

**KNOWLEDGE, ATTITUDE AND PRACTICE OF CONTRACEPTIVE
DEVICES AMONG DALIT COMMUNITY OF BESHISAHAR
MUNICIPALITY, LAMJUNG**

By

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RECOMMENDATION LETTER

This is to be recommended that the research report entitled **Knowledge, Attitude and Practice of Contraceptive Devices among Dalit Community of Beshisahr Municipality, Lamjung** has been carried out by **Mr. Chet Bahadur Adhikari**, for the partial fulfillment of Master's Degree in Health Education. This original work was conducted under my supervision. To the best of my knowledge, this research report has not been submitted for any other degree.

I recommend this thesis for final evaluation.

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DECLARATION

I hereby declare that to the best of my knowledge this thesis is original; no part of it was earlier submitted for the candidature of research degree to any University, college or educational institutions. The subject matter presented in this thesis report is the result of my own work.

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December, 2020

Mr. Chet Bahadur Adhikari

ABSTRACT

This study is entitled **Knowledge, Attitude and Practice of Contraceptive Devices among Dalit Community of Beshisahar Municipality, Lamjung**. The objectives of this study were to find the knowledge, of family planning devices among Dalit people, identify the attitude of Dalit towards family planning devices and their uses and find out the Practice situation of contraceptive device among Dalit people of study area. This descriptive study was carried out with an expectancy to fulfill the above three objectives. The study was delimited in married female of age group 25 to 40 years. The study proceed random (lottery method) sampling method through this method 50% Dalit married women were selected as the respondents of this study and interview schedule and attitude scale was the tool for the study. Descriptive analysis and interpretation were done being based on quantitative discussion.

A total of 42.96 percent were illiterate, 25.00 percent were simply read and write they were assumed as literate, 28.90 percent have got primary/lower secondary education. Regarding the age at marriage, 17.96 percent of the respondents were married in below 15 years. It is a miserable condition in marriage system. Similarly, 27.37 percent respondents married in 16-20 years, 23.43 percent of the respondents married in 21-25 years, 18.75 percent of the respondent married in 26-30 and remaining 12.50 percent were married after the age of 30. The best child bearing age is 20-24 which was supported by most of respondents (65.62%). Regarding the number of child born, more than one forth (25.78%) of the respondents did not have child yet and some respondents had 5 and above child. About 79.68 percent of the respondents have basic knowledge and 20.32 percent of the respondents reported that they did not have any knowledge about both temporary and permanent family planning method. The main source of information of family planning methods was radio, FM, TV. Regarding the temporary contraceptive, 45.09 percent, 25.49 percent, and 9.80 percent of the respondents reported that they and their sex partner were using condoms IUCD/Copper T, and Depo-Provera respectively. Regarding 'Family planning is only to control the birth and prevent pregnancy' respondents showed their attitude as 23.43 percent were strongly agreed, 27.34 percent were agreed, 12.50 percent were indifference, 18.75 percent were disagreed and remaining 17.96 percent were strongly disagreed respectively. In the statement 'Family planning gives terrific effects on physical health and social life', respondents expressed their views as 22.65% were strongly agree, 28.12% were agree, 21.87% were indifference 15.65% were disagree and remaining 11.71% were strongly disagree with the statement respectively.

On the basis of the findings of this study it can be said that, due to lack of education, some people are still dominated by thinking that male child is more important than a girl. As only a small proportion of the eligible women as men are practicing family planning. It should be vigorously promoted. Most of the people are using contraceptive short term.

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ABBREVIATIONS

ASRH	:	Adolescent and Sexual Reproductive Health Programme
DHO	:	District Health Office
DoHS	:	Department of Health
EHCS	:	Essential Health Cure Services
FCHV	:	Female Community Health Volunteer
FHD	:	Family Health Division
HDI	:	Human Development Index
HP	:	Health Post
HPI	:	Human Poverty Index
IEC	:	Information, Education and Communication
INGO	:	International Non-Governmental Organization
MDG	:	Millennium Development Goal
MOH	:	Ministry of Health
NDHS	:	Nepal Demographic Health Survey
NGO	:	Non-Governmental Organization
PEM	:	Protein, Energy, Malnutrition
PHC	:	Primary Health Care
RH	:	Reproductive Health
SAARC	:	South Asian Association for Regional Co-operation
UNICEF	:	United Nation International Children's Emergency Fund
VHW	:	Village Health Worker
WHO	:	World Health Organization

CHAPTER – I

INTRODUCTION

1.1 Background of the study

Family planning is a way of thinking and living that is adopted voluntarily on the basis of knowledge, attitude and responsible decisions by individuals and couple in order to promote the health and welfare of family group and thus contribute effectively to the social development of a country.

Regarding family planning, WHO adopted the definition in the programmes of Action of the International Conference on Population and Development (ICPD, 1994) is - “A state of complete physical mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its function and process. Reproductive health therefore implies that people are able to have satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if when and how often to do so.”

Family planning as one of the important component can be understood in different ways. An expert committee (1971) of the WHO defined family planning as "a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and women, in order to promote the health and welfare of the family groups and thus contribute to the social decisions by individuals and women. In order to promote the neatly and welfare of the family group and thus contribute effectively to the social development of the country."

Another expert committee defines and describes family planning as follows: family planning refers practices that the health individuals or couple to attend certain objectives: to avoid unwanted births, to bring about wanted birth, to regulate the intervals between pregnancies, to control the time at which births occur in relation to the ages of the parents determine the No.of Respondent of children in the family (Park and Park, 2012; Pp.329).

Family planning is the most crucial in terms of ideal family because all the other matters related to individual women and then of the family health are governed and determined by this. The international conference on population and development (ICPD, 1994) stated that

the aim of family planning programmes most to be enable women and individuals to decide freely and responsibly the No.of Respondent and spacing of their children and to have the information and means to do so to ensure informed choices and make available a full range of safe and effective methods.

The population has affected almost every aspect of the economy, mainly in agriculture, forests, social services and environment. It has led to an increasing pressure on limited land resources of country and created the shortage of food. It has also become difficult to meet the growing demand of people for health education, drinking water and other facilities

Women in Nepal marry at an earlier age than men. The median age at first marriage for women age 25- 49 is 17.9 years, compared to 21.7 years among men age 25-49. Women with no education marry 4.6 years earlier than women with SLC and above education (16.8 years versus 21.4 years). More than half (52%) of women are married by age 18, compared to 1 in 5 men (19%). Women initiate sexual activity at the same time of marriage at age 17.9, while men initiate sexual activity 1.2 years before marriage at age 20.5. Women with SLC and above education initiate sex 4.5 years later than women with no education (21.4 years versus 16.9 years). Eleven percent of women begin sexual activity before age 15, while 51% have sex before age 18. Within 2.5 years of marriage, women are having their first birth. The median age at first birth for women is 20.4 years. One in five women give birth by age 18. Current use of any method of family planning (%) 53 55 49 Current use of a modern method of family planning (%) 43 44 41 Unmet need for family planning1 (%) 24 23 25 Demand satisfied by modern methods (%) 56 57 55 in Nepal, Urban and Rural respectively (NDHS, 2016).

This thesis was designed to identify the knowledge, attitude and practice of family planning among Dalits of Besishahar Municipality of Lamjung District. Many people are indifferent about family planning. Dalits of this area did not give attention to the family planning services rather than this they bear too many children for the work and earning more money. So the above topic is picked for the study.

1.2 Statement of the problem

The dalit people have lived as nomadic existence like slum people due to own land property, non-skilled physical labor work, hunting, food gathering as well as some slash and born cultivation who rely considerably on the forest for much of their food and other necessities of

life. Almost all of the dalits are living in an original stage with poverty. They are among the most disadvantaged communities of the nation. They are living under superstition and ignorance as untouchability. On the other hand, Upreti (2005) says that the many of the Dalit people constitute the unwritten portion of history but they have not been assimilated into the mainstream of national life though the constitution of Nepal made legal provision of protection to uplift dalits, marginalized, backward and disadvantaged people in the main stream in nation. Dalits are the people believed and sustained labor force and its income. So, they give birth too many children for the surplus labor force. They exploit the nature especially forest resource and river bank materials resulting the imbalance between man and nature. The over-exploitation of forest resources and river bank side has caused intense declaration of their economy. The plain and fertile lands have been snatched by non-Dalit people. They have been living instead hills and bank of road side, highways and river bank, which are uneconomic. The entry of out-siders introduces culture contact but they are marked by inequalities social and economic backwardness.

