS	Central Bureau of Statistics
CDPS	Central Department of Population Studies
DHS	Demographic Health Survey
FP	Family Planning
HH	Household
IA	Intermediate
ICPD	International conference of population and Development
IUD	Intra Uterine Devices
KAP	Knowledge Attitude and Practice
MCH	Maternal Child Health
MOH	Ministry Of Health
NDHS	Nepal Demographic and Health Survey
NFS	National Fertility Survey
NFFS	Nepal Fertility, Family Planning Survey
NFFHS	Nepal fertility, Family planning Survey
NFHS	Nepal fertility and Health Survey
SAARC	South Asian Association Regional Cooperation
UN	United Nation
USAID	United States Agency for International Development
VDC	Village development committee
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to WHO “family planning implies the ability of the individual and couples to anticipate and attain their desired number of children and spacing and timing their birth. It is achieved through use of contraceptive methods and treatment of involuntary infertility”.

Family planning means to enable couples and individuals to decide freely and make responsible for the number and spacing of their children in short form family planning means family management. Family planning play a key role in providing information and service that help people make informed reproductive choice and use contraception safely and effectively (Upadhaya and Robey). Family planning programs play a key role in providing information and services that help people make informed reproductive choices and use contraception safely and effectively. Family planning is to make the family life happy through appropriate management and mobilization of income and other sources, other major subjects to save mother's health and life. (Cited in Wagle, 2005)

The Cairo Conference, 1994 argued that the aim of family planning programs must be to enable couples and individuals to decide freely and responsibly the number and spacing their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. The success of population and family planning programs in a variety of setting demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The principle of free choice is essential to the long-term success of family planning programs (ICPD, 1994).

Nepal is a country with high fertility rates. The high rate of adolescent childbearing is a result of early age at marriage for females. One of the measures to check the early childbearing is to use contraception since age at marriage associated with socio culture factors in Nepal. As a result it is not possible to rise marriageable age in a short

period. It is well documented that almost all respondents of any survey related to contraception were aware of one modern method of contraception (MOH, New Era, 2002, 2003).

The meaning of family planning is not to post pond birth to give freedom to the people about the number and spacing of their children, to have the information and means to do so and to ensure informed choices and make available to full range of safe and effective methods are the aim of the FP programme in a variety of setting demonstrate that informed individual everywhere can and will act responsible in the right of their own needs and those families and communities. The principal of informed choice is essential to the long-term success of Family Planning programme (ICPD, 1994).

The Contraceptive prevalence rate has gradually increasing with the increases of women's level of education. Knowledge of contraception is nearly universal in Nepal. The NDHS, 2001 indicates that 39 percent of currently married women are using family planning method. The use of contraception is low in Nepal due to high infant mortality rate, old age security, joint family and lack of communication between husband and wife (Tuladhar, 1989).

1.2 Statement of the Problem

Population growth is a serious problem in every developing country like Nepal, so governments of these countries are motivating the people towards small family norms for uplift mat of quality of life and controlling population growth. But being developing and the poorest country in the world, Nepal is facing the problem of rapid population growth, which is caused by lack of industrialization, low productivity, illiteracy and unemployment. On the one hand, Nepal is conducting many programs through NGO, INGO for the maximum distribution of contraceptives to reduce fertility rate, it is found that contraceptive prevalence rate in Nepal is very low in the world, though Nepal has invested 15 percent – 19 percent of its total expenditure in family planning programme (CBS, 1987).

According to the Nepal Demographic and Health Survey (NDHS) 2006, 56 percent of the currently married women in Nepal do not use any form of family planning, despite their universal knowledge of modern contraceptive methods. Moreover, 25 percent of Nepal's married women have an unmet need for family planning services (9% for

spacing and 16% for limiting births). Many of Nepal's births are unwanted, women desire an average of 2.5 births, yet give birth to an average of 4.1 births (NDHS 2006)

Women in Nepal practice many ineffective harmful and non-harmful methods and procedures following unprotected intercourse to safeguard themselves from unwanted pregnancies (CREHPA, 2004). These methods include oral intake of both edible and non-edible items like herbs, fruits, vegetables and harmful items like glass powder, and raw Vermillion powder. Women also perform physical activities such as getting up immediately after intercourse and walking, husband kicking wife from behind, pressing abdomen with stone grinder, squatting, massaging, urinating immediately after intercourse, etc. Furthermore, women also perform invasive procedures such as inserting finger and cleaning vagina with soap and water (CREHPA, 2004). All these methods and procedures indicate desperation of women to avoid possible pregnancies that might result from unprotected intercourses (CREHPA, 2004).

Different community has their own different ideas, attitudes, beliefs, rules and assumptions, which determine the knowledge and use of contraceptives methods. In Khilji VDC there are different ethnic groups; most of them are illiterate and ignore about contraceptive methods. They have their own belief, system and health care practices that consequently influence the contraceptive knowledge practice. Poor socio-economic and educational status of people at the study area may profit them from proper contraception. In different community of Khilji VDC, people depend on agriculture. Though this VDC is multi regions and multi-religious castes but no one has conducted the studies regarding the knowledge, attitudes and practices of the contraception. So it is needed to conduct the research on this issue to give some information of the research area for the related issues.

1.3 Objectives of the Study

The objectives of the study are as follows:

1. To examine the knowledge of contraceptive among the currently married women aged 15-49 years of Khilji VDC.
2. To analyzed the practice of Contraceptive methods among the currently married women aged 15-49 years of Khilji VDC.

1.4 Significance of the Study

There is less information and understanding about contraceptive knowledge and use in the community. This study will generate basic information about knowledge and use of contraception in Khilji VDC. The impact of family planning is less in family health in the study area. High maternal mortality and complications during pregnancy are observed. In a high child mortality society, people may fill the need to have many babies to be sure that a few may survive. Most of the people give birth in young age and in less birth interval.

This study provides knowledge, perception and utilization of family planning methods of the women aged 15-49 years of Khilji VDC of Arghakhanchi districts. Policy makers, administrator, demographer, NGOs/ INGOs are always seeking more detail information about not only national level but also about grass root level. So it provides reliable information on knowledge, perception and utilization of Family Planning methods that helps to implement the family planning programme in related VDC.

1.5 Limitation of the Study

The knowledge, attitudes and practices of contraception of any society is determined by the various socio economic and demographic factors. This study is fully concentrated to the Khilji VDC in Arghakhanchi District.

This analytical study is centred only to the Khilji VDC of Arghakhanchi District. So it cannot represent the real situation of knowledge, attitudes and practices of contraception at nation level. This study mainly focuses on knowledge and practice of family planning methods among currently married women aged 15 -49 years.

1.6 Organization of the Study

This dissertation is divided into six chapters. The first chapter deals with the introduction of the study including background, statement of the problems, significance, limitation and organization of the study. The second chapter is the review of relevant literature. It contains the historical background, Global scenario, trends and pattern of Nepal and conceptual framework adapted to the study. Third chapter is concerned with methodology of the study, which includes the introduction of the study area, research design, and nature of data, sampling procedures, data collection techniques and method of data analysis. Chapter four deals with the data presentation and analysis and provides the household information of the study

population, which includes the age-sex, occupation, religion, literacy status, educational attainment, and marital status of the household population. Knowledge, and practices towards contraceptive methods were included in this chapter five. Similarly, summary, conclusion and recommendations are included in chapter six.

CHAPTER TWO

REVIEW OF LITERATURE

2.1 Historical Background

Global family planning programs have been in existence in the developing world for several decades and are primarily designed to supply couples with the methods of family planning that best suit their needs. Over the years, family planning programs have changed to meet the needs of the people receiving the services as well as the donors providing the services. There is recognition that family planning has been a major public health success (WHO, 2002), as evidenced by substantial fertility declines in many countries. However, in recent years, the HIV/AIDS pandemic and changing funding mechanisms have shifted donor interest and assistance away from family planning programs (Vogel, 2006)

Family planning programs have been the primary means of reducing fertility rates. However, despite years of investment in programs, fertility declines are not always apparent, nor are they continuous. New insights show that in several developing countries fertility rates that were declining are beginning to stall (Bongaarts, 2006, Westoff and Cross, 2006). These stalls in fertility decline are associated with a leveling off in contraceptive use, the demand for family planning, and the number of wanted births.

Before the discovery of the modern contraceptive method, it was considered that the children here are the gift of God and their existence cannot be prevented. After discovery of modern contraceptive methods people have started to practice different birth spacing and birth limiting methods. The modern contraceptive method could play the supplementary role for birth spacing to improve maternal and child health, however, it might be due to the lack of contraceptives knowledge or social pressure and copies generally have large number of children therefore some kinds of social change necessary to motivate to have fewer children. In some societies significant number of couple might have preferred fewer numbers of children than they were having (Sigdel, 2006).

The concept of reproductive health gained in the 1980s as a symbol of a fresh perspective on women's right and family planning. The premises of this perspective is

the principle that a woman has a right to reproductive health that is to regulate her fertility safely and effectively, to understand and her own sexuality and reproduction, to bear and rear healthy children. A reproductive health programme involves more than the delivery of maternal and child health or family planning services as conventionally defined. It is multidimensional. It is right oriented as well as reproductive health as rights are vital elements of physical and emotional well being (Muller, 1993).

WHO (1997) states that contraception provides couples with a means to control the timing of birth, which can greatly influence the health of their families. Women who delay having children until age 18 or older and space pregnancies by at least two years reduce their chances of having an infant or child died compared to those have early frequent births.

On the past three decades, the availability of safer method of modern contraception was increasing in the world. Currently about 55 percent of couples were using some family planning methods in developed countries. Family planning programme helps to decline in the average fertility rate for developed countries. But the full range of modern family planning method still remains unavailable to at least 350 million of couples in worldwide. Only 120 million women worldwide were using a modern family planning method. During the decades of 1960s the number of couples of couple of reproductive age i.e. 15-49 yrs will grow by about 18 million per year. Thus family planning and contraceptive supplies will need to expand very rapidly over the next several years (ICPD, 1994).

2.2 Global Scenario

In 1970s there was a new idea of implementing Family Planning and Maternal Child Health (FP/MCH) program by central governments. In the same decade, the Bucharest Conference held and the conference recommended that the population policy and program must be persuaded in the context of development are integrated. On the other hand, in those countries where reproductive and sexual health education has been included in the school curriculum there was no differences between married and unmarried adolescent to acquired knowledge about family planning. In a number of countries of world fertility survey unmarried adolescent were asked about their knowledge of contraceptives. The survey indicated that in almost country, teenagers

are quite knowledgeable about contraception. However, obviously knowledge of various method of contraception did not imply that respondents actually know how to use these methods. About on quarter of adolescents in selected countries of world fertility survey, who did not use any contraception at the first intercourse, it was due to the lack of knowledge of contraception. Thus, generally teenagers are frequently unprepared for their first sexual intercourse and therefore are probably unprepared to use an effective means of pregnancy prevention (UN, 1989).

2.2.1 Knowledge of Contraceptive Methods

One of the major goals of family planning programs is to increase women's awareness of family planning methods. Knowledge of family planning is considered the first stage toward the adoption of a contraceptive method. Trend of knowledge of contraceptive is increasing in the different part of the world. Table 1 presents about it.

Knowledge of at least one method of contraception is nearly universal across all regions. In sub-Saharan Africa, knowledge of a contraceptive method is generally above 85 percent. However, in 3 of the 18 sub-Saharan countries, levels were below 85 percent, Mali (78 %), Mauritania (71 %), and Nigeria (78 %). In the other three regions, levels vary within a narrow range, from 94 percent in Bolivia to 100 percent in several countries. Knowledge of a modern method shows a similar distribution trend. (DHS comparative report 16, USAID 2007).