According to NDHS report (2016) In Nepal, 17% of adolescent women age 15-19 are already mothers or pregnant with their first child. Teenage fertility is higher in rural areas (22%) than in urban areas (13%). By province, teenage pregnancy ranges from 10% in Province 3 to 27% in Province 2. Teenage pregnancy decreases with increased education; 33% of young women with no education have begun childbearing, compared to 7% young women with SLC and above education. Adolescent women in the three lowest wealth quintiles are more likely than those in the wealthiest households to have begun childbearing.

According to the NDHS report (2016) more than half (53%) of married women age 15- 49 use any method of family planning—43% use a modern method and 10% use a traditional method. Female sterilization is the most popular modern method (15%), followed by injectable (9%), male sterilization (6%), the pill (5%), male condom (4%), implants (3%), and the IUD (1%). Use of modern methods of family planning among married women varies by province. Modern method use ranges from a low of 37% in Province 4 to a high of 49% in Province 3. Modern family planning use decreases with higher levels of education. Fifty-two percent of married women with no education use a modern method of family planning, compared to 34% of women with SLC and above education. Female sterilization is the most common modern method among women with no education (25%). The use of any method of family planning by married women has nearly doubled from 29% in 1996 to 53% in 2016.

Similarly, modern method use has increased from 26% to 43% during the same time period, but has not changed since 2006. Traditional method use has slightly increased from 3% in 1996 to 10% in 2016.

Regarding the demand for Family Planning, fifteen percent of married women want to delay childbearing (delay first birth or space another birth) for at least two years. Additionally, 61% of married women do not want any more children. Women who want to delay or stop childbearing are said to have a demand for family planning. The total demand for family planning among married women in Nepal is 76%. The total demand for family planning includes both met and unmet need. Met need is the contraceptive prevalence rate. In Nepal, 53% of married women use any family planning method.

Unmet Need for Family Planning Unmet need for family planning is defined as the proportion of married women who want to delay or stop childbearing but are not using family planning. One in four married women in Nepal have an unmet need for family planning: 8% want to delay childbearing, while 16% want to stop childbearing. **Demand for Family Planning Satisfied by Modern Methods** Demand satisfied by modern methods measures the extent to which women who want to delay or stop childbearing are actually using modern family planning methods. Fifty-six percent of the demand for family planning in Nepal is satisfied by modern methods. Both total demand for family planning and demand satisfied by modern methods have increased since 1996, while unmet need has declined from 32% in 1996 to 24% in 2016.

Dalit people follow the traditional job like food-gathering, fishing and hunting along with simple agriculture. The people like Dalit people who can't even complete due to their poor economic condition stand little chance of benefiting from holistic and generalized development activities. The Nepalese approach to such cases had been made such people like the Dalit people as capable as the general population so that they can join the national mainstream and benefit accordingly.

Family Planning of male and female can be improved and how can they be integrated socially, culturally and economically in their community. The present study centers around the family planning of the Dalit people of Besishahar Municipality in Lamjung district in the present scenario of Nepal. Therefore, the problem was stated as "Knowledge, Attitude and

Practice of Family Planning among Dalit people of Besishahar Municipality ward 2 and 3 of Lamjung District."

1.3 Objectives of the study

The main objective of this proposed study was to identify the 'Knowledge, Attitude and Practice of Family Planning among Dalit People of Besishahar Municipality' residing in ward 2 and 3 of Lamjung district. The specific objectives of the study were as follows: -

- a. To assess the knowledge, of family planning devices among Dalit people.
- b. To identify the attitude of Dalit towards family planning devices and their uses.
- c. To find out the practice of contraceptive device among Dalit people of study area.

1.4 Significance of the study

The focus of the study is assessing the general attitude, behavior and awareness/knowledge of family planning among Dalits of Lamjung district. Another aim of the study is to know how social position determines their attitude about family planning. Although few Dalit people male and female on sexual and family planning have been carried out in our country to cover in this list. Even the time and the resource of study are some constraints the adolescent girls' perspective about family planning, the significance of the study particulars policy making point of view emergences as an urgent need.

1.6 Delimitations of the study

This study would attempt to analyze the existing knowledge, attitude and practice of family planning devices with the help of perception given by married women. Delimitation can be termed as boundaries of any study and here following points will be delimited.

- a. The study was conducted at Besishahar Municipality ward no 2 and 3.
- b. The study was delimited in married Dalit female of age group 25 to 40 years.
- c. The study proceed random (lottery method) sampling method.
- d. This research tried to find out the existing knowledge, attitude and practice of family planning devices.

1.7 Definitions of the terms used

Attitude: The world attitude is defined on Oxford Advanced Learner's Dictionary as "the way that you think and feel about sb/sth; the way that you behave towards sb/sth that shows how you think and feel. In this research, attitude refers to the favorable or unfavorable reactions to the ASRH.

Awareness: Attention to what is happening around him interest in why they are happening.

Contraceptive Devices: The preventive method to help women avoid unwanted pregnancies. It includes all temporary and permanent method to prevent pregnancies.

Currently Married Women: The marital status, in which husband and wife live together and not divorced, separated and widow.

Family Planning Devices: The preventive method to help women avoid unwanted pregnancies and STDs including HIV/AIDS .it included natural and artificial devices and methods.

Sexually Transmitted Diseases (STDs): Any diseases that are communicated primarily or exclusively through intimate sexual contact is known as STDs.

CHAPTER - II

REVIEW OF RELATED LITERATURES AND CONCEPTUAL FRAMEWORK

Being an important aspect of the reproductive health, family planning programme is under the priority of different scholars for the research studies. In the context of world, population conference, which recommended that integration of women into the development process, as a means of reducing fertility and socio-economic improvement would accelerate the fertility decline. Several attempts were made to check the fertility rate of women of childbearing age. Since, it is hard to get the literature related to the study having the road sweepers as population, several studies carried out by demographers, social scientists and former researchers within and abroad the country on family planning devices has been viewed by the researcher and is presented here.

2.1 Theoretical literature

Programme is a plan having defined objectives and targets based on the available resources to achieve its goal according to its targets for the prosperity of a nation. When this concept is applied to the family. It is known as Family Planning Programme. The Programme refers to the voluntary ways of limiting reproduction including postponement of marriage, surgical sterilization and induced abortion. through which a couple can have desirable number of children. The couple can choose any one of the family, as "Choice by Choice, not by chance, not by design, not by accident" is the motto of Family Planning Programme. This brings the available resources of the family and the family size into adjustment and leads to a happy family life. (Encyclopedia Britania, 1995, p.704).

The International Conference on Population and Development (ICPD) held in Cairo in 1994 agreed that young people have the same right to reproductive health as their elders, though it is acknowledged that the right to reproductive health is a sensitive issue as it regards youth. Different societies have different approaches towards adolescent reproductive health and are trying to achieve the goal of adolescent reproductive health in different ways.

Ake (PAO 1994) in paragraph states that the aim of family planning programmes must be to enable couples had individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do and to ensure informed choices and make available a full range of safe and effective methods. The success of population

education and family planning programmes in a variety of settings 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 informed free choice is essential to the long term success of family planning programmes. Any form of pressure has no part to play. In every society there are many social and economic incentives and disincentives that affect individual choices about child-bearing and family size. Over the past century, many governments have experimented with schemes, including specific incentives and incentives in order to lower or raise fertility. Most such schemes have had only marginal impact on fertility and in some cases have been counter productive. Governmental goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family planning providers in the form of targets or quotas for the recruitment of clients.

UN (1994) reported that the husband's education had positive influence on the rate of contraceptive use than that of the female education in all countries. In Nepal less than 30 percent of cohabiting couples of reproductive age use contraceptive and reproductive need of the people does not match with contraception, however, child spacing in young ages and birth limitation after desired family size should have been the chief goal of family planning. Major drawback of conception leaden family planning programme in Nepal is its failure to attract young women to spacing birth in their early conjugal life. This shows that the relationship between the utilization of family planning.

The family planning Association of Nepal (FPAN) is established in 1958 and on a limited scale. It undertook to create awareness among people regarding the need and importance of family planning. Although this activity was not accomplished by actually offering family planning services. The family planning project was established in 1965, beside this maternal and child health section of the Department of health was established. Efforts were offered family planning services and information through the existing maternal and child health clinics (CBS, 1995). These services were available at first only to the population of Kathmandu valley. Later the services were gradually expanded including other parts of the country. In 1968, Nepal family planning and maternal child health (FP/MCH) Board was established as (FP/MCH) project. FP/MCH provided services to the entire population of the whole society. There are 40 district offices of the project which carried the national programs

in 52 out of 75 district of Nepal. The community Health and integrated project under the ministry of health is responsible for providing family planning services in the rest of the 23 district (UNFPA, 1994).

2.2 Empirical literature

According to UNICEF (2001), birth spacing is one of the most powerful ways of improving the health of women and children. Births which are too many or too close or too late to women who are below 18 years and past 35 years old are responsible for approximately one-third of all infants' death worldwide. Children born closer together as well as two years apart, do not usually develop mentally and physically.

NFHS (2006) studies of 14,334 currently married women of reproductive age. An overwhelming majority of the currently married women (93 percent) reported knowledge of at least one method of family planning at some time in the past. The survey also reported that 25 percent of currently married non-pregnant women are using contraception.

Zodgekas (1996) concluded that increased educational opportunities for girls and women are needed to increase their participation in society. Unless significant progress is achieved in improving the status of women achieved through education increases their access to other value system and also improves women's 'KAP' in family planning.

According to UNFAMILY PLANNINGA (2000), family planning encourages better reproductive health and broader choices in life. But 20-25 percent of women in developing countries need better access to contraceptives. There are still 120 million women who want to space the births of their children or stop having children but are not using contraception and this No. of Respondent does not include unmarried individuals. In addition to efforts aimed at women, family Planning undertakes many innovative projects with men to increase male responsibility for family planning and to improve women's status and health.

According to WHO and UNICEF (2009) around 5 to 14 days transitional breast milk contains nearly double the vitamin A of mature milk. The high vitamin A content of both colostrums and transitional milk matches the needs of the newborn. Day 14 to six months and Young Children in the first six months of life, breast milk protect the infant against infectious diseases that can deplete vitamin A stores and interfere with vitamin A absorption. Breast

milk is generally higher in nutritional value than alternative foods and liquids fed to children in developing countries. Consumption of other foods decreases the amount of breast milk consumed and may disrupt the infant's absorption of vitamins and minerals from the breast milk. Therefore, exclusive breastfeeding until six months of age helps ensure sufficient vitamin A intake. Mature breast milk in well-nourished mothers contains an average of 250 international units (IU) of vitamin A per 100 ml. The concentration of vitamin A in the breast milk of women in developing countries averages about half this amount. In such cases, providing mothers with a high-dose vitamin A supplement immediately after delivery can ensure that the supply of vitamin A in breast milk is adequate to meet the infant's daily vitamin A requirement and to build stores. Nutrition Survey conducted in 2011 found that about 50 percent of Nepalese children was stunted, meaning they were shorter than expected for their age. The Nepal National Family Health Survey, conducted in 1996, found that 48 percent of the children under three years of age in Nepal were stunted; these figures suggest that, despite of nutritional interventions, there has been no improvement in the nutritional status of children in Nepal over the past 20 years. Past nutritional activities have focused primarily on creating awareness regarding dietary intake, but have not examined the underlying causes of malnutrition (DHS, 2011).

Charoenloet and et al. (1976) as cited in Uperety (2006), reported that contraception rates appear to be positively associated with education. Women with some education have a relatively higher continuation than women with no education, especially in the case of IUDs; the programme has yet to motivate less educated women to continue performance levels similar to the more educated.

Laing (1985) as cited in Karki (1988) concluded that the desire for more children of course affects contraceptive practices in Philippines. Those who said they did not to continue contraceptive practice and they tended to use contraceptive less effectively. However, the differences are not very great. It is interesting to note that those who said they wanted more children showed lower contraceptive rates when unprotected then who said they did not.

Tuladhar (1986) found that women want the family planning method which is easy to follow without problem and side effect. They can easily say the method which they accept in their society. The probability of being a current contraceptive user was about six times higher among those women who do not want children than those who want more children in Nepal.

Karki (1988) studied sex preference and the value of sons and daughters in Nepal. He concluded that preference for sons over daughter is slightly stronger among rural respondents, but the mean No. of Respondent of daughters desired about one and the mean No. of Respondent of sons desired in both groups in about two.

Thapa (1989) studies a decade of Nepal's Family planning programme achievements and prospects. He concluded that those engaged in non-farm employment used contraceptives nearly five times more than those who worked on farms. The report further states that women in the Terai region had higher contraceptive use than those who lived in the other two regions that is hill and mountain. Women in the Terai had the highest level of awareness and use, which is consistent with this region's much better transportation and communication facilities. Also urban dwellers were two-three times likely to currently use a contraceptive than those lived in rural areas.

According to world summit for children (1990) it reported that child survival is closely linked to the timing, spacing and No. of Respondent of births and to the reproductive health of mothers. Early, late, numerous, and closely spaced pregnancies are major contribution to high infant and child mortality and morbidity rates especially where health care facilities are scarce.

Aryal (1996) studied the knowledge and practices of contraception in Kathmandu of the 983 eligible women. The study found that over 90 percent of currently married women recognized a method of family planning. Knowledge of family planning ranged from 68 percent among aged 15-49 to be the 100 percent in the 20-24 age groups. Two third of married women of all ages had ever used a contraception. This study suggests that couple should be interested in controlling their fertility after a certain No.of Respondent on children. This research concludes that the impact of family planning at the national level is, minimal family planning programmes are lowering the cost of obtaining contraceptive services in Kathmandu resulting high use of contraception.

Toan et. al. (1996) studied that the utilization of reproductive health services in Rural Vietnam. According to the report, there are equal opportunities to plan and protect pregnancies during a five years period (1987-1992). They conclude that two percent of the women used contraceptive methods with the IUDs being the most common. The use of IUDs

was positively associated with the No. of Respondent of children alive but not with others socio-demographic factors in mothers.

In Nepal, marriage and child Bearing age of many women are still occurred at an earlier age than that legal age of marriage, e.g. under 16 to 18 years child bearing occurs almost exclusively within the confines of marriage, consequence of child bearing at an early age results low birth weight babies, burn complication, maternal and neonatal mortality and morbidity. Adolescence who became pregnant with two years of menarche have a higher incidence of prenatal complications since their babies are still physiologically and anatomically immature. This implies that the child health situation of Nepalese family is quite serious. Child morality rate of under 5 years is 91/1000 live births and infant mortality rate is 64/1000 live births it also indicated on maternal and child health indicators are: The antenatal care from a health professional is 49 percent, delivered in a health facility is 9 percent, assisted by a health professional is 13 percent only. Percentage of children 12-23 months fully vaccinated is 66 percent. On the other hand, diarrhoea treatment percentage is 21 percentage, ORS and increased fluids is 47 percentage, whereas women age 15-49 with chronic energy deficiency is 27 percentage (NDHS, 2001).

Nepal Family planning and maternal child health project conducted a survey in 2011 entitled "Nepal Fertility and family planning survey", which mentioned that the knowledge and practices of contraceptive shows strong and positive relationship with level of education of women and level of education of husband, but the effect of the level of husband's education is less important than her own education. There is higher knowledge and practice of family planning method among urban women than the rural women.

According to NDHS report (2016) the use of modern methods of family planning among married women varies by province. Modern method use ranges from a low of 37% in Province 4 to a high of 49% in Province 3. Modern family planning use decreases with higher levels of education. Fifty-two percent of married women with no education use a modern method of family planning, compared to 34% of women with SLC and above education. Female sterilization is the most common modern method among women with no education (25%). The use of any method of family planning by married women has nearly doubled from 29% in 1996 to 53% in 2016. Similarly, modern method use has increased from 26% to

43% during the same time period, but has not changed since 2006. Traditional method use has slightly increased from 3% in 1996 to 10% in 2016.