Demographic Health surveys (1987-1997) shows that currently married men who know the modern methods in west African country Burkina Faso (1992/93) know any methods 84 had any methods was 80 percent . Cameron currently married women known any methods 74 percent and any modern methods was 65 percent ,central African countries Ghana and Mali(1994 /95) married woman know the any methods 94 and 88percent and any modern methods 93 and 86 percent percent respectively .

Knowledge of contraception of currently married women who know any contraceptive methods and any modern methods and any traditional methods conduct the survey in the 35 countries this indicate that Sub-Saharan African countries Benin (2001)know any methods was 92 percent , any modern methods was 91 percent and traditional methods was 63. 98 and 96 percent, knowledge of any modern methods was 90, 98 and 95percent and knowledge of any traditional methods was 48, 78 and 76 percent.

Table 2.1: Percentage of currently married women who know any contraceptive methods, any modern methods and any traditional methods for developing countries in the world.

Country/Year	Any methods	Any modern methods	Any traditional methods
Burkina Faso 2003	92	90	48
Cameron 2004	89	89	65
Ethiopia 2000	86	85	24
Ghana 2003	98	98	78
Nigeria 2003	76	76	43
Egypt 2003	100	100	85
Jordan 2002	100	100	92
Morocco 2003	100	100	92
Bangladesh 2004	100	100	84
Nepal 2006	99.9	99.9	51.6
Philippine 2003	99	99	90
Vietnam 2002	100	100	80
Bolivia 2003	94	92	80
Colombia 2005	100	100	94
Dominican Rep.2002	100	100	86

Source: DHS comparative report 16, USAID 2007.

North Africa, west Asian and European countries Armenia (2000) currently married women who knows any contraceptive methods was 99 percent, any modern methods was 98 and any traditional methods was 92 percent. Similarly Egypt (2003) and Jordan (2003) knowledge of any methods was 100 percent, any modern methods was also 100 percent and any traditional methods 85 and 97 percent. Similarly Morocco (2003) and Uzbekistan (2002) knowledge of any methods 99 percent, knowledge of any modern methods 100 and 99 percent and any traditional methods was 92 and 58 percent.

South Asian countries Bangladesh (2004), Cambodia (2000) currently married women knows any methods was 100 and 96 percent, modern methods was 100 and 95 percent, traditional methods was 81and 91 percent similarly Indonesia (2002/03), Philippine (2003) and Vietnam (2002) knows any methods was 99, 99 and 100

percent, any modern methods 99, 99, 100 percent and traditional methods was 42, 90 and 85 percent respectively.

Latin America and Caribbean countries Bolivia (2003) and Colombia (2005) currently married women had known any methods was 94 and 100 percent, any modern methods known was 92 and 100 percent and any traditional methods was 80 and 94 percent as well as Dominica Republic (2005) Haiti (2000), Nigeria (2001) and Peru (2000) known any methods 100,99,99 and 99 percent ,known any traditional methods was 100,99,99, and 99 percent and known any traditional methods was 86,70,67 and 88 percent.

The population and family study centre of the ministry of the public health and family conducted a National survey of fecundity and fertility in Belgium in 1966, covering a sample of 2372 married women under age 41 years. According to the study 98 percent of the respondents have been able to know at least one method. Calendar (rhythm) methods and oral contraceptive are the best-known methods. More than 70 percent of the respondent know about them. IUD was almost unknown in 1976 (Cliquit, 1977: 190-191).

World fertility survey report (1980) found that the spontaneous reporting of modern methods respectively Pill, IUD. IUD was considerably better than spontaneous reporting of traditional methods. Bangladesh and Peru are the two countries where spontaneous reporting of IUD seemed to be considerably lower than in other countries. The condom was reported spontaneously with frequent in the Indonesia, Philippines, and Costa Rica. In addition, fewer than half of women said they know about Oral contraceptives, Condom and male sterilization. This lack of knowledge was likely related to the promotion of IUDs to the exclusion of other methods which has been found in earlier survey of family planning workers of family planning workers (ESCAP, 1986).

2.2.2 Practices of Contraceptive Methods

More than 50 percent married women in child bearing age (15-49) years were using one or another form of contraception. This contraceptive prevalence varies widely between countries ranges from 1 percent to 75 percent. The increasing trend of contraceptive use was universal in most of the developing countries. Between 1960-1975 and 1995-1990, the number of contraceptive users in all developing countries had increased from 31 to 381 million, in the East Asia from 8 to 94 million and in Africa from 2 to 18 million. Most of the users were women. The number of male users of contraceptive method was only one third of the number of female users in worldwide (Fathalla, 1992).

On the past three decades, the availability of safer method of modern contraception was increasing in the world. Currently around 55 percent of couples were using some family planning methods in developing countries. Family planning programme helps to decline in the average fertility rate of developing countries. But the full range of modern family planning method still remains unavailable to at least 350 million of couples in worldwide. Only 120 million women worldwide are using the modern family planning methods. During the decade of 1960s the number of couple of reproductive age i.e. 15-49 years had grow by about 18 million per year. Thus family planning and contraceptives supplies will need to expend very rapidly over the next several years (ICPD, 1994).

UN (1999) estimated that 570 million of couple were using modern method of contraception worldwide in 1998. At the same estimated, the world contraceptive Prevalence Rate (CPR) for 1998 was 58 percent, for less developed countries was 55 percent and more developed countries was accounted 70 percent. In the contrast of South Asian countries, family planning indicators showed that CPR was highest in Srilanka (66%) followed by Bangladesh (49%), India (41%), Nepal (29%), Pakistan (18%) and the lowest percent in Afghanistan that was accounted only 2 percent (UN, 1999: 1-5).

Currently married women who have ever used any contraceptive method, any modern method, and any traditional method, (DHS surveys 2000-2005) shows that Sub-Saharan African countries Benin (2001) used any methods 50 percent, used any modern methods was 22 percent and any traditional methods was 42 percent . Burkina

Faso, (2003) used any methods was 30 percent, used any modern methods was 20 percent and used any traditional methods was 14 percent. Similarly Ethiopia (2000) and Ghana (2003) currently married women had ever used of any methods was 17 and 55 percent, modern methods was 14 and 45 percent and traditional methods was 6 and 30 percent (DHS, 2000-2005).

North African and west Asian countries Armenia (2000) currently married women ever used any contraceptive methods was 82 percent and used modern methods was 55 percent and used any traditional methods was 62 percent. Similarly, Egypt (2003), Morocco (2003) and Uzbekistan (2002) used any methods was 81, 90 and 85 percent, modern methods was 55 percent, 88 percent and 82 percent and any traditional methods was 15 percent, 26 percent and 25 percent (DHS, 2000-2005).

South Asian countries Bangladesh (2004) married women ever used any methods was 83 percent, used any modern methods 78 percent and traditional methods was 31 percent, Cambodia (2002) and Indonesia (2003) had ever used 37 percent and 82 percent, any modern methods was 33 and 39 percent and ever used traditional methods was 8 and 9 percent, similarly Vietnam (2002) and Philippine (2003) was used any methods 91 and 71 percent and modern methods 80 and 57 percent and used of any traditional methods was 46 and 41 percent (DHS 2000-2005).

DHS report 16, USAID (2007) shows that Latin American countries like Bolivia (2003) ever used of contraceptive any methods 78 percent, modern methods was 57 percent and traditional methods was 50 percent, similarly Colombia (2005), married women used any contraceptive methods was 96 percent, any modern methods 93 percent and any traditional methods was 53 percent. Dominican Republic (2005) had used any methods 89 percent, used any modern methods 87 percent and used any traditional methods was 25 percent. In Haiti (2000), Nicaragua (2001) and Peru (2000) married women used any contraceptive methods 55, 86, 90 percent, used any modern methods was 45, 86, 75 percent and any traditional methods was 24, 19, 55 percent.

Family planning worldwide data sheet (2008) shows that currently married women used any methods was 63 percent, modern methods 7 percent, Pill, IUD, Injection and condom were 8, 14, 4 and 6 percent, similarly, male sterilization 4 percent female

sterilization 21 percent and other modern methods was 1 percent.(FP worldwide data 2008).

Table 2.2: Trends of ever-married women aged 15-49 years Practice of contraception methods in SAARC countries.

Country	Year	Any methods	Any modern methods	Any traditional methods
Nepal	2006	48	44.2	3.7
India	2005/06	56.3	48.5	7.8
Bangladesh	2007	55.8	47.5	8.3
Pakistan	2007/08	27	19.3	7.7
Srilanka	2006/07	68.0	52.7	15.3
Bhutan	2007	-	35.4	-
Maldives	2009	34.7	27	7.8
Afghanistan	2007/08	22.8	15.2	7.6

Source: UN, 2011.

Above table shows that contraceptive users increase in SAARC countries day by day. In Nepal 2006, currently married women used of contraception any methods were 48 percent. Any modern method was 44.2 percent and any traditional method was 3.2 percent. The higher rate of the use of contraceptive any methods Srilanka (2006/07) was 68 percent and India (2006) was 56.3 percent. The lower rate use of contraceptive methods Pakistan (2008) was 27 percent and Afghanistan (2008) was 22.8 percent.

2.3 National Scenario

The rapid growth of population in under developed countries has affected of the economy. Its population and the available resources influence development of any country. The uncontrolled high population growth has negative impact. To control the high planning should be used. Knowledge, attitudes and contraceptive use depends upon various factors. Therefore, an effort is made to review literature related to explanatory capacity of various values (Poudyal, 2003).

2.3.1 Knowledge of Contraceptive Methods

Nepal Fertility Survey 1976 studied 5501 respondents of currently married women by specific method. The overall knowledge of at least one method of family planning methods (NFS, 1976).

According to the Nepal Fertility and Family Health Survey 1986, the overall knowledge of at least a method of family planning among currently married women aged 15-49 years was 55.9 percent (NFHS, 1986).

Nepal Fertility and Family Health Survey 1991 reported that knowledge about at least one family planning method was 93 percent in currently married of aged 15-49 (NFHS, 1991).

NFHS (1996) shows that about 98.4 percent ever married women know any methods and 98.4 percent currently married women have knowledge of any methods of contraception. Share of ever married women who know any modern method was 98.3percent and currently married women who know any modern method was 98.3 percent. Only 43.9 percent ever married women and 44.4 percent currently married women have knowledge of any traditional methods of contraception.

NFHS (1996) shows that the most widely known modern contraceptive methods among currently married women female sterilization 96 percent, Male sterilization was 90 percent,Injectectable 80 percent, condom 75 percent, Norplant 37percent and Diaphragm/foam/jelly 28.3 percent . Currently married women known periodic abstinence 37 percent, withdrawal 29.1percent and other methods known as 2.8 percent (NFHS, 1996)

Table 2.3: Percent of Currently Married Women Who Know modern contraceptive Methods.

Method	NFS 1976	NCPS 1981	NFFS 1986	NFHS 1991	NFHS 1996	NDHS 2006
Pill	12.0	25.1	27.8	65.8	80.5	95.4
IUD	6.0	8.4	6.7	24.1	35.9	67.2
Injectables	-	9.0	13.5	64.7	85.0	98.8
Condom	4.8	13.6	16.8	51.6	75.3	96.8
Female sterilization	13.0	44.4	51.2	88.8	96.3	98.7
Male sterilization	15.7	38.1	43.1	85.3	89.7	96.3

Source: MOH Nepal, 1996, NDHS 2006.