In terms of the source of exposure of family planning or knowledge exposure to family planning messages; the most common media source of family planning messages is a poster or hoarding board. Nearly half of women (46%) and 72% of men saw a family planning message on a poster or hoarding board in the few months before the survey. Radio and television are other common sources of family planning messages, while the least common methods are newspaper/magazine or street drama. Overall, 35% of women and 13% of men have not been exposed to family planning messages via any of the five media sources (NDHS, 2016).

Regarding the informed choice of family planning clients should be informed about the side effects of the method used, what to do if they experience side effects, and told about other available family planning methods. Two-thirds of current users of modern contraceptive methods were informed of possible side effects or problems of their method, 56% were informed about what to do if they experience side effects, and 64% were informed of other available family planning methods. Overall, half of women were informed of all three (NDHS, 2016).

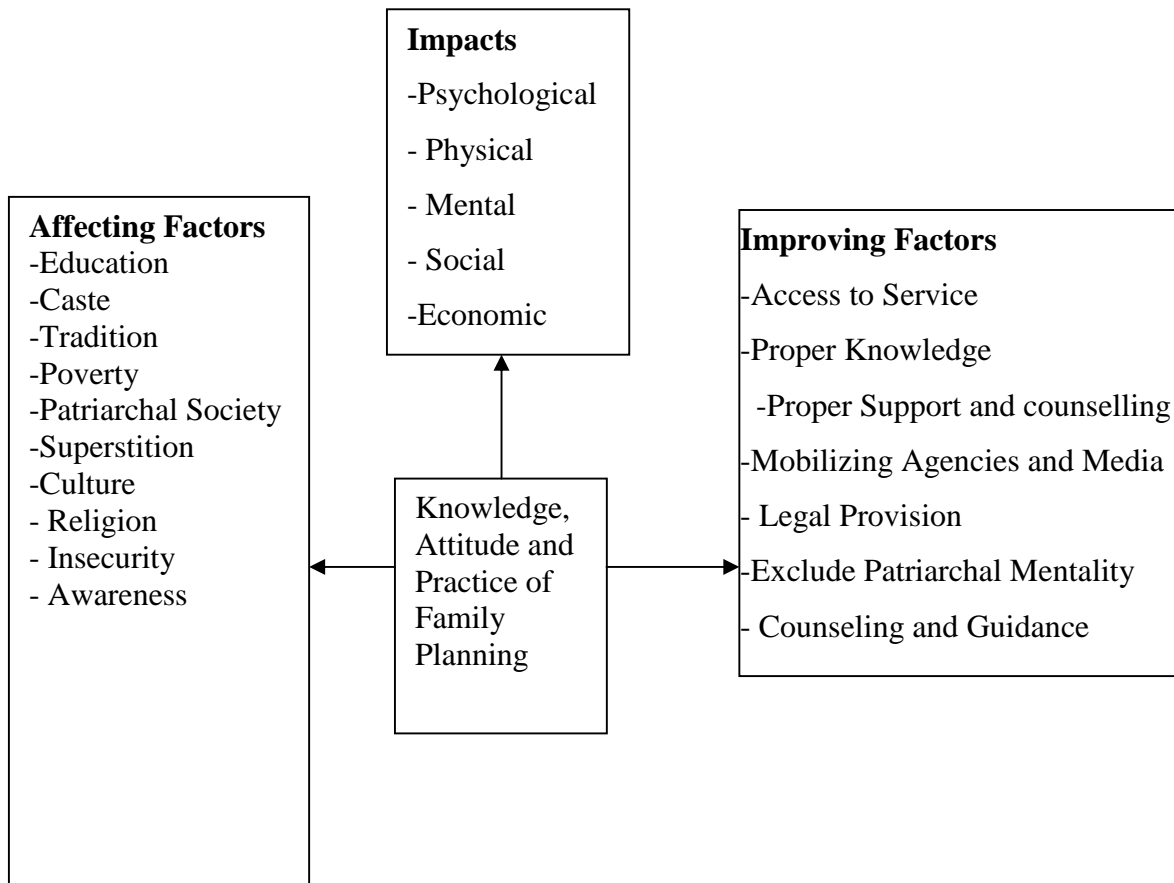
After reviewing above literature, it seems that there is miserable condition in knowledge, attitude and practice of contraceptive devices among Dalits in Nepalese society which directly affected the health of Dalit women. Majority of the women are compelled to be pregnant and give birth of unwanted child due to lack of proper knowledge, attitude and practice on contraceptive devices. The health status of the women was directly or indirectly affected by unplanned pregnancy and birthing of unwanted child. So, it should be given emphasis in women education, family health, nutrition, and property right etc. to maintain reproductive health as well as personal health. Therefore the researcher wanted to find out the situation of knowledge, attitude and practice of contraceptive devices in Besishahar municipality of Lamjung district.

2.3 Implication of review of literature

During the review of literature for the study various related literatures were reviewed, out of them some are presented above which are significant for conducting the present study. Also above literature can be useful to policy makers of government and non-governmental agencies for the formulation policies regarding the knowledge, attitude and practice of contraceptive devices. The findings will be useful guideline for the planners, educators and specialists to improve quality of life and health status of Dalit women. The study results will provide helpful guidelines for the students and researchers to carry out investigations about the knowledge, attitude and practice of contraceptive devices among Dalits of the country. It helped to construct the tool, select the method. It helped to analyze and interpret the data.

2.4 Conceptual framework

From the above reviewed literature a conceptual framework is prepared which shows the affecting factors, improving factors and impacts about knowledge, attitude and practice of family planning of dalit people.



Abovementioned conceptual framework shows that variables such as education, knowledge, caste, tradition, poverty, and patriarchal society, superstition, culture, religion and insecurity as affecting factors which are main study variables of this study and the framework also show the impacts such as psychological, physical, mental, social and economic impacts and also the improving factors such as access to service, proper knowledge, proper support and counseling, mobilizing agencies and media, legal provision, excluding patriarchal mentality and counseling and guidance. This study conceives the above mentioned framework for the analysis of knowledge, attitude and practice of contraceptive devices among Dalits of Lamjung.

CHAPTER - III

METHODOLOGY

3.1 Research design

There was different research design in the field research and researcher used different research design according to nature and the requirement of the research. This study was based on descriptive type of research design quantitative in nature.

3.2 Source of data and population of the study

In this study, primary data and information were collected from the married Dalit women of Besishahar Municipality of Lamjung district who were the population of this study

3.3 Sampling procedure and sample size

The present study covered Besishahar Municipality ward 2 and 3 of Lamjung district. The Besishahar Municipality was selected on the basis of purposive sampling. Various techniques were applied to collect the required data for the present study. According to the ward record 2074 there were 256 married reproductive age 15-49; dalit women in ward no 2 and 3 of Besishahar Municipality of Lamjung District. Out of the total Married reproductive aged dalit women 50 percent i.e. 128 women were selected as respondent for the study by using simple random sampling (lottery method) method.

3.4 Data collection tools

For this study interview schedule and attitude scale were used as the tool. The interview schedule was constructed on the basis of " Knowledge, attitude and practice of family planning in Besishahar Municipality ward no 2 and 3" The interview schedule was constructed to collect the information of different aspects of family planning methods. In addition, the structured interview schedule was divided into two different sections. The first section included the house hold question. Similarly, second section included individual question. The individual question collected the necessary information, regarding knowledge and practice of family planning methods among selected dalit women.

3.5 Standardization of tools/instrument

For the purpose of data collection, the researcher used interview schedule for the respondents. For the validation of tools, interview schedule was pre tested in 10 married women residing in Beshishahar Municipality ward no. 4 by using prepared interview schedule to identify practically and to determine validity and objectivity. The study tool was revised and finalized on the basis of result obtained from family planning and suggestions given by the advisors as well as other experts.