Knowledge of family planning was virtually universal in Nepal. It was five fold increased in the percentage of currently married women who know about modern methods over the last two decades from 21 percent in 1976 to 98 percent in 1996.

Knowledge of Pill 1976 was 12 percent and increase the rate of knowledge in 1996 was 80.5 percent. Female Male and sterilization knowledge 1976 was 13 percent and 15.5percent which rate increase in 1996, 96.3 and 89 percent. Much of this knowledge was from media exposure, 53 percent of ever-married women have been exposed to family planning messages through the print media. In additional, about one in four women had heard at least three specific family planning methods on the radio (MOH, 1996).

A little less than three fourth of the country married women (73.5%) were familiar with at least one method of family planning. Almost all the women who reported such knowledge knew a modern contraceptive method. Among the individual method, female sterilization appears to be the best-known contraceptive methods followed by male sterilization, pills and inject able. It found that about 63 percent of currently married women knew about the use of female sterilization. Similarly, 55percent, 50 percent and 48 percent knew male sterilization, pill and inject able respectively. Less than one forth of the respondents acknowledged familiarity with Norplant, IUD, vaginal methods (Foam, Diaphragm and Jelly), withdrawal and periodic abstinence. The high level of familiarity with sterilization reflects the dominance of this method in the government program from which the over whelming majority of women obtain their contraceptives (KC et. al, 2000).

Since the initiation of family planning programme, the knowledge and utilization of family planning services have been rising gradually over the years. Substantial increase in the level of knowledge has been observed since the mid 1970's. In 1976, the proportion of currently married women aware at least one family planning method was 22 percent. By 2001, almost all (99.5%) married women of reproductive age knew at least one modern method of contraceptive which showed the knowledge of at least one modern method of contraceptive among ever married women was universal (New Era, 2001)

Knowledge of family planning is nearly universal among Nepalese women and men. Knowledge of modern methods is generally much higher than knowledge of traditional methods, with women and men being most familiar with female and male sterilization, injectables, pill, and condoms. Three in five women and seven in 10 men have heard or seen messages on family planning on the radio, on television or in the print media. Findings of NDHS (2001) reported that using contraception was usually a

joint decision among couples. Only two in five women and one in two men who know of a contraceptive method have discussed family planning with their spouse (NDHS, 2001).

NDHS (2006) show that currently married and never-married women and men by specific methods knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men. The most widely known modern contraceptive methods among currently married women are: injectables (99 percent), female sterilization (99%), condoms (97%), male sterilization (96%), and contraceptive pill (95%). Eighty-four percent of married women know of implants, about two in three women have heard of the IUD, and 7 percent of women have heard of emergency contraception. This pattern is similar for all, currently married, and never-married men except that men are more likely than women to have heard of condoms, male sterilization, emergency contraception, and the IUD, and less likely to have heard of injectables, implants, and pills. A greater proportion of women and men reported knowing a modern method than a traditional method. Knowledge of any traditional method among all three groups of women ranges between 38-52 percent. Reported knowledge of traditional methods is much higher among men (70-79%). One of the reasons for the lower reported knowledge of traditional methods may be that these methods are not included in the government family planning program, and women may be reluctant to mention them because they are not widely accepted. Among currently married women, there has been an increase since 2001 in the percentage who have heard of all modern methods except female and male sterilization (NDHS, 2006).

Percentage of all respondents, currently married respondents and never-married respondents age 15-49 who know any contraceptive method, by specific method, and mean number of methods known, Nepal 2006 all women know 99.85 percent and know modern methods was 99.8 percent, similarly all men known any methods 99.9 percent and any traditional methods was 99.9 percent, all women known female sterilization 99.9percent, male sterilization was 98.3 percent, Pill 94.5percent, IUD 66.4percent, injectable 98.5 percent Implants 81.1 percent, Condom 96.3 percent and Emergency contraception was 7.4 percent as well as all men known the female sterilization was 97.6 percent, male sterilization 97.9percent ,Pill 91.6percent, condom 99.7percent emergency contraception known as 16.8 percent, and known as any

traditional methods 75.9 percent, rhythm methods 63.7 percent, withdrawal and Folk methods was 67.6 percent and 3.7 percent (NDHS 2006)

2.3.2 Practice of Contraception Methods

Nepal Fertility Survey (1976) studied 5501 respondents of currently married women by specific method. Survey also shows that 4.9 percent were ever used of family planning methods among current married by specific method and currently using any modern contraceptive was 2.9 percent (NFS, 1976).

According to the Nepal Fertility and Family Health Survey 1986, ever use of contraceptive was only 15.8 percent (NFHS, 1986).

Nepal Fertility and Family Health Survey 1991 reported that among them 18 percent had ever used a method a family planning at some time in past. This survey also indicated that 25 percent of currently married non-pregnant women are using contraception (NFHS, 1991).

Table 2.4: Percentage of Currently Married Women Age 15-49 Who Reported Using Modern Contraceptive Methods, Nepal 1976-2006.

Method	NFS 1976	NCPS 1981	NFFS 1986	NFHS 1991	NFHS 1996	NDHS 2001	NDHS 2006
Any modern method	2.9	7.6	15.1	24.1	28.8	38.9	48
Female sterilization	0.1	2.6	6.8	12.1	13.3	16.5	18
Male sterilization	1.9	3.2	6.2	7.5	6.0	7	6.3
Pill	0.5	1.2	0.9	1.1	1.5	1.8	3.5
Injectables	0.0	0.1	0.5	2.3	5.0	9.3	10.1
Condom	0.3	0.4	0.6	0.6	2.1	3.2	4.8
Norplant	-	-	-	0.3	0.5	0.7	-
IUD	0.1	0.1	0.1	0.2	0.3	0.4	0.7

Source: NFHS Nepal (1996) (<http://nepalpage.tripod.com/stat/fp.htm>) and MOH (2002), NDHS2006.

Different studies had shown increasing trends in the use of contraceptive in Nepal with time. Use of any modern method was 2.9 percent in 1976 and which reached to 28.8 percent in 1996. Female sterilization is becoming popular among the Nepalese women with the increment in use by 0.1 percent in 1976 to 13.3 percent in 1996. However, there is slight increase in use of condom with 0.3 percent in 1976 to 2.5

percent in 1996. Injectable is also becoming popular among women (NFHS Nepal 1996)

In Nepal, knowledge of contraceptive method among currently married women was very high (97%) but their use was very low. At the national level, no more than 7 percent of currently married women aged 15-19 were using contraceptive method which was much lower compared with the national average level of 29 percent. Even when compared with the slightly higher age group i.e. 20-24, it was less than half practicing contraception because of lack of choice of contraceptive and many other reasons. The unmet need of contraception among currently married adolescent women was highest particularly for spacing purpose. The increase in unmet need among adolescent during this period was much higher as compared to women of older age group (Ban, 1998).

In the context of Nepal, there was ready accessibility of contraceptive to 53 percent of current users in 1996 that increased from 29 percent in 1991. It was due to the development of health institution as investigated by new health policy 1991. Although there was a sustainable increase in ready accessibility in rural areas in 1996 compared to 1991, however there was a marked differential in rural and urban areas. Still more than 50 percent of current users had no ready accessibility to contraceptive in rural areas in 1996, while 82 percent of current users in urban areas were getting contraceptive locally. Local percent of currently married rural women were practicing sterilization compared to urban women. It was noted that female sterilization was popular among currently married in Terai region and male sterilization in mountain and hill region. People believed that they could not work well if they have sterilized may be the possible cause of it. It also revealed that those working classes Nepalese were less likely to use female sterilization (Pathak, 2000).

In Nepal, the most widely used modern methods of contraception were sterilization (15%) among currently married women followed by injectable (8%), male sterilization (6%) and condom (3%). The most important causes for not intending to use contraceptive in future among the currently married women were in-fecundity and fear of side effects. More than one in two currently married women did not use any method in future because of their wife's menopause, out of ten mentioned religious opposition and one percent cited fear of side effects. Similarly, 28 percent of currently married women have unmet need for family planning services in Nepal of

whom 11 percent have a need for spacing and 16 percent for limiting purpose (NDHS, 2001).

In Nepal, unmet need of family planning was very high. Unmet need for family planning has been defined as proportion of women who did not want more children or want children only after two years but did not use any method of contraception. The total demand of family planning was defined as the sum of met need and unmet need. The total demand for family planning has been increasing over the years. For the year 2001, unmet need for contraception was 27.8 percent that was 27.7 percent in 1991(MOH, 2001).

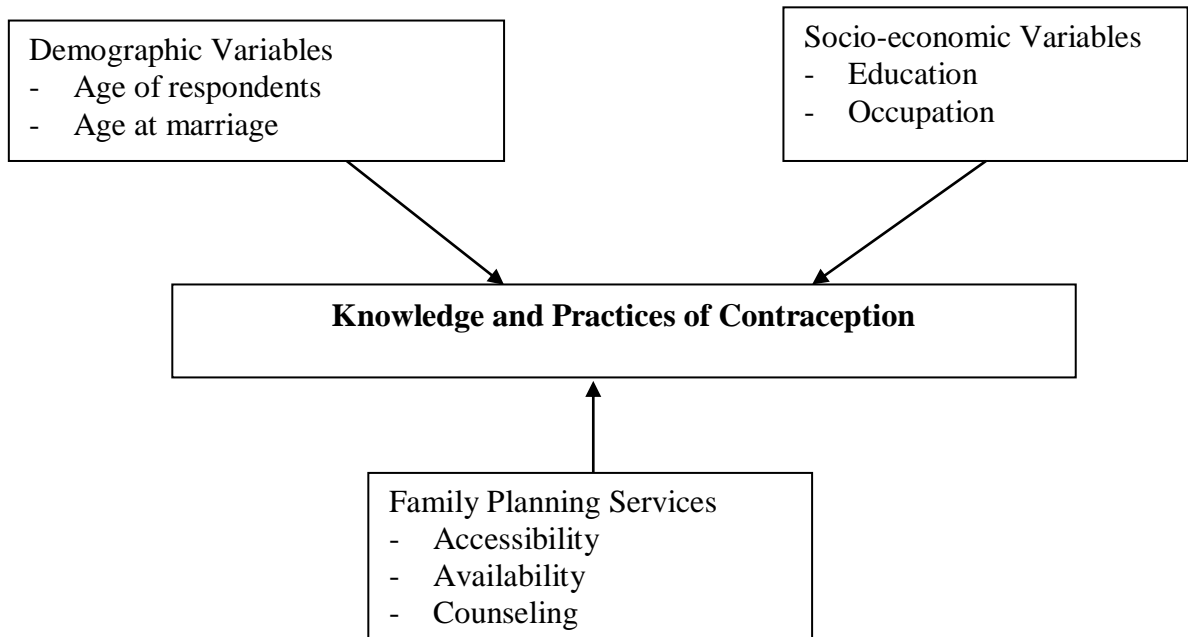
Contraceptive choice was depend on the effectiveness of the contraceptive method in preventing unwanted pregnancies, which was dependent for some method not only on the protection offered by the method itself, but also on how consistently and correctly used. Most of the men and women tend to be more effective users as they become more experienced with the methods. However, programmatic aspects also have a propounded effect on how effectively the method will be used (WHO, 2004).

Ever use of contraception varies with women's age. The pattern of ever use was curvilinear, with being use lowest among women in the youngest age group (15-19), that increases with age and reached a plateau among women in their 30's then declined. The level of ever used any method among currently married women rises to a high of 81 percent among those ages 35-39, and then declined to 67 percent among women age 45-49. Ever used of any modern method by age followed a similar pattern regardless of marital status. It found that current use of modern contraceptive method was 14 percent among currently married women age 15-19, it raised to 60 percent among women age 35-39 and then dropped sharply to 42 percent at age 45-49. Most of women above age 30 were sterilized, while inject able were popular among women age 20-24 years (NDHS, 2006).

According to the Nepal Demographic and Health Survey (NDHS) 2006, 56 percent of the currently married women in Nepal do not use any form of family planning, despite their universal knowledge of modern contraceptive methods. Moreover, 25 percent of Nepal's married women have an unmet need for family planning services (9% for spacing and 16% for limiting births). Many of Nepal's births are unwanted women desire an average of 2.5 births, yet give birth to an average of 4.1 births (NDHS 2006).

2.4 Conceptual Framework of the Study

Figure 1: Conceptual Framework



The main objective of the research is to study about the Knowledge and Practices of contraceptive methods in Khilji VDC of Arghakhanchi District keeping in view with socio economic, demographic and religious factors.

Use of contraception is one of the intermediate variables of fertility. It is determined by various socio economic, demographic and other variables. The above figure shows that the demographic variables like age of respondents, age at marriage and number of living children have influence the knowledge, attitudes and practices of contraception. Similarly, the socio-economic and cultural variables like education, occupation, religion and health facilities are also the influencing factors of knowledge, attitudes and practices of contraception. Furthermore, availability, accessibility and effective counselling of family planning methods affect the knowledge, attitudes and practices of contraception.

CHAPTER THREE

RESEARCH METHODOLOGY

A brief discussion of the research methodology regarding the selection of the study areas, research design, nature and sources of data, sampling procedures, data collection techniques and method of data analysis has been included in this chapter.

3.1 Introduction of the Study Area

Arghakhanchi District is a part of Lumbini Zone and covers an area of 1,193 km² within an altitude range from 305 to 2519m, altitude of sea level (asl). The geographical position of the district is between latitude 27⁰ 45' N to 28⁰ 6'N and longitude 80⁰45'E to 83⁰ 23' E, and the district is characterized by the fragile mountain topography. It was initially two separate kingdoms Argha and Khanchi until Prithivi Narayan Shah annexed the two principalities in 1786AD (1843 BS) under his unification campaign of Chaubisi Rajya.

There are 42 VDCs, in which total population is 209034. Among total population, male and female population constitutes 98980 and 112054 respectively (CBS 2003). Total household of this district was 40807, average family size was 5.1, population density was 175 people per square kilometers, sex ratio was 86 and population growth rate was 1.42 percent (CBS 2003).

Khilji VDC was selected on the basis of fact that the knowledge of contraception is different cast group of currently married person aged 15 and above of this community. Khilji VDC is situated on the western part of headquarters of Arghakhanchi. It is about 17 km far from its headquarter Sandhikharka. There are nine wards in this VDC. According to VDC profile 2063, the total household of this VDC is 710 and the total population was 3399(CBS 2001), Out of the total population Male population was 1562 and female was 1807. Among the total population, the majority populations are from Brahmin, Chetri, Magar, Newar, Damain, Kami and Sarki respectively. From the total household population, nearly 50 percent of households' socio economic condition is not so good. This VDC contains five primary schools, one secondary school and one higher secondary school. One sub health post is situated in this VDC. The literacy rate of this VDC is similar to national level. However, the literacy rates of Dalits and Indigenous community are lower with compare to other community.

3.2 Research Design

To find the main objectives of the study, knowledge, attitudes and practices of contraception, descriptive as well as analytical research designs were applied. Descriptive research designs have been used to describe present pattern of knowledge and attitudes of contraception. Similarly analytical research design has been used to find the major causes of use or non-use of contraception.

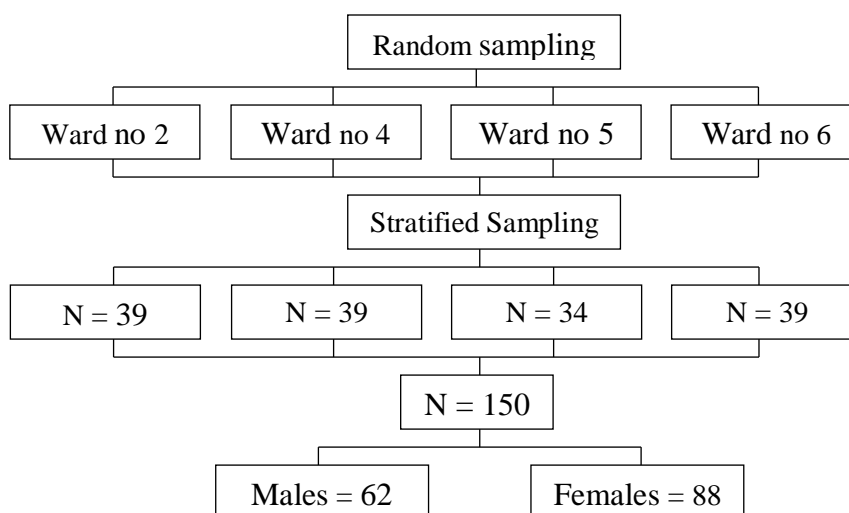
3.3 Nature and Sources of Data

This study is fully related to primary sources of data which is collected by the fieldwork. The information listed according to structured questionnaire have been identified and analyzed. However, secondary sources of data have been used through the review of relevant literature from published and unpublished books, journals, newspaper and web based information from internet.

3.4 Sampling Procedures

This study is based on primary data collection. Khilji VDC was selected out from 42 VDCs of Arghakhanchi district. In this study, Khilji VDC was selected by random sampling method. The 3399 population from the 710 household of nine wards is universe for this study. From this nine wards four wards viz. ward Number 2, 4, 5 and 6 were selected randomly at first step for the study on the basis of settlement of the mixed ethnic group in these wards. There were 82, 81, 73, and 82 household in the ward number 2, 4, 5 and 6, respectively.

Figure 2: Sampling procedure



A complete list of household head prepared by the secretary of VDC was used. From the household list, by using purposive sampling method, 150 households were selected. Out of these household, total 150 household with 39, 38, 34 and 39 households of ward no 2, 4, 5 and 6 were selected representing all caste and ethnicity residing in their respective wards and also of whole VDC for the questionnaire survey. From 150 household's one respondent either married male or married female was selected for interview. Total of 62 male and 88 female from different caste and ethnicity were selected for interview and questionnaire survey, the details of which is presented in the result section.

3.5 Questionnaire Design

The questionnaire designed for this study was based on socio-economic factor affecting on knowledge and practices of contraception. Two types of questionnaire were designed based on the objectives of the study.

1. Household questionnaire
2. Individual questionnaire

The household questionnaire was designed to collect the information on family members, age-sex, marital status and socio-economic and demographic characteristics of the household.

The individual questionnaire was designed for married persons aged 15 and above years from the household population under study.

3.6 Collection of the Data

Different technique of data collection was used for this purpose. Interview of the married person aged 15-49 years with the help of their relatives and information provided by them was used for the study. Data of 150 households has collected with the help of structured questionnaires. Necessary information on the knowledge and practice of contraceptives was collected from these selected married male and female. Mainly the following techniques of data collection were used in this study.

1. Questionnaire: In these study two types of questionnaire (household and individual)
2. Was filled on the answer received from the respondents.

3. Observation: A sample observation was arranged on the life style of study population and their subsistence pattern.

3.7 Data Analysis Method

After the collection of data from the field, the data was processed with the help of computer by using excel package. This package was used for data entry, verification, editing and tabulation of the study results.

The data were presented in the form of suitable frequency tables, bar diagrams. Simple statistical tools like percentage, ratio and average have been used for data analysis.

CHAPTER FOUR

CHARACTERISTICS OF STUDY POPULATION

This chapter deals with the results obtained from the field study. Some demographic, socio-economic characteristics and household facilities were presented at the beginning sections of this chapter. In later sections knowledge, attitudes and use of family planning methods among the respondents is explained.

4.1. Characteristics of Household Population

4.1.1 Demographic Characteristics

Demographic characteristic deals with age-sex, marital status and family structure of the households' population of the study area.

Structure of study population

Age and sex are demographic characteristics of groups which has social, economic and political implication. It also affects the level of fertility, mortality, and behaviours of people. Distribution of household population by age and sex is presented in Table 4.1. In this study, total sample of household has 150 and the total population is 817. Regarding the total population by sex, it is found that 384 (47%) male and 433 (53%) are female.

Table 4.1: Percentage distribution of household population by age and sex .

Age Group	Male		Female		Total	
	N	%	N	%	N	%
0-4	42	10.9	61	14.2	103	12.4
5-9	47	12.5	68	15.6	115	13.9
10-14	59	15.4	78	18.0	137	16.6
15-19	45	11.6	46	10.7	91	11.2
20-24	29	7.5	17	4.0	46	5.9
25-29	26	6.8	20	4.5	46	5.7
30-34	24	6.1	17	4.0	41	5.1
35-39	24	6.4	23	5.3	47	5.9
40-44	19	4.9	22	5.0	41	4.9
45-49	17	4.4	15	3.4	32	3.9
50-54	15	4.0	18	4.1	33	4.0
55-59	10	2.6	13	3.1	23	2.8
60+	27	7.0	35	8.1	62	7.5
Total	384	47.0	433	53.0	817	100.0

Source: Field Survey, 2010.

Table 4.1 shows that distribution of household population by age and sex. Total number of male is 384(47%) and number of female is 433(53%). The age group 0-4 years consists 12.6 percent of total population, age group 5-9 years cover 14 percent. Share of 10-14 is relatively higher for both sexes with compare to other age groups with around 17 percent of population. Similarly, the proportions of population above age 60 were 7.5 percent, which is very low compared to other age groups. Larger proportions of individuals in the age groups 10- 14 indicate high level of fertility. Relatively larger proportion of population in younger ages (0-14) indicates that there will be a high fertility and indicate high growth rate of a population in future (Table 4.1).

Sex ratio

The sex ratio is the principle measure of sex composition of a population. It is defined as the total number of males per 100 females. It is calculated by dividing the total number of male population by total number of female and multiplies by 100. Distribution of household population by sex ratio is presented in Table 4.2.

Table 4.2: Sex ratio of the household population by age.

Age Group	Male		Female		Sex ratio
	N	%	N	%	
0-4	42	10.9	61	14.2	68.85
5-9	47	12.5	68	15.6	69.40
10-14	59	15.4	78	18.0	75.64
15-19	45	11.6	46	10.7	97.83
20-24	29	7.5	17	4.0	170.59
25-29	26	6.8	20	4.5	130.00
30-34	24	6.1	17	4.0	141.18
35-39	24	6.4	23	5.3	104.35
40-44	19	4.9	22	5.0	86.36
45-49	17	4.4	15	3.4	113.33
50-54	15	4.0	18	4.1	83.33
55-59	10	2.6	13	3.1	76.92
60+	27	7.0	35	8.1	77.14
Total	384	100.0	433	100.0	88.68

Source: Field Survey, 2010.

Table 4.2 shows that the overall sex ratio of the household population is 88.68, which indicate that there were more females than males i.e. around 89 males per 100 females. Similarly, above table also indicates that sex ratio is lower in age group 0-4 with compare to other age groups. It shows that sex ratio was higher for age group 20-24 (170.59%) and it followed by age 25–29 group 30- 44 and with around 130 percent and 141.18 percent respectively. The sex ratio of household population seems to be fluctuated which might have the reason of the small sample size of the population.

Marital status

Marriage is one of the essential aspects of human being. In Nepal, child bearing takes place mostly within marriage and timing of marriage makes the beginning of women’s exposure to child bearing. In other words, age at marriage in most of the societies begins a women’s exposure to the risk of child bearing. So, it plays a critical role to determine the level of fertility of a family. Distribution of household population above age 10 years by marital status is presented in Table 4.3.