3.6 Data collection procedure

At first the investigator explained the purpose of the study at the time of meeting with the ward chair person. Then, the researcher took permission to talk with women, residing in the selected wards. During the interview, information were collected from each respondent selected in the study. First the investigator took consent with the respondents to take participate in the study, then the researcher gave brief explanation about the objectives of the study to each respondent and asked them to give information without any hesitation. After that, the researcher conducted the interview with the selected Dalit women.

3.7 Method of data analysis and interpretation

Collected data were rechecked and possible errors were removed. Then they were coded and edited and made clear and sensible by showing in master chart. After that data were analyzed and interpreted by showing in table by calculating in simple mathematical technique i.e. in percent form. Data used in this study were analyzed and interpreted manually.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF DATA

The study was conducted to find out the knowledge, attitude and practice of Family Planning among dalit people in Besishahar Municipality. To make this study effective and meaningful, analysis and interpretation of the obtained data have been presented in different headings and sub headings by calculating in percent and presented in tables and charts.

4.1 Demographic information of the respondents

Under this section, general demographic information's of the respondents i.e. age distribution, educational status, income status age at marriage, are discussion in different sub headings.

4.1.1 Age group classification of respondent

In this study respondents were selected as married and age group between 20 to 40 years and one from each household. The total population of study household was 128. Here, to identify the age of the respondents they were asked to report their age and the age reported by the respondents is presented by making five years group. The classifications of age groups are shown in the following table 1.

Table 1: Respondents classification by age group

Age Group	No. of Respondents	Percent
20-24	49	38.28
25-29	33	25.78
30-34	31	24.21
35-39	15	11.72
Total	128	100.00

The above table 1 shows that 38.28 percent of the respondents were between the ages of 20-24 years. Likewise, just more than one fourth of the respondents (25.78%) were within 25-29. Similarly, 24.21 percent of the respondents' were between the age group of 30-34 and remaining 11.72 percent of the respondents were between the ages of 35-40 age group. From the analysis it seems that most of the respondents were below the age of 30 which validates

the statistics of Nepali women that most of the women bear their children before the age of 30.

4.1.2 Educational status of the respondents

Education is a key matter of life, which helps for betterment of life. So, education means knowledge. Education is a necessary factor of underdeveloped society. Education helps people to improve their positions. Illiterate/literate, primary/lower Secondary, Secondary/higher level education are included in education. Those who can't read and write are called illiterate and who can read and write are called literate. So who has passed 5-7 classes are included in primary/lower secondary and who has passed class 10 are included in secondary education. Who has passed S.L.C. and joined campus level are included higher education. The following table 2 shows the educational situation of Dalit of Besishahar Municipality of Lamjung District.

Table 2: Educational status of the respondents

Education	No. of Respondents	Percent
Illiterate	55	42.96
literate	32	25.00
Primary/Lower secondary	37	28.90
Secondary	4	3.12
Higher Education	-	-
Total	128	100

Table 2 shows educational situation among Dalit women where 42.96 percent were illiterate, 25.00 percent were simply read and write they were assumed as literate, 28.90 percent have got primary/lower secondary education. Similarly, 3.12 percent people of Dalit women have passed the secondary level of education and none of the respondents had achieved higher education degree.

From the analysis, it can be seen that maximum population (42.9%) of Dalit women were illiterate, which is a bad symptom in education. The respondents who had simply read and write by 25.00 percent, it is also lower literacy rate than national literacy rate. Among 29 percent of respondents had education at primary/ secondary level but it is very poor situation in education. There is no any male or female who has taken higher education. In Dalit women which shows the situation of education or literacy condition. Due to the poor economic

condition and unawareness of Dalit women, literacy rate is low. But now a days, some have realized the importance of education and have started to join their children to go to the school.

4.1.3 Income sources/occupation of the respondents

Main subsistence pattern of this community is agriculture and animal husbandry but agro-based activities have not played vital role in this community. In current situation, economic condition of a person plays a vital role in society. People want to become economically able in order to establish a good status or social prestige in the society. The young men and women of the household work are called unskilled labor, they get only unskilled work and earn very little money. Their traditional source of income has become less productive or almost insufficient. Here to identify the income and economic status respondents were asked to report their income source/occupation and the response of the respondents is presented in following table 3:

Table 3: Income sources/occupation of the respondents

Income Sources/Occupation	No. of Respondents	Per cent
Agriculture	56	43.75
daily wages labor	35	27.35
House cleaning work	16	12.50
Cleaning and sanitation work	12	9.37
Helper staffs in offices	9	7.03
Total	128	100.00

As shown in the above table 3 nearly half (43.75%) of the Dalit women are engaged in traditional agro-system and livestock production which isn't enough for them to live

throughout the year. Similarly 27.35 percent of the respondents engaged in some other income sectors like wages labor, 12.50 percent of the respondents involved in others house cleaning worker, 9.37 percent were working as cleaning and sanitation worker and remaining 7.03 percent engaged as helper staff in public and private offices, business, daily wages and labour. In this current situation, people of this community choose their subsidiary jobs according to their choice. Another mystery is disclosed that, the parents of the study area were trafficking girl for household, hotel and restaurant work in Kathmandu, Pokhara and Narayangadh is some of their income sources.

4.1.4 Age at marriage

Late marriage is a major means of family planning, which contributes reduction of population growth. Age of marriage has important implication for fertility and family planning. The legal age of marriage in Nepal is 16 for girls with consent from parents and 18 without consent from parents. According to medical philosophy, reproductive age of girls is after 20 years and of boys is after 25 years. But people in this area couldn't seem to borrow these approaches.

The age of marriage is closely linked with level of education, economic status and employment. These variables are elaborated to the knowledge of family planning. Those who have basic education wanted to delay their marriage. In this study area, most of the people were married below 18 years. The following table 4 shows the age of marriage of the respondents.

Table 4: Age at marriage of the respondents

Age of Marriage	No. of Respondents	Percent
Before 15 years	23	17.96
16-20 Years	35	27.34
21-25 Years	30	23.43
26-30 Years	24	18.75
31+ Years	16	12.50
Total	20	100:00

Table 4 shows that 17.96 percent of the respondents were married in below 15 years. It is a miserable condition in marriage system. Similarly, 27.37 percent respondents married in 16-

20 years, 23.43 percent of the respondents married in 21-25 years, 18.75 percent of the respondent married in 26-30 and remaining 12.50 percent were married after the age of 30. It seems that there is early marriage and late marriage was found among the respondents but it is serious that marriage before 20 is serious matter in study area which may create danger reproductive health problem among the early married women in future.

Higher proportion of the respondents got marriage before the age of 20 and these age group are counted as early marriage this might be happen due to the poor socio-economic factor, cultural/traditional factor, lack of education and awareness about age at marriage which must be discarded.

4.1.5 Age of first child bearing of the respondents

All currently married selected women of the study area were asked about best child bearing age in order to find their contraceptive attitude. The responses are tabulated below in table 5.

Table 5: Distribution of respondent by their first child bearing age

First Child Bearing Age	No. of Respondent	Percent
15-19	16	12.50
20-24	84	65.62
25-29	12	9.37
30+	16	12.50
Total	128	100

Table 5 clearly shows that the majority of women responded that they bared their first child at 20-24 years which was accounted for 65.62 percent followed by 15-19 years which was accounted for 12.50 percent. About 9.37 percent of the respondents said that their first child bearing age is 25 29 years of age and another 12.50 percent said that their first child bearing age is thirty plus years.

From the reproductive health perspective the best child bearing age is 20-24 which was supported by most of respondents (65.62%). However, there is still remarkable trend of early marriage and early pregnancy and immature birth of child was found in study area which might be due to the illiteracy and poverty of the respondents and this trend must be eradicate through launching awareness programme and upgrading the economic status.

4.2 Knowledge of family planning

This section present the research finding of the knowledge of the respondents related to family planning in different headings and sub headings below.

4.2.1 Basic knowledge of family planning

If a couple have proper knowledge about family planning, they can make ideal family. Basic knowledge of family planning include the methods of family planning and the types of devices and their uses. Methods of family planning are basically of two types– permanent and temporary. Permanent method is related to long life and temporary method is related to short term in nature. Both permanent and temporary family planning methods reduce and control fertility rate. Following table presents the status of respondents about the basic knowledge of respondents.