Table 4.3: Number and Percentage distribution household population aged 10 years and above by marital status.

Marital status	Male		Female		Total	
	N	%	N	%	N	%
Unmarried	128	43.4	129	42.5	257	42.9
Currently married	161	54.6	167	54.9	328	54.8
Widowed	3	1	5	1.7	8	1.3
Divorced	3	1	3	0.9	6	1.0
Total	295	100	304	100	599	100

Source: Field Survey, 2010.

Table 4.3 shows that the proportion of unmarried people was around 43 percent , currently married population was 54.8 percent followed by widowed and separated population which contributes 1.3 percent and 1 percent, respectively.

Family size

Family is the most important primary unit of social structure in Nepal. Distribution of household population by size of family is presented in Table 4.4.

Table 4.4: Percentage distribution household population by size of family.

Family size	Number	Percent
1-4	38	25.3
5-6	57	38
7+	55	36.7

Source: Field Survey, 2010.

Above Table 4.4 shows that, out of the total households of the study area, 38 percent of the households had 5-6 people in a family member and it followed by 1-4 person family member was 25 percent and 7 and above family member was around 37 percent. So, we said that the there is small family size.

4.1.2 Social Characteristics

Caste and ethnicity

Caste and ethnicity is another important social characteristic of a population. Economic, social and cultural differences are associated with the major caste and ethnicity groups of a nation. Caste and ethnicity of the household is important because it often determines the national locality of certain groups and also play important role in decision-making.

Table 4.5: Percentage distribution household population by caste and ethnicity.

Caste and Ethnicity	Number	Percent
Brahman	225	27.54
Chhetri	135	16.54
Newar	127	15.54
Magar	96	11.75
Kami	113	13.83
Sarki	68	8.32
Damai	53	6.49
Total	817	100.00

Source: Field Survey, 2010.

Table 4.5 shows total household population of the study area is 817. In total population Brahman population constitutes 27.54 percent followed by Chhetri 16.54

percent, Newar 15.54 percent, Kami 13.83 percent, Magar 11.75 percent, Sarki 8.32 percent and Damai 6.49 percent.

Literacy status and educational attainment

Education is only one variable that determines the every aspect of human life. There is a close relationship between education and knowledge of contraception and inverse relationship between education and level of fertility. Educational status is most important factor that affects the level of fertility as well as use of contraception. It is essential to know the literacy and educational attainment of the household population in order to find its effect upon health and use of contraceptive. Distribution of household population above age 5 years by literacy and educational attainment is presented in Table 4.6.

Table 4.6: Percentage distribution of household population above age five years by sex and literacy status.

Literacy status	Male		Female		Total	
	N	%	N	%	N	%
Literate	291	85.1	277	74.4	568	79.9
Illiterate	51	14.9	95	25.6	146	20.1
Total	342	100	372	100	714	100

Source: Field Survey, 2010.

Table 4.6 shows that the proportion of literate population is higher as compared to the illiterate population of total household population. Around 80 percent of household populations are found to be literate while around 20 percent is illiterate.

Table 4.7 shows that percentage distribution of household population above age 5 years by sex and educational attainment. Among the literate, the proportion of population is higher in primary level of education compare to other educational attainment. It is reported that around 38.1 percent of the literate population had completed primary level of education and it followed by secondary 32.4 percent, SLC and above 20.2 percent respectively. In this study, literate included for those who had little knowledge about read and write without formal education. Table also depicts that the higher percentage of female belongs to primary education followed by secondary education.

Table 4.7: Percentage distribution of household population above age five years by sex and educational attainment.

Educational attainment	Male		Female		Total	
	N	%	N	%	N	%
Literate	13	4.3	42	15.3	53	9.3
Primary	109	37.5	107	38.8	216	38.1
Secondary	102	35.1	81	29.1	184	32.4
S.L.C and above	67	23.1	47	16.8	115	20.2
Total	291	100	277	100	568	100

Source: Field Survey, 2010.

4.1.3 Economic Characteristics

Occupation

Occupation is one of the most influencing variables that affect the knowledge, attitudes and practices of the contraception as well as level of fertility. It also determines the socio economic condition of a household. The household questionnaire includes a question as to whether each person aged 5 and above was involved in any types of occupation or not. Distribution of household population by occupational status is presented in Table 4.8.

Table 4.8 shows the distribution of population by occupation. People were involved in different types of occupation. Agriculture was the major occupation 53.5percent. Among the other occupation except agriculture, service was the second most dominant occupation 14.5percent of the household population. In both male and female, predominant occupation was agriculture with 44.2 percent and 61.6percent involvement in agriculture. More male were involved in service and business as compared to the female.

Table 4.8: Numerical and percentage distribution of household population aged five years and above by sex and occupation.

Occupation	Male		Female		Total	
	N	%	N	%	N	%
Agriculture	151	44.2	229	61.6	382	53.5
Service	73	21.4	32	8.5	104	14.5
Business	28	8.1	22	5.8	49	6.9
Daily wages	25	7.3	27	7.3	52	7.3
Student	35	10.2	38	10.3	73	10.2
Foreign employee	16	4.7	5	1.3	20	2.8
Dependent	4	1.2	7	1.8	11	1.5
Other	10	2.9	13	3.5	23	3.2
Total	342	100	372	100	714	100

Source: Field Survey, 2010.

Land holding

Land is essential thing for production. In the study area, most of the households had their own cultivated land. The cultivated land includes terraced land (*Bari*), some poor terraced land (*Pakha Bari*) and paddy field. Only some parts of low land that can be irrigated by Canal (*Kulo*) were used as paddy field. The distribution of size of land of household population is presented in Table 4.9.

Table 4.9: Distribution of households according to land holding.

Land (in Ropani)	Number	Percent
Less than 1 Ropani	26	17.3
1-5 Ropani	38	25.3
5-10 Ropani	47	31.3
10 Ropani and above	39	26.0
Total	150	100.0

Source: Field Survey 2010.

Table 4.9 shows that around 31.3 percent household heads reported to have 5-10 Ropani of the cultivated land. Similarly, 26 percent household heads reported to have above than 10 Ropani of the cultivated land and it followed by around 25 percent and

17 percent household heads reported with one to five Ropani and less than one Ropani of the cultivated land respectively.

Types of dwelling

Types of dwelling represent the economic status of the household population and it affects the every aspect of human beings. The distribution of household population by types of dwelling is presented in Table 4.10.

Table 4.10: Distribution of households according to types of dwelling.

Dwelling	Number	Percent
Own	147	98.5
Rent	3	1.5
Total	150	100.0

Source: Field Survey 2010.

Table 4.10 shows that 98.5 percent of the households had their own house and only around 1.5 percent of the household had lived on rent.

Table 4.11: Types of Roofing.

Types of roofing	Number	Percent
Khar	53	35.3
Jasta	75	50.0
Slate/cement	22	14.7

Source: Field Survey 2010.

In the study area, most of the house wall was constructed by mud-stone. It was reported that around 95 percent of house wall were constructed by mud-stone and it followed by concrete cement with around 5 percent. Likewise, most of the house roof was thatched by *Jasta* 50 percent followed by *Khar* 35.3percent and some roofs were made by concrete cement and slate with 14.7 percent (Table 4.11).

Household facilities

Household facilities are the important variable for the determination of quality of life. These facilities are knowledgeable for human life and that helps to make easy human life. It includes the drinking water, electricity, and biogas plant and toilet facilities of the household. The distribution of household by types of household facilities is presented in Table 4.12

Table 4.12: Numerical and percentage distribution of households according to household facilities.

Facilities	Number	Percent
Piped water for drinking	150	100.0
Electricity	150	100.0
Bio-gas plant	8	5.5
Telephone	25	16.7
Mobile	105	70.0
Telephone & mobile	20	13.3
Radio	127	87.6
Television	126	86.9
Toilet	137	91.3

Source: Field Survey, 2010.

Table 4.12 indicates that almost all of the households had used piped water for drinking. Likewise, cent percent of the households have electricity; around 87 percent of households have radio as well as television. Sanitation condition in the area was also good in the area. Around 91 percent of the households used toilet facilities. From the above table around 91 percent of the households used toilet facilities which show the sufficient sanitation status.

4.2 Characteristics of Respondents

4.2.1 Age Distribution

Age is the basic demographic characteristic of a person. It determines the knowledge, attitudes and practices of contraception. Distribution of respondents by age is presented in Table 4.13.

Table 4.13 shows that the proportion of population in age group 30-34 was higher with compare to other age group. Out of the total respondents, the highest concentration of respondents are found in the age group 30-34 (24.7%) and 20-24 (20.7%) followed by 25-29 (18%), 35-39 (14.7%), 40-44 (10%), 45-49 (9.3%) and 15-19 (2.7%) respectively.

Table 4.13: Numerical and percentage distribution of respondent by age group.

Age	Number	Percent
15-19	4	2.7
20-24	31	20.7
25-29	27	18
30-34	37	24.7
35-39	22	14.7
40-44	15	10
45-49	14	9.3
Total	150	100

Source: Field Survey, 2010.

4.2.2 Literacy Status

Educational status is most important factor that affects the knowledge and use of contraception and level fertility. It is essential to know the literacy and educational attainment of the respondents in order to find its effect on use of contraception. Distribution of respondents by literacy status and educational attainment is presented in Table 4.14.

Table 4.14: Educational attainment among the literate women aged 15-49 years.

Educational attainment	Number	Percent
Literate	31	20.67
Primary	49	32.67
Secondary	29	19.33
S.L.C and above	41	27.33
Total	150	100.0

Source: Field Survey, 2010.

Above table shows that the total respondent among the literate population was 20.67 percent, complete the primary level education was 32.67 percent, study complete on secondary level was 19.33 percent and among the respondent 27.33 was SLC and above. The majority of respondent was primary education.

4.2.3 Caste and Ethnicity

Caste and ethnicity is another important social characteristic of a population. Communities are associated with the different caste and ethnicity groups. Different Caste and ethnicity are different own system and believes. Total number of caste and Ethnicity is describe in bellow table.

Table 4.15: Number and Percentage distribution of respondents by caste and ethnicity.

Caste /Ethnicity	Male		Female		Total	
	N	%	N	%	N	%
Brahmin	18	29.0	22	25	40	26.7
Chhetri	14	22.6	12	13.6	26	17.3
Newar	9	14.5	14	15.9	23	15.3
Magar	5	8.1	11	12.5	16	10.7
Kami	6	9.7	12	13.6	18	12.0
Sarki	6	9.7	9	10.2	15	10.0
Damai	4	6.5	8	9.1	12	8.0
Total	62	41.3	88	58.7	150	100.0

Source: Field Survey, 2010.

Table 4.15 shows that the present sharing of respondents from Brahmin population constitutes 26.7 percent followed by Chetri, Newar, Magar, Kami, Sarki and Damai with 17.3, 15.3, 10.7, 12, 8 and 10 percent respectively. While looking it stepwise, 25 percent female were from Brahmin followed by Newar (15.6%), Chetri and Kami each (13.6%). In Male respondents, 29% were from Brahmin followed by Chetri (22.6%) and Newar (14.5%). Respondents from Damain caste represent lowest percent in both male (6.5%) and female (9.1%) respondents

4.2.4 Occupation

The occupations of respondents are classified in 4 categories like: agriculture, service, business, and daily wages. Table 4.16 shows number and percentage distribution of respondents by occupation. Respondents were from various occupations namely: agriculture, service, business, and daily wages. Agriculture was the major occupation of the respondents (54.7%) followed by business (16.7%), service (14.3%) and daily wages (14%).