Table 6: Basic knowledge of family planning

Response	No. of Respondent	Percentage
Yes	102	79.68
No	26	20.32
Total	128	100.00

About 79.68 percent of the respondents have basic knowledge about temporary and permanent family planning methods and their advantages and disadvantages and remaining 20.32 percent of the respondents reported that they did not have any knowledge about both temporary and permanent family planning method. Lack of education, modern mass media and interaction with educated person are the main factors of ignorance.

Most of the people have taken knowledge about family planning as a means of limiting family size only but not as a means of family planning is a major source for birthing spacing situation. In study area, people have adopted family planning after they attend their desired family size. The publicity of family planning programme also emphasized on limitation of family size on birth spacing. It is due to this that the role of family planning method as a means for spacing the successive birth has not been fully recognized.

4.2.2 Sources of knowledge about family planning

Message of family planning are disseminated more than one source. People of this community had heard family planning message from various sources. The sources of family planning message for the people are radio, T.V., newspaper, friends, relatives, peer-groups, poster, banner and counseling of health related workers. Here respondents were asked to report the source of family planning and the response reported by them can be seen in following table 7:

Table 7: Respondents source of knowledge about family planning

Sources	No. of Respondents	Percent
Radio	76	74.50
TV	52	50.98
Radio and TV	86	84.31
Posters/Pamphlets	23	22.54
Health worker	18	17.64

Due to multiple response percent seems more than hundred.

Out of 128 respondents only 102 respondents reported that they had knowledge about family planning. Besishahar Municipality of Lamjung District is not a remote area where all of the people have knowledge but only 102 respondents had knowledge about family planning this might be due to most of the people were under poverty line, they can't afford expensive electronic media devices. Regarding the sources of knowledge about family planning 74.50 percent, 50.98 percent, 84.31 percent, 22.54 percent and 17.64 percent respondents reported radio, TV, radio and TV both Poster/Pamphlets and health worker respectively as the source of knowledge.

In this area, radio was major source of knowledge about family planning. Radio is more effective media than T.V. because the T.V. services are mostly limited to the urban area. Nowadays poster/banner are provided by some agencies and counseling given by junior health related workers. These processes are also sources of knowledge about family planning. Newspaper and magazine are limited only to educated people. So, knowledge by newspaper

and magazine are slow means of communication. Some researcher has presented that the probability of contraceptive use was two and a quarter times higher among those who had heard family planning message from radio than those who has not. So, radio is a major source of knowledge about family planning in rural part of Nepal like Besishahar Municipality.

4.2.3 Knowledge of kinds of family planning

Major means of family planning are specially permanent and temporary. Temporary methods include injectable (Depo-Provera, Depo, Sangini Sui, etc.), Norplant, male and female using condoms, Loop, Vaginal methods (Foam, Jelly, different kinds of cream cap and melting tablets. Fertility awareness-based methods (calendar calculation, cervical secretions, basal body temperature and seel of the cervix), location amenorrhea method (breast feeding), progesterin oral contraceptives (high dose pills, mini pills), combined oral. Contraceptives (low dose pills and birth control pills). Permanent family planning process is male sterilization (vasectomy) and female sterilization (minilap or operation). Also there natural methods of family planning which are periodic abstinence, withdrawal, folk method, fertility awareness based methods existed till now in all society. Practices of these natural methods never affect in users body. But, these methods are backward in practice due to the difficulties of calculation and measurement.

Among Dalit women, health related services are provided in low level being a remote area. Due to illiteracy and lack of access on resources they are unknown on every means of contraceptives. The respondents' status on kinds of family planning method can be seen in following table 8:

Table 8: Knowledge of kinds of family planning

Methods	No. of Respondents	Percent
Natural	32	31.37
Male permanent	58	56.86
Female permanent	86	84.31
Male temporary	92	90.19

Female temporarily	94	92.15
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A total of 102 respondents reported that they have knowledge about the kinds of family planning and out of them 31.37 percent, 56.86 percent, 84.31 percent, 90.19 percent, and remaining 92.15 percent of the respondents reported the kinds of family planning as natural, male permanent, female permanent, male temporary, and female temporary respectively.

Television, facility is to properly excessive in this community though Radio facility is mostly used in this community. Some people have taken knowledge of family planning through Nepal television. Hello Doctor program broadcasted from Radio Nepal is another popular program of family planning among family planning programs of Nepal Television and Radio Nepal people interest.

Some NGOs/INGOs like Plan International, Kosan Nepal, Sound Nepal and Mira have conducted some programs of family planning. These programs are poster, pamphlet, counseling, sadak natak and public meeting. Most of the people have knowledge of these programs. These are effective programs in rural parts.

4.3 Attitude of Dalit women about family planning methods and devices

To identify the attitude of respondents towards knowledge, practice, meaning, methods and the effects of family planning, an attitude scale was developed on the basis of Likert scale of attitude test. Respondents' response on the statements of attitude scale is presented on following table.

Table 9: Attitude of Dalit women about family planning methods and devices

Statement	Strongly agree		Agree		Indifference		Disagree		Strongly disagree	
	No.	%	No.	%	No.	%	No.	%	No.	%
Family planning is only to control the birth and prevent pregnancy	30	23.43	35	27.34	16	12.50	24		23	17.96
Using contraceptive is unethical.	15	11.71	20	15.65	36	28.12	28	21.87	29	22.65
Family Planning spoils the natural sexual life	25	19.53	30	23.43	22	17.18	26	20.31	25	19.53
It is not necessary to know about family planning	12	9.37	18	14.06	28	21.87	35	27.34	35	27.34

Family planning weakens the strength of the body	20	15.65	30	23.43	25	19.53	26	20.31	27	21.09
Society should give freedom for both to do family planning	30	23.43	32	25.00	22	17.18	16	12.50	28	21.87
Family planning helps to maintain ideal family size	20	15.65	22	9.37	32	25.00	28	21.87	26	20.31
Family planning services must be easy in terms of access and use	35	27.34	35	27.34	12	9.37	28	21.87	18	14.06
Family planning gives terrific effects on physical health and social life	29	22.65	36	28.12	28	21.87	20	15.65	15	11.71

Table reflects the attitude of respondents towards family planning according to the table, regarding the statement 'Family planning is only to control the birth and prevent pregnancy' respondents showed their attitude as 23.43 percent were strongly agreed, 27.34 percent were agreed, 12.50 percent were indifference, 18.75 percent were disagreed and remaining 17.96 percent were strongly disagreed respectively. Likewise, in the statement 'Using contraceptive is unethical' respondents reported their attitude as 11.71% strongly agree, 15.65% agree, 28.12% were undecided, 21.87% were disagree and remaining 22.65% were strongly disagree. Similarly, regarding the statement 'Family Planning spoils the natural sexual life', respondents expressed their view as 19.53% were strongly agree, 23.43% were agree, 28.12% were indifference, 21.87 percent were strongly disagree and remaining 22.65 percent were strongly disagree respectively.

In terms of the statement 'It is not necessary to know about family planning', respondents reported their views as 9.37% were strongly agree, 14.06% were agree, 21.87% percent were undecided, 27.34% were disagree and another 27.34% were strongly disagree. About 15.65 % were strongly agree, 23.43% were agree, 19.53% were undecided, 20.31% percent were disagree, and remaining 21.09% were strongly disagreed with the statement 'Family planning weakens the body.' Likewise, in the statement ' Society should give freedom to both male and female to do family planning' and the respondents expressed their views as 23.43% were strongly agree, 25% were agree, 17.18% were indifference, 12.50% were disagree and remaining 21.87% were strongly disagree respectively. Regarding the statement 'Family planning helps to maintain ideal family size', respondents reported their views as 15.65% were strongly agree, 17.18% were agree, 25% were undecided, 21.87 percent were disagree and 20.31% were strongly disagree respectively. Similarly in the statement 'Family planning services must be easy in terms of access and use', respondents shows their attitude as 27.34%

were strongly agree, another 27.34% were agree, 9.37% were undecided, 21.87% percent were disagree, and remaining 14.06% were strongly disagree with the statement respectively. In the final statement 'Family planning gives terrific effects on physical health and social life', respondents expressed their views as 22.65% were strongly agree, 28.12% were agree, 21.87% were indifference 15.65% were disagree and remaining 11.71% were strongly disagree with the statement respectively.