Table 4.16: Number and percentage distribution of respondents by occupation.

Occupation	Number	Percent
Agriculture	82	54.7
Service	22	14.3
Business	25	16.7
Daily wages	21	14.0
Total	150	100.0

Source: Field Survey, 2010.

4.2.5 Age at Marriage

Age at marriage refer to the average age or date of first marriage. There is close association between age at marriage and use of contraception. In Nepal, child bearing is only acceptable after marriage so it has significant impact upon use of contraception. This section presents the ever use, currently use and intend to use in future of family planning method among the respondents by age at first marriage.

Table 4.17: Age at marriage of respondents by sex.

Age group	Male		Female	
	Number	Percent	Number	Percent
10-15	4	6.5	9	10.2
15-20	11	17.7	38	43.2
20-25	29	46.8	34	38.6
25-30	12	19.4	5	5.7
>30	6	9.7	2	2.3
Total	62	100	88	100

Source: Field Survey, 2010.

Age at marriage is one of the important factors for ever used of contraceptive methods. The age at marriage of respondents by sex is presented in Table 4.17. The female get married in earlier age than that of male. In total female respondents, 43.2 percent get married between ages of 15-20 while only 17.7 percent male married in same age group. In male respondents, 46.8 percent married in the age of 20-25 years. Only few percent of respondents of both male 9.7 percent and female 2.3percent married after 30 years age.

4.2.6 Number of Live Birth

Table 4.18: Number of live birth of children among respondents.

Sex	Son	Daughter	Total
Male	53	78	131
Female	88	93	181
Total	141	171	312

Source: Field Survey, 2010.

Table shows higher proportion of daughter than that of male. Higher proportion of female may be due to want of son among Nepali society.

CHAPTER FIVE

KNOWLEDGE AND PRACTICES OF CONTRACEPTION

5.1 Knowledge of Contraception

Knowledge of family planning methods was determined by first asking respondents to talk about all the methods they heard about and then by reading the name and brief description about the use of method. Without knowledge, people reject to practice of family planning methods. This section presents the knowledge of family planning method among the married couple aged 15-49 years from different caste and ethnicity.

In this study in order to found whether they have heard about family planning methods or not, the question asked, have you heard about family planning methods? From this question it found that 135 (90%) out of 150 have heard about family planning methods. Level of knowledge of family planning methods is an important precondition for using suitable contraceptive method. The knowledge of contraceptive methods helps to increase the motivation of using contraceptive method. The knowledge of family planning methods is presented in table 5.1.

Table 5.1: Percentage distribution of the respondent's by knowledge of contraceptive methods.

Methods	Number	Percent
Pills	141	94.0
Condom	148	98.7
IUD	21	14.0
F. sterilization	147	98.0
M. sterilization	149	99.3
Injections	145	96.7
Norplant	61	40.7
Foam/Jelly	32	21.3
Total	146	97.3

Source: Field Survey, 2010.

Table 5.1 shows that 97.3 percent respondent had knowledge of at least one kind of contraceptives. Majority of respondents had knowledge about Condom and it followed

by Injection, Male sterilization, Female sterilization, Pills, Norplant, Foam/Jelly and IUD with around 98.7 percent, 96.7 percent, 99.3 percent, 98 percent, 94 percent, 40.7 percent, 21.3 percent and 14 percent respectively.

5.2 Source of Knowledge of Contraceptive Method

Asked the respondent which source do you heard about the contraceptive methods this is describe in below table.

Table 5.2: Source of knowledge of Contraceptive Method.

Sources	Number	Percent
TV /radio	68	53
Friends	34	26
Newspaper	9	7
Family member	8	6
Husband/ wife	10	8

Source: Field Survey, 2010.

Table: 5.2 shows that the percent distribution of currently married women who know the contraceptive method at the time of the survey, 53percent respondent heard about contraception methods by Radio and TV and 26 percent knew by the friend. Rest of the respondents knew about it by news papers, family member. Lower percentage of contribution of newspaper and the family to disseminate knowledge of family planning might be due to its geographical position of the village from the city, availability of the newspapers. Respondents replied that they generally don't talk about means of family planning in the family gathering.

5.3 Knowledge of Contraception by Their Marriage

Among the respondents, 58 percent reported that they heard about means of family planning only after marriage while 42 percent reported that they know about that before their marriage.

5.4 Use of Contraception

Use of contraception is one of the important proximate determinants of level of fertility. It generally assumed that it play important role in transition to lower fertility and important aspect of the study.

5.4.1 Ever Use of Contraception by Literacy Status

Ever use of contraception refers to the use of contraception of the respondents in past as well as present time. Education may be the only one variable that determines the every aspect of human life. There is direct relationship between level of education and use of contraception. Level of education and use of contraception has positive correlation. The increase in the level of education also increases the level of uses of contraceptive prevalence rate. Use of contraception by level of education of the study population is presented Table 5.3.

Table 5.3: Percentage distribution of the respondents ever use of contraception by level of education.

Education	Ever used of contraception	
	Number	Percent
Literate	19	61.3
Primary	42	85.7
Secondary	27	93.1
SLC and above	41	100.0
Total	129	86.0

Source: Field Survey, 2010.

Above Table 5.3 presents, the currently married couple aged 15-49, who have ever used of contraceptive methods by level of education. In total, 86 percent respondents had ever used the means of contraception while only 14percent respondents did not use any means of contraception till now. From this table, the proportion of respondents who have SLC and above had highest percent100 percent in the use of contraception followed by secondary level of education 93.1percent as compared to the below Secondary level of education. Among the respondents of not using contraception it mainly belongs to the lower level of education.

5.4.2 Ethnic Group and Ever Use of Contraception

In the study area there were different cultural and different cast community, their own religion and own system so different cast and ethnic group use of contraceptive methods which indicate in below table.

Table 5.4: Distribution of cast ethnic group by ever use of contraception.

Caste and Ethnicity	Number	Percent
Brahmin	37	92.1
Chhetri	24	91.4
Newar	20	87.0
Magar	13	81.0
Kami	14	77.8
Sarki	11	73.0
Damai	10	83.0
Total	129	86.0

Source: Field Survey, 2010.

Table 5.4 presents the use of contraceptives among people of different ethnic group. The maximum contraceptive use is found among Brahmin 92.1percent followed by Chhetri 91.4percent, Newar 87 percent, Magar 81percent. Least contraceptive use is found in the Sarki community i.e. 73 percent. The contraceptive use in the study area was found higher than that of national average which might be due to the higher level of education and or inclusion of the respondents who are using the contraceptives since purposive sampling was carried out in this study.

5.4.3 Use of Contraceptive Methods by Occupation

Occupation is one of the important variables that determine the socio economic condition of the study population. The socio economic condition of the people determines the level of use of contraception. So occupations of the people have direct impact on use of contraception. This section presents the ever use of family planning method among the Brahmin, Chhetri, Dalit and Indigenous people aged 15-49 years by occupational status.

Table 5.5 shows that most of the respondents had involved in agricultural occupation. 86 percent of the respondents have ever used any means of contraceptives. 81.7 percent respondents belonging to agriculture had ever using contraception. However, the contraceptive prevalence rate was higher for those who involved in non agricultural occupation. Cent percent of the respondents having service as occupation has ever using contraceptives.

Table 5.5: Percentage distribution of respondents ever use of contraception by occupation.

Occupation	Ever used of contraception	
	Number	Percent
Agriculture	67	81.7
Service	22	100.0
Business	23	92.0
Daily wages	17	80.9
Total	129	86.0

Source: Field Survey, 2010.

The contraceptive use in the study area was found higher than that of national average which might be due to the higher level of education and or inclusion of the respondents who are using the contraceptives since purposive sampling was carried out in this study.

5.4.4 Use of Contraceptives by Age at Marriage

Age at marriage refer to the average age or date of first marriage. There is close association between age at marriage and use of contraception. In Nepal, child bearing is only acceptable after marriage so it has significant impact upon use of contraception. This section presents the ever use of contraceptive methods by respondents by age at first marriage.

Table 5.6: Percentage distribution of respondents ever use of contraception by age at marriage.

Age at marriage	Number	Percent
Below 15	9	69.2
15-19	39	79.6
20-24	57	90.5
25-29	16	94.1
30+	8	100.0

Source: Field Survey, 2010.

Age have significant impact upon use of family planning devices. In this table discuss the age of respondent age married and calculated and ever used of contraceptive methods. Out of total respondents, 86percent respondent who ever used of

contraception methods. 69.25 percent respondents ever used of contraception who get married age bellow 15, 79.6percent respondents who get married aged 15-19 years have used contraception, while among those who get married 30+ years, 94.1percent used of contraception.

5.4.5 Use of Contraceptives by Age

Age have significant impact upon use of family planning devices. There is relation on age and contraceptive used below table indicate the different age group ever used of contraception methods.

Table 5.7: Percentage distribution of respondents ever use of contraception by age.

Age group	Number	Percent
15-19	4	3.1
20-24	27	20.9
25-29	27	20.9
30-34	34	26.3
35-39	21	16.3
40-44	10	7.8
45-49	6	4.6

Source: Field Survey, 2010.

Above table, indicate that 3.1percent ever used of contraception was contributed by age group (15-19)21percent by age group (20-24). Similarly use of contraception methods at age group (25-29), (30-34), (40-44), (45-49) was 26.3, 16.3, 8 and 4.6 percent respectively.

5.5 Current use of Contraceptive Methods

Current use of contraception is defined as the proportion of women who reported the use of a family planning method at the time of interview. The level of current use usually calculated among currently married women. Use of contraceptive methods is very important of population declined. Different type of contraceptive methods used in the study area present in bellow.

5.5.1 Current Use of Contraceptive Methods by Type

In the study area, for the respondent a question which methods do you use at present was asked and the respondents' answer is presented in table bellow.

Table 5.8: Percent distribution of Current use of Contraceptives methods.

Methods	Number	Percent
Pills	6	8.7
Condom	20	29.0
F. sterilization	7	10.1
M. sterilization	5	7.2
Injections	31	44.9
Total	69	46.0

Source: Field Survey, 2010.

Table 5.8 showed the current use of contraceptives among respondents by types of contraceptives. Among total respondents, 46 percent of respondents have been currently using any type of contraceptives. Out of total use 44.9 percent is contributed by users of injections followed by condom users (29%). Some respondents have been using pills and sterilizations.

5.5.2 Current Use of Contraceptive by Age

Age have significant impact upon use of family planning devices. There is relation on age and current use of contraceptive. Below table indicates the different age group's current used of contraception methods.

Table 5.9: Distribution of respondent's current use of contraception by age.

Age	Number	Percent
15-19	1	25.0
20-24	11	35.5
25-29	13	48.1
30-34	19	51.4
35-39	14	63.6
40-44	6	40.0
45-49	5	35.7
Total	69	46.0

Source: Field Survey, 2010.

Table 5.9 shows the current use of contraceptives by age of respondents. Among the different age groups, 35-39 age groups have maximum prevalence of current use of contraceptives with 63.6 percent of total respondents of same age group followed by

age group 30-34 and 25-29 with 51.4 percent and 48.1 percent use respectively. Contraceptive use decreased after 40-year age of respondents.

5.5.3 Current Use of Contraception by Literacy Status

Education is an important variable that determines the every aspect of human life. There is direct relationship between level of education and use of contraception. Level of education and use of contraception has positive correlation. The increase in the level of education also increases the level of uses of contraceptive prevalence rate. Current use of contraception by level of education of the study population is presented in the table bellow.