From the analysis of the data presented in attitude scale it can be said that huge number of respondents were unknown about family planning and its advantages and disadvantages however the data reflect that the importance and the necessity of the family planning is growing among the respondents. It seems that the publicity about the importance of family planning and its effectiveness must be popularized among all the rural, backward, and Dalit community.

4.4 Practice of family planning/contraceptive

Practice of family planning determine the level of use and non-use of contraceptives. Use of contraception help to maintain the proper gap on child bearing and birth spacing. It helps to reduce fertility and increase the level of contraceptive use in this community. If a woman have already sufficient No. of Respondent of children and she has no any desire of children, she would applied contraceptive in her life. It helps to change the fertility behavior. Several questions, in this study area were also asked about the practice of family planning methods and means, about age of child bearing and birth spacing. The responses are discussed and tabulated separately in different headings and sub headings below in this section.

4.4.1 No. of children bared by the respondent

In fact, knowledge, attitude and practice of family planning are directly related to the No. of children and birth situation. Regarding this respondents were asked to report their child bearing status and number. The response of the respondents is presented in following table 10.

Table 10: No. of children bared by the respondents

No. of Children	No. of Respondents	Percentage
No child	33	25.78

1	20	15.62
2	21	16.40
3-4	29	22.65
5 and above	25	19.53
Total	128	100.00

Table 10 shows that more than one forth (25.78%) of the respondents did not have child yet and 15.62 percent respondents have 1 child whereas 16.40 respondents have 2 children. Similarly, 22.65 percent of the respondent had 3-4 child and remaining 19.53 percent of the respondents had 5 and above child. It seems that there is no impacts of family planning in study area because in the study area, most of the people have more than 3-5 children. Within living children those people who have more than two children, don't have son but still they have strong desire for at least one son. It is because the value of son is high in this society. Peoples of this community want son for all kinds of religious and ritual ceremonies; and for the property ownership as well.

4.4.2 Birth spacing practice

Perception and attitude towards birth spacing plays a vital role in determining the contraceptive prevalence rate because most of the couple use temporary method for birth spacing. A question on the opinion about the years of birth space was included in order to find out the attitude towards birth spacing among women respondents, so the result is tabulated in table 11.

Table 11: Distribution of respondents by birth spacing

Spacing Year	No. of Respondent	Percent
Two years	10	13.33
Three years	23	30.66
Above three years	42	56.00
Total	75	100.00

Table 11 clearly shows that majority of women (56.00%) responded that birth difference between children were more than three years. Similarly 30.66 percent of the respondents responded that birth spacing between one children to another were three years and 13.33 percent of women vote for two years spacing.

The result shows that majority of women (56.00%) responded that birth difference between children should be more than three years. It may be because of reciting information

(advertisement) given from radio that then only the second child when first goes to school. The rest result was not good for birth spacing; it may be affected due to lack of educational factor, not easy access of mass media, lack of knowledge about contraceptive use for better life etc.

4.4.3 Recent uses of contraceptives

One of the purposes of this study is to find out the practices of family planning in Dalit women and this part of the study describes the present situation of family planning practices.

The term recent uses of contraceptives means the use of any permanent and/or temporary method of family planning at present. The respondents were asked whether they had currently used any method or not. The following table shows the No. of Respondent and Percent of respondents using at least one method of contraceptives either currently or in the past. The following table 12 shows the present situation of Contraceptive use.

Table 12: Practicing situation family planning

First Child Bearing Age	No. of Respondent	Percent
Condoms	46	45.09
IUCD/Copper T	26	25.49
Depo-Provera	10	9.80
Female Permanent	14	13.72
Vasectomy	6	5.88
Total	102	100

Above table 12 revealed the situation of using Family planning methods and devices in study area which reflect the permanent and temporary contraceptives using situation. Regarding the temporary contraceptive, 45.09 percent, 25.49 percent, and 9.80 percent of the respondents reported that they and their sex partner were using condoms IUCD/Copper T, and Depo-Provera respectively. And in terms of permanent method use; 13.72 percent female and 5.88 percent male partner did permanent family planning.

Specially, condom, injection (Depo-provera), Sangini Tin Mahine Sui, Norplant in temporary and Minilap (Female sterilization) vasectomy (male sterilization) are popular in this

community. Other means of contraceptives are unpopular and unknown due to different social and economic factors.

4.4.4 Person/place from the respondents took family planning and health service

Most of the Dalit live in extreme poverty and are hardly conscious of the importance of sanitary conditions for healthy life. Even if they were aware of it they were not able to leave the place where they live due to poverty. Breaking out of disease is very common. Diarrhea, dysentery, intestinal infection, common cold and fever are frequent occurrences. Whenever they fall sick, most of the Dalit first consult to the local Dhama/Jhankri and provide hens and chickens for their treatment. They also use herbal medicines. They consult medical people at a sub health post or hospital only after these measures have been proved ineffective.

Dalit oppose to the idea of family planning and show reluctance to adopting contraceptive measures. They consider children as God's gift since child labour provides some support to the family. Children are regarded as an asset with regard to family planning. The people in this area are, as mentioned before, ignorant of many requirements of basic health and hygiene and poor as they are, they often do not get enough food to eat. To fulfill the hunger is their major concern. They lie on cereal crops for three months and for the rest of the year to live often on wild roots and ferns. In such circumstances it is difficult to maintain even basic nutritional standards. Up to the age of 2 or 3 years, they were breast fed and after that children were fed the nutrition as they took.

In Nepal, mal-nutrition and prevailing diseases are in the highest level throughout the world. Life spans are short, infant and child death rates are high and illness is a conscious feature of daily life. With the brief discussion, health and health related practices, it will be more interesting to present a picture of health condition of the Dalit women. This table shows their condition of health and their trend of moving for medicine. It also shows how far they are moving towards the modern medicine.

Table 13: Health aspect of the respondent

Health facility center	No. of respondent	Total Percent
Hospital/H.P./Sub H.P	30	23.43
With doctor	35	27.34
Home medicine	24	18.75

Dr.+ Sub H.P.	16	12.50
Home medicine+ Sub H.P.	23	17.96
Total	128	100.00

Table 13 shows the place and person from whom and where respondents took health and family planning services. While observing the health and treatment system of the Dalit women, 23.43% Dalit member moves to the sub H.P. while they become ill, 27.34% Dalit moves towards witch doctor and 18.75% use home medicine while they become ill. It can also observe that 12.50% Dalit first of all move towards the witch doctor then they visit to the sub health post and hospital. Here also they use of home medicine and after that the movement towards the sub health post among the Dalit is 17.96 percent. Lack of knowledge about doctor, lack of money for the modern medicine.

From the analysis, it can be concluded that the majority of people were practicing going home medicine and natural resource of family planning. Home medicine means using herbals and surbs that they bring from the forest while they become ill. Most of the Dalit have poor socio-economic condition due to which they are ignoring hospital/H.P./ Sub H.P. Another majority of respondents (23.79%) had health seeking behavior at witch doctor it is also due to poor socio-economic condition on the one side and on the other side people of Dalit women have strong followed to their traditional, cultural beliefs. Among rest of the respondents, some Dalit were using home medicine and Sub H. P. together; it means they are changing their culture with accepting Sub H. P. and some were using hospital, sub health post and doctor for their health care. This is the hope of change for their behavior in the case of health seeking. There is a sub health post in this location. Sub-health post provides temporary contraceptives and sometime they provide counseling about family planning. People of this community consider this family planning knowledge positively.

4.4.5 Reason for not intending to use family planning method

Those 26 respondents who were not intending to use Family Planning methods were further asked about their intentions for not using Family Planning methods in the future. The responses are presented in table 14.