Table 5.10: Percentage distribution of the respondent's current use of contraception by level of education.

Educational attainment	Number	Percent
Literate	9	29.0
Primary	19	38.8
Secondary	15	51.7
S.L.C and above	26	63.4
Total	69	46.0

Source: Field Survey, 2010.

Table 5.10 shows the current use of contraceptives by level of education. Table showed that the use of contraceptives is increased with level of education. 63.4 percent of respondents having SLC and above level of education have been currently using contraceptives which is high as compared to Secondary (51.7%), primary (38.8%). Least use was found among literate respondents with only (29%) use of contraceptives at present.

5.5.4 Caste and Ethnic Group and Current Use of Contraception

In the study area there were different cultural and caste/ethnic community having their own religion and own system. This influence in the use of contraceptive methods. Current use of contraception by Caste and Ethnic group is presented in table 5.11.

Table 5.11: Distribution of current use of contraception by Caste and Ethnic group.

Caste and Ethnicity	Number	Percent
Brahmin	18	45.0
Chhetri	16	61.5
Newar	8	34.8
Magar	7	43.8
Kami	9	50.0
Sarki	6	40.0
Damain	5	41.7
Total	69	46.0

Source: Field Survey, 2010.

Table 5.11 shows the current use of contraceptives by caste and ethnicity of the respondents. Among the different caste, respondent from Chhetri community have been using more contraceptives (61.5%) as compared to Brahmin (45%), Newar (34.8%). There is no specific trend among caste hierarchy. It shows the use of contraceptives is demand driven.

5.6 Future Intend to Use or not Use of Contraception

Those respondents who have never used contraception have asked the question about the contraception among the respondents who have never used contraception is presented in the bellow table.

Table 5.12: Percentage distribution of respondent's future intends to use contraception.

Future intend to use contraception	Number	Percent
Yes	13	61.9
No	6	28.6
Unknown	2	9.5
Total	21	100.0

Source: Field Survey, 2010.

In overall, 62 percent of the respondents who never used contraception were want to use it in future while 28.6 percent of never used respondents still do not want it in coming future. Similarly, the higher proportion of respondents who never used contraception was higher for informal and primary level of education.

The future intends to use or not use of contraception among those respondents who never used contraception is presented table 5.13. Among the respondents who want to use contraception in the future majority of them belongs to the age group 20-24, 25-29. Similarly among the respondents who still do not want to use contraception in the future belongs to age group 35-39 contributing about 50 percent to not want to use in future population.

Table 5.13: Percentage distributions of respondents intend to use of contraception in future by age.

Age		Use	Not use	Unknown
15-19		0	1	0
20-24		4	1	1
25-29		5	0	0
30-34		2	0	0
35-39		1	3	0
40-44		1	1	0
45-49		0	0	1
Total	No	13	6	2
	%	62	29	9

Source: Field Survey, 2010.

5.7 Sources of Contraceptive Methods Suppliers

Due to the geographical condition of our country, it is very difficult to provide the family planning methods according to the people's desire. The respondents who currently used contraception were asked the question about the sources of suppliers and the result has presented in Table 5.14.

Table 5.14: Percentage distributions of respondents by sources of suppliers.

Sources of suppliers	Number	Percent
Gov. Hospitals	15	12
Health post	45	35
Private clinic	39	30
General store	17	13
Others	13	10

Source: Field Survey, 2010.

Above Table 5.14 shows, that 35 percent of the respondents who currently used contraception reported that health post was the major sources of contraceptive suppliers. It followed by private clinic 30 percent, general store 13 percent, and governmental hospital 12 percent and other sources 10 percent, respectively. Majority of the Dalit caste respondents reported that health post was the major sources of suppliers of contraceptive methods while, in case of other caste, the majority of respondents had reported that private clinic as the major sources of suppliers. In the rural areas of the Nepal, Health post is important place to protect health of the people; its important role is also reflected in the supply of the contraceptives means. Higher percent share of the health post may be contributed by its free distribution of some means of contraception.

5.8 Distance to Reach Contraceptive Methods Suppliers

One of the important indicators of accessibility of family planning methods is the travel time to get the sources of contraceptive suppliers. Accessibility of family planning methods has positive effects on prevalence of contraceptive devices. The respondents who were currently using contraception by time taken to reach sources of contraceptive suppliers is presented below table.

Table 5.15: Percentage distribution of respondents' time to take to reach contraceptive methods suppliers.

Time	Number	Percent
Less than 30minutes	25	19.38
30 -60 minutes	41	31.78
60 minutes & above	63	48.84
Total	129	100

Source: Field Survey, 2010.

Above Table 5.15 shows that 31.78 percent respondents reach to suppliers between 30-60 minutes. It took more than one hour to majority of the respondents (48.84%) to reach the suppliers of contraceptives. Similarly, majority respondents of Dalit caste who currently used contraception replied that they took more than one hour time to reach the sources of contraceptive suppliers. Only 19.38 percent respondents reach to family planning suppliers within 30 minutes. The higher time is the result of the

geographical distribution of the villages and the level of the development in the villages.

5.9 Reasons for not Using Contraceptive Methods

There are various reasons for non-use of contraception. So that in this study all currently married persons who never used contraception were asked about the reasons for non-using contraception.

Table 5.16: Percentage distribution of respondents by reasons for not using contraceptive method.

Reasons	Number	Percent
Health condition	3	14.3
Want children	4	19.0
Husband/wife opposition	2	9.5
Fear of the side effects	7	33.3
Don't know	5	23.8

Source: Field Survey, 2010.

Above Table 5.16 shows that around 33.3 percent of the respondents stated that fears of the side effect was their principle reasons for not using any forms of contraception. It followed by desire for more children, health condition, husbands/wife's opposition, don't know with around 19, 14.3, 9.5 and 23.8 percent respectively. Respondents from different caste highlighted different reasons for their not using of contraceptives.

5.10 Satisfaction With of Use of Contraception

Side effect is one of the main causes for non use of contraceptive among the Nepalese women. To manage their family size the respondents of the study area have using various types of family planning methods. some respondent don't use of contraceptive methods due to sexual pleasure and some told afraid if side effect so they don't use of contraception methods Many more said they were used of contraception to get sexual pleasure.

Table 5.17: percentage distribution of respondents by experience of side effects

Experience of side effect	Number	Percent
Yes	57	44.2
No	72	55.8
Total	129	100.0

Source: Field Survey , 2010.

Above Table 5.17 shows that 44.2 percent of the respondents who ever used of contraception had faced side effect. They did not satisfy by the use of contraceptive methods. Moreover, 55.8 percent of respondent while using the contraceptive methods they were satisfied used of the contraception, they do not face any side effects.

5.11 Types of Side Effects

By using various types of family planning methods respondents have faced different types of side effects. Types of side effects faced by respondents who ever used contraception are presented below table.

Table 5.18: Percentage distribution of respondents by types of side effects.

Types of side effect	Number	Percent
Irregular of ministration	14	24.6
Irregular of bleeding during ministration	8	14.0
Insufficient flow of breast	3	5.3
Over bleeding	18	31.6
Vomiting	5	8.8
Headache	14	24.6
Weakness	13	22.8
Weightless	3	5.3
Leg pain	1	1.8
Eye weakness	1	1.8
Waist pain	11	19.3

Source: Field Survey, 2010.

Table 5.18 indicates that majority of respondents had faced the side effects of over bleeding 31.6 percent while using it. Irregular of ministration and vomiting was the second most important side effect perceived by the respondents besides others like weight loss, weakness, headache, etc.

5.12 Treatment of Side Effect

Treatment of side effect is necessary for continuous use of contraceptive methods. Using people had faced different side effects. Table 5.19 presents the distribution respondent getting treatment of side effects.

Table 5.19: Distribution of respondents getting treatment of side effects.

Treatment of side effects	Number	Percent
Yes	30	52.6
No	27	47.4
Total	57	100

Source: Field Survey, 2010.

Above Table 5.19 shows that around 53 percent of the respondents who faced the side effect while using contraceptive methods were treated after facing side effects of it. While rest people were not treated side effects.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter deals with overall findings of the study, its conclusions and recommendation for further researcher.

6.1 Summary

This study analyzed the knowledge, attitudes and practices of contraceptive methods among currently married couple aged 15-49 years belonging to different caste and ethnicity in Khilji VDC, Arghakhanchi District. This study is fully based on primary data obtained from the field survey. The general objective of this study is to analyze the knowledge and practices of contraception of among currently married women aged 15-49 years at Khilji VDC of Arghakhanchi District. Besides other general demographic features of the studied households, it provides the information about knowledge of contraceptive methods, ever used, current used, and intend to future used on the basis of education, occupation, age at marriage and age. This study was conducted on November 5-20, 2010 in Khilji VDC's ward number 2, 4, 5 and 6. In this study, by using stratified and purposive sampling method 150 households were selected from 710 households of this VDC.

Out of the total sample households population (817), 384(47%) were male and 433(53%) were female. Similarly around 42.9 percent were under age 14, around 42 percent were age 15-49 years and 14.3 percent were age 50 and above. The sex ratio is 88.68 percent.

Among the total household population the majority is of Brahman (27.54percent), Chhetri (16.54%), Newar(15.54%), Magar (11.75%), Kami(13.8%), Sarki (8.32%) and Damae was (6.49%). Above age five and over, 53.5 percent of respondents were currently working in agriculture and it followed by service 14.5and business 6.9 percent respectively

From the total sample household's population above age 5, the proportion of currently married population was higher with compare to other marital status. Around 55 percent population was currently married and it followed by unmarried 42.9 percent, widowed 1.3 and divorced was 1percent respectively. In this community, majority of

household's 1-4 family member is (25.3%), 5-6 member of family size as (38%) and 7+ member family sizes was (36.7%).

The proportion of literate population was higher for the households, population above age 5. It was reported that 79.9 percent of the household's population were literate and 20.1 percent of population was illiterate. The proportion of primary level of education attainment 38.1percent, secondary level of education was 32.4 percent and SLC and above was 20.2 percent. Primary education is completed higher proportion. 31.3 percent of the households had 5-10 *Ropani* land and it followed by above 10 *Ropani* 26 percent, 1-5 *Ropani* 25.3percent, and below 1 *Ropani* 17.3 percent respectively. Majority of respondents had their own dwelling. It was reported that around 98.5 percent of respondents had their own dwelling and it followed by rent 1.5 percent. Among them, mudstone and rest constructed 95 percent of the dwellings wall by concrete cement. Most of the house roof was thatched by Jasta 50 percent followed by Khar 35.3 percent and some respondent's house's roofs were made by concrete cement and slate with 14.7 percent. From the total sample households, cent percent household used piped water as a source of drinking water. Likewise, 91.3 percent of households had fixed latrine for the exclusive use of this households. Similarly, cent percent household enjoyed electricity facility.

Among the total 150 respondents, nearly one fourth respondents reported age group 30-34 and it followed by age group 15-19, 20-24, 25-29, 35-39, 40-44, 45-49 was 2.7, 20.7, 18, 14.7, 10 and 9.3percent respectively. Overall, 43.2 percent of the respondents reported age at marriage 15-19 years and it followed by age group 20-24 years 38.6 percent, age group 10-14(10.2%), age group 25-29 (5.7%), age group >30 years (2.3%) respectively.

Out of the 150 currently married persons among the literate population was (20.67%) complete the primary level education was 32.67 percent. study complete on secondary was 19.33 percent and among the respondent 27.33 was SLC and above. The majority of respondent was primary education.

from different caste ethnicity Brahmin population constitutes 26.7 percent followed by Chetri, Newar, Magar, Kami, Sarki and Damai with 17.3, 15.3, 10.7, 12, 8 and 10 percent, respectively. Agriculture was the major occupation of the respondents 54.7 percent followed by business 16.7 percent, service 14.3 and daily wages 14 percent.