Table 14: Reasons for not intending to use family planning methods

Reasons for not wanting	No. of Respondent	Percent
Health Concerns	2	7.69
Fear of side effects	6	29.58
Expensive to buy	2	7.69
Decrease sexual pleasure	2	7.69
Desire for son	6	29.58
Religious beliefs	2	7.69
Husband Opposed	6	29.58
Total	26	100.00

Table 14 shows that of the 26 respondents who did not want to use family planning method in the future 29.58 percent said that desire of son. A sizeable proportion of respondents said fear of side effects (29.58%), health concern (7.69%), expensive to buy (7.69%) and decrease sexual pleasure (7.69%) as the reason for not intending to use. The other less commonly cited reason was religious belief (7.69%).

From the analysis, it is seen that maximum respondent did not want Family Planning due to fear, desire for son and husband opposed by 29.58 percent for each distribution. It is due to the educational factors. They were not familiar with the Family Planning they need more counseling, at the same time. There is male dominated society where husband opposed to for not doing Family Planning because they did not want to expose their wife in the community and they need son as following the superstition. Rest reasons were due to lack of familiarity with Family Planning, traditional and religious beliefs which was not changing in our society.

4.5 Findings

The currently married person had different socio-economic and demographic characteristics. In addition, they had different attitude about family planning methods knowledge and practices. The summary of the findings are stated as follows: -

1. A total of 38.28 percent of the respondents were between the ages of 20-24 years. Likewise, just more than one fourth of the respondents (25.78%) were within 25-29. Similarly, 24.21 percent of the respondents' were between the age group of 30-34 and

remaining 11.72 percent of the respondents were between the ages of 35-40 age group.

2. Similarly, 42.96 percent were illiterate, 25.00 percent were simply read and write they were assumed as literate, 28.90 percent have got primary/lower secondary education.
3. Regarding the age at marriage, 17.96 percent of the respondents were married in below 15 years. It is a miserable condition in marriage system. Similarly, 27.37 percent respondents married in 16-20 years, 23.43 percent of the respondents married in 21-25 years, 18.75 percent of the respondent married in 26-30 and remaining 12.50 percent were married after the age of 30.
4. The best child bearing age is 20-24 which was supported by most of respondents (65.62%).
5. Regarding the number of child born, more than one forth (25.78%) of the respondents did not have child yet. Nearly one third (32.03%) of the respondents had 1-2 child. Similarly, 22.65 percent of the respondent had 3-4 child and remaining 19.53 percent of the respondents had 5 and above child.
6. In the study, 79.68 percent of the respondents have basic knowledge and 20.32 percent of the respondents reported that they did not have any knowledge about both temporary and permanent family planning method.
7. The main source of information of family planning methods was radio, FM, TV.
8. Regarding the temporary contraceptive, 45.09 percent, 25.49 percent, and 9.80 percent of the respondents reported that they and their sex partner were using condoms IUCD/Copper T, and Depo-Provera respectively.
9. A sizeable proportion of respondents said fear of side effects (29.58%), health concern (7.69%), expensive to buy (7.69%) and decrease sexual pleasure (7.69%) as the reason for not intending to use. The other less commonly cited reason was religious belief (7.69%). The commonly current use of family planning methods were natural and some person use condom and female sterilization.
10. Regarding 'Family planning is only to control the birth and prevent pregnancy' respondents showed their attitude as 23.43 percent were strongly agreed, 27.34 percent were agreed, 12.50 percent were indifference, 18.75 percent were disagreed and remaining 17.96 percent were strongly disagreed respectively.
11. In the statement 'Family planning gives terrific effects on physical health and social life', respondents expressed their views as 22.65% were strongly agree, 28.12% were

agree, 21.87% were indifference 15.65% were disagree and remaining 11.71% were strongly disagree with the statement respectively.

CHAPTER – V

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

Family planning is an essential social factor, which contributed to solve various social problems in the society. So, means of family planning is one of the important determinants of fertility. This study is related to the knowledge, attitude and practice of family planning in Dalit women. Knowledge, attitude and practices of family planning is also related to the opinion of married male and female.

Most of the households of the study area are under poverty line. The level of education is low in this community, level of education helps to gain knowledge attitude and practices of family planning properly. Most of the people have engaged in agriculture and others are depended on labor based income-generation activities and these factors affect the practices of family planning. Maximum contraceptive users are women and this indicates that women are aware in family planning. Similarly, 15.65 percent respondents strongly agreed that family planning helps to maintain ideal family size and 27.34 respondents also strongly agreed that family planning services must be easy in terms of access and use

The knowledge and attitude of family planning in the study area at present is found to be reasonably satisfactory. All of the respondents knew about at least one modern method of family planning. There is a group in majority not using contraceptives due to various reasons as like religious, cultural, bad health and economical etc. Knowledge, attitude and practices of family planning are creating positive values towards small family size and emancipation from various burdens.

The findings show that due to lack of education, some people are still dominated by thinking that male child is more important than a girl. As only a small proportion of the eligible women as men are practicing family planning. It should be vigorously promoted.

5.2 Recommendations

In the Nepalese Context, Many Programs of the family planning depends not only on individual level but also on the senior members of household, but rural parts of Nepal, there still exists the superstition. Men and women both are not equal participants in the process of

family planning in the areas where the physically stressed activities exists. Through the study of this place on KAP of family planning following suggestions are stressed to achieve population control.

5.2.1 Recommendations for improvement

- a) Knowledge, attitude and practices of family planning are depended on the level of women and men's education. However, no significant level of education is attended by the women in the study area to change their fertility behaviour. In order to raise the KAP of contraceptives, among currently married couple, formal non-formal education programme should be launched emphasizing and encouraging couples to use family planning methods.
- b) To control high fertility rate, law regarding the age of marriage should be followed strictly from local government
- c) Family planning programmers are not able to address people form low income sources, agriculture groups, illiterate group and other disadvantages groups. Therefore, these groups should be the targeted while providing appropriate information's and incentives.
- d) Most of the user adopts the family planning methods to fulfill their desire to have children. But philosophy of family planning is beyond this concept. Therefore, family planning activities should be conducted especially in developing the concept of birth spacing.

5.2.2 Recommendations for policy level

For making the policy in the context of Family Planning, following recommendations are made from this study:

- a) Government should provide adequate family health services and health counselors for providing family planning counseling in the door of the people.
- b) Government should launch promotional and preservation program for the people involving Family planning services.
- c) Government should launch special awareness Program for Family Planning.
- d) Government should make the policy of making eradication of gender-based discrimination

- e) While developing the community plan and policy, the government and other related sectors should give preference to women to participate in any development program in the community and ensure the household decision making.

5.2.3 Recommendations for further study

After drawing results and conclusion of the study, the researcher came to a conclusion that there are so many study areas remained in this field. It is therefore, attempts have been made to recommend some problems for the further study.

- a) The same study can be conducted in a larger population from Terai to Mountain region.
- b) A study on knowledge, attitude and practice on family planning should be done in rural and urban communities.
- c) This study was based on small sample size with covering small sample area so these types of study can be conducted to large population size and area to find out more new information

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APPENDIX-1

An Interview Schedule

An Interview Schedule for the study of Knowl Knowledge, Attitude and Practice of Family Planning among Dalit people in Besishahar Municipality of Lamjung District.

1. Individual description

Give your detail individual description on following terms:

- 1.1 Name: _____ 1.2 complete ages: _____ 1.9 Education: _____
1.3 Age: _____ 1.4 Sex: _____
1.5 Religion: _____ 1.6 Marital Statuses: _____
1.7 Age of marriage: _____ 1.8 Occupation: _____
1. What is your education?
.....
2. What is your first child's age?
.....
3. What types of family do you belong to?
.....
4. What is the ideal number of children in a couple in your opinion?
a. Total b. Son c. Daughter
5. How many children have you got?
Son:..... Daughter:.....
6. What is the age difference with your husband?
.....
7. What should be the child bearing space for the better health of mother and babies?
a. One year b. Two years c. Five year
8. How many methods have you heard about the family planning? Name them.
1.
2.
9. Who can use the following family planning methods to? Write 'M' for male and 'F' for female.
a. Pills b. Condom
c. Copper T d. Saginee
e. Vasectomy f. Minilaps
g. Laparoscopy g. With drawl
10. Do you know about birth spacing?