In total female respondents, 43.2 percent get married between ages of 15-20 while only 17.7 percent male married in same age group. In male respondents, 46.8 percent married in the age of 20-25 years. Only few percent of respondents of both male (9.7%) and female (2.3%) married after 30 years age.

Ninety seven percent of the respondents had knowledge about contraceptives. Majority of respondents had knowledge about Condom 81.3 percent and it followed by Injection, Male sterilization, Female sterilization, Pills, Norplant, Foam/Jely and IUD with around 98.7, 96.7, 99.3, 98, 94, 40.7, 21.3 and 14 percent respectively.

Majority of respondents (53%) heard about contraceptive methods by Radio and TV and 26 percent known by the friend. Rest of the respondents knew about it by news papers, family member. Fifty eight percent respondents heard about means of family planning only after marriage while 42 percent knew about before their marriage

Majority of respondents had ever used contraception for each caste. All the respondents were literate. In total, 86 percent respondents had ever used the means of contraception while only 14 percent respondents did not use any means of contraception till now. The proportion of respondents who have SLC and above had highest cent percent in the use of contraception followed by secondary level of education 93.1 percent as compared to the below Secondary level of education.

Out of the total respondents by ethnicity, the maximum contraceptive ever use is found among Brahman (92.1%) community followed by Chhetri (91.4%), Newar (87%) and Magar (81%). Least contraceptive use is found in the Sarki community with 73 percent ever use.

Among total respondents, 46 percent of respondents have been currently using any type of contraceptives. Out of total use 44.9 percent is contributed by users of injections followed by condom users (29%). Some respondents have been using pills and sterilizations.

Among the different age groups, 35-39 age groups have maximum prevalence of current use of contraceptives with 63.6 percent of total respondents of same age group followed by age group 30-34 and 25-29 with 51.4 percent and 48.1 percent use respectively. Contraceptive use decreased after 40 year age of respondents. Use of contraceptives is increased with level of education. 63.4 percent of respondents having SLC and above level of education have been currently using contraceptives which is

high as compared to Secondary (51.7%), primary (38.8%). Least use was found among literate respondents with only (29%) use of contraceptives at present.

Among the different caste, respondent from Chhetri community have been using more contraceptives (61.5%) as compared to Brahmin (45%), Newar (34.8%). There is no specific trend among caste hierarchy. It shows the use of contraceptives is demand driven.

In total 21 respondents who have never used of contraception, 62 percent of the respondents want to use it in future while large percentages of never used respondents 29 percent still do not want it in coming future.

By occupation, 81.7 percent respondents belonging to agriculture had ever using contraception while 100 percent of the respondents having service as occupation has ever using contraceptives. Out of total respondents, 86 percent respondent who ever used of contraception methods. 69.25 percent respondents who get married age bellow 15 has ever used contraception, 79.6percent respondents who get married aged 15-19 years have used contraception, while among those who get married 30+ years, 94.1percent used of contraception, 4.8percent ever used of contraception was contributed by age group (15-19), 18percent was contributed by respondents of age group 20-24. Similarly, use of contraception methods at age group 25-29, 30-34, 40-44, 45-49 was 24.1, 24.7, 8 and 4.9 percent respectively.

Among the respondents who want to use contraception, in the future majority of them belongs to the age group 20-24, 25-29. Similarly, among the respondents who still do not want to use contraception in the future belongs to age group 35-39 contributing about 50 percent to not want to use in future population. In overall, 62 percent of the respondents who never used contraception were want to use it in future while 28.6 percentages of never used respondents still do not want it in coming future.

Among the current users of contraception 35 percent of the respondents obtain these facilities from health post while get this facility from other sources like: private clinic 30 percent, general store 13 percent governmental hospital 12 percent and other sources 10 percent respectively.

Among the currently used contraception, only 19.38 percent of the users get this facility within 30 minutes, 31.78 percent respondents reach to suppliers between 30-

60 minutes. It took more than one hour to majority of the respondents 48.84percent to reach the suppliers of contraceptives.

Among the non-users 33.3 percent of respondents were not using contraceptive method due to fear of the side effects it followed by 23.8 percent due to unknown reason and 14.3 percent due to desire for more children.

From the total respondents who ever used contraception, around 44.2 percent of the respondents had experienced about side effects while using it. Likewise, 52.9 percent of respondents face the side effects as a form of over bleeding followed by headache with 41.2 percent. Among them who feel side effects while using contraception, around 53 percent of respondents got treatment of its side effects.

6.2 Conclusion

The aim of the research study is to examine Knowledge and Practice of contraceptives among married women aged 15-49 years from different caste and ethnicity of Khilji VDC. This study has been carried out by using primary data obtained from field survey 2010.

Out of the 150 currently married couple aged 15-49 years, 97.3 percent of respondents have knowledge about any methods of family planning or contraceptives. The most widely known modern contraceptive methods were Condom, Injection, Male sterilization, Female sterilization and Pills. Majority of respondents for each caste obtain these facilities from, health post, private clinic and governmental hospitals.

There is a positive association between literacy and educational attainment and ever used, current used and intend to use contraception in future on the other for each caste. The level of ever used and current users of contraception was higher for literate population with compare to illiterate population for each caste. Similarly, the level of education also increases the uses of contraception for each caste.

The occupation of the people determines the contraceptive prevalence rate. In the study area, those respondents who involved in non agricultural occupation had found high contraceptive prevalence rate. There is close association between age at marriage and use of contraception. In the study area the majority of respondents of each caste got married below age 25 years so the proportion of ever used and current used of contraception were higher for those who got married below age of 25.

Among total respondents, 46 percent of respondents have been currently using any type of contraceptives. Injections and Condom are most widely used contraceptives among respondent at present. Use of contraceptives is increased with level of education with increase in current use of contraceptives from 29% among literate to 63.4 percent among respondents having SLC and above level of education. There is no specific trend in current use of contraceptives by caste hierarchy.

In the study area the reason for never used contraception was found fear of side effects followed by health condition, desire for more children respectively. Similarly, the respondents who used contraception were suffering from various types of side effects such as over bleeding, headache, irregular of menstruation and weakness, etc. The majority of respondents who felt side effects got the treatment of side effects.

6.3 Recommendations

In order to reduce the poverty in Nepal it is highly important to effectively implement the program related to the reduction of fertility. In most of the developed countries with lower fertility and slower population growth have seen higher productivity and saving. The investment in health and education play important role to reduce fertility. So the low level of contraceptive prevalence rate and high fertility are a national problem. Therefore, all the sectors should be joining the hand to progress this situation.

This study is conducted on the Knowledge and Practice of contraceptive methods on the basis of various socio-economic and demographic determinants. On the basis of this study, some recommendations are put forth for the major stakeholder.

1. Knowledge and practice of contraceptive methods are depends upon the level of education, especially of women. So it is necessary to improve women's level of education by formal and informal education to raise the knowledge and utilization of contraceptive methods.
2. Injection and Male sterilization are most popular method in that area. So it is necessary to effective counseling for other method of family planning to increase contraceptive prevalence rate.
3. It is necessary that people are easily and accessibly found family planning methods anywhere they need.

4. In the study area, women are not using contraceptive devices to the fear of various types of side effects while using it. So effective and appreciate IEC programs should be organized from grassroots level to national level.
5. This study has been examined only the Knowledge and Practice of family planning methods among married couple on the basis of socio-economic and demographic variables like education, occupation and age at marriage etc. This study did not include about religious, psychological, childless experience and other variables which were also powerful to determine the KAP of family planning methods in this community. Therefore, other studies can be carried out with including these variables to know its impact upon KAP of family planning methods.

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HOUSEHOLD QUESTION

District VDC..... Ward no.

..... Tole.....

Name of the head of the houseHH no Name of the respondent

Agereligion Date.....

Family background

SN	Name of the family member (1)	Relation of HH head (2)	Sex (3)	Age (4)	Education (5)	Marital status (6)	Occupation (7)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Relation of head of household:

- | | | | |
|------------------|--------------------|-----------------------|-------------------|
| 1. HH head | 2. husband | 3. wife | 4. Son |
| 5. daughter | 6. Daughter in law | 7. Grandson /daughter | 8. Father /mother |
| 9. father in law | 10. niece/nephew | 11 brother/sister | |

Sex: 1. male 2. Female

15. This is your own house.

1. Own 2. Rent

What type of roof your house? (See and write).

1 Khar 2. Tin(Zink)roof 3. Slate roof 4. Other (specify)

Individual Questions

16. How old are you?

17. What is your main occupation?

18. What is your husband /wife's major occupation?

19. Can you read or write? 1. Yes 2.

No

20. If yes, what class have you completed?

21. Does your husband/wife read and write? 1. Yes 2. No

22. If yes, what is your husband/wife's education?

23. What was your age at first marriage? year

24. What was your age in first menarche? ...years

25. How many children have you ever born alive?Number

26. How many son /daughter? 1. No of son 2. No of daughter

.....

27. How many times have you been pregnancy so far? time

28. Have any of your children dead? 1. Yes 2. No

29. If yes how many children dead?number

30 How many children living with you?

1. Total 2. No of sons 3. No of daughter

31. How many children don't live with you?

1. Total 2. No of sons 3. No of daughter

32. Have you been pregnant up to now? 1. Yes 2. No

33. How many children do you prefer? number

34. How many sons and how many daughters?

1. Total 2. No of sons 3. No of daughter

35. What is the best age of child bearing of women at first?

1. < 20 2. 20-25 3. 25-30 4. Don't know

36. In your opinion, what should be the child bearing spacing for better of mother?

1. one year 2. Two year 3. Three year 4. Five year

Knowledge of Contraceptive methods

37. Have you ever heard family planning methods? 1. Yes 2. No

38. If yes what are they?

1. Condom 2. Pills 3. Depo 4. Foam tab
5. Norplant 6. E-con 7. Male sterilization 8. Female sterilization
9. Withdraw 10 safe period 11. other

39. When did you heard about these contraceptive methods?

1. After marriage 2. Before marriage

40. which source of you heard?

1. radio/TV 2. Friend 3. News paper 4. Family member 5. Husband/wife

41. From where you can get these contraceptive methods?

1. Government hospital 2.health post 3. Private clinic 4. General shop 5. Others

Use of family planning methods

42. Have ever used methods of family planning?

1. Yes 2. No

43. If yes, which methods have you ever used?

44. If no, what are the main reasons?

- | | | |
|-----------------------------|----------------------------|---------------------|
| 1. Want children | 2. Husband/wife opposition | 3. Against religion |
| 4. Fear of the side effects | 5. Parent's opposition | 6. Other |

45. Are your husband/wife using any methods of family planning?

1. Yes 2. No

46. If yes, which methods are you (husband/wife) used?..... (Name of the methods)

47. Did you discuss about the contraceptive methods with your family?

1. Yes 2. No

48. How long have you been using the methods?yearmonth

49. When you used any family planning methods, did you notice any side effect?

1. Yes 2. No

50. If yes what are they?

- | | | |
|-------------------------|----------------|-------------|
| 1. Irregular maturation | 2. Bleeding | 3. Vomiting |
| 4. Headache | 5. Weight loss | 6. Others |

51. Do you want to use any contraceptive methods in future?

1. Yes 2. No

52. If yes, which methods is that (Name of the methods)

Do you have any comment about contraceptive?

.....
.....

Thank you for cooperation!