Educational Status and its Effects on Birth Spacing among Married Women

By

Laxuman Ghimire

A Thesis

Submitted to Health and Population Education Department in

Partial Fulfilment for Master of Education in Population Education

Central Department of Education

University Campus

Tribhuvan University

Kirtipur, Kathmandu

July, 2022

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Declaration

I hereby declare that, to the best of my knowledge, this thesis is my original work. No part of it was earlier submitted for the candidature of research degree to any university, college and educational institution whatever the subject matter I have presented in this thesis report belong to my own original work except some cited texts.

Date : July 2022 …….

Laxuman Ghimire

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Recommendation Letter

It is recommended that the research report entitled **"Educational Status and its Effects on Birth Spacing among Married Women"** has been carried out by Laxuman Ghimire for the partial fulfillment of Master Degree in Population Education under my guidance and supervision. To the best of my knowledge, this report is the result of his own efforts and carries valuable information. So, I recommend this thesis for the final evaluation and viva-voce.

Date : July 2022

…….

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Approval Sheet

This thesis entitled **"Educational Status and its Effects on Birth Spacing among Married Women"** submitted by Laxuman Ghimire in partial fulfillment for requirements of Master Degree in Population Education has been accepted and approved.

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Date : July, 2022 Laxuman Ghimire

Abstract

The thesis entitled "Educational Status and its effects on birth spacing among married women Sidingwa Gaupalika Ward No. 6, Taplejung". The main objective of this study was to find out the educational status of married people, to identify the knowledge and situation of birth spacing and to explore the effect of educational status of the respondents regarding birth spacing from the married Limbu women fertility age group (15-49) with at least two children. The study followed descriptive and quantitative research design. Interview schedule was used to collect the data from 150 respondents Limbu married women. The data were analyzed and interpreted manually, the data were presented in tables and figures with respective frequency sand percentage.

Most of the respondents in this study were aware of birth spacing. In the study area 68.10 percent literate respondents and 44.12 percent of illiterate respondent were found to be knowledge of birth spacing. Respondents in this study area found birth spacing age gap between first child and second child one year, two year, three year, four year and five years. Most of respondents in this study area were found to have knowledge of contraceptive device but they do not use contraceptive for birth spacing. This study area found that do not use contraceptive devices due to not easy available 16.67 percent literate respondent and 21.17 percent illiterate respondent. But currently used contraceptive only 48.28 percent literate respondents and 26.47 percent of illiterate respondents. Overall the study area found that a literate respondents and illiterate respondents have not equal knowledge, practice and birth spacing. Here isn't equal knowledge of contraceptive and its use. In this study were found most of the effect of the educational status according to the respondents' responses. Although it was found to be knowledge and practice are good but not very bad.

Abbreviation

CBS	:	Central Bureau of Statistics
DOHS	:	Department of Health Services
FP	:	Family Planning
FPAN	:	Family Planning Association of Nepal
ICF	:	International Classification of Functioning Disability and Health
ICPD	:	International Conference on Population Development
INOGs	:	International Non-Government Organization
IZA	:	International Zeolite Association
LARCs	:	Long Acting R eversible Contraceptives
MCH	:	Mother Child Health
MOHP	:	Ministry of Health and Population
NDSH	:	National Demography Health Survey
NOGs	:	Non-Government Organization
PHE	:	Public Health Education
SARCs	:	Short Acting Reversible Contraception
SLC	:	School Leaving Certificate
UNESCO	:	United National Education Scientific and Cultural Organization
UNFRPA	:	United Nationals Population Fund
UNICEF	:	United Nations International Children's Emergency Fund
USAID	:	United States Agency for International Development
VDC	:	Village Development Committee
WHO	:	World Health Organization

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Chapter I: Introduction

Background of the Study

Birth spacing is a major detrainment of fertility levels in high fertility population. The birth interval has significant effect on child future physical and mental capabilities as well as the health of mother. Birth spacing is significant health improving and life saving measure for mother and children. Short birth spacing has an important public health impact adequate birth spacing could be logical alternative strategies for fertility control (Shakya, 2011).

In the Family planning program started by the non-governmental organization. The family planning association of Nepal establish in 1959. The objective of family planning is to space/limit the children to avoid the involuntary birth and improve the reproductive health. Family planning refers to the planning when to have a children and the use of the birth control. According to UNESCO (1988), "Family planning is a means of enhancing the quality of life of families which includes regulating and spacing child birth, helping sub- fertile couples to get children and providing counseling for parents and would be parents" (Thapa, 2074).

Encouraging women to space birth at least three years apart will improve maternal and child health support healthy childhood development (Higher Population council, 2013). After a live birth, the recommended interval before attempting the rest pregnancy is at least 24 months in order to reduce the risk of adverse maternal, prenatal and infant outcomes (WHO, 2005).

Birth Spacing is the practice of waiting between pregnancies. A woman's body needs to rest following pregnancy. After having a baby, it is a good idea to wait at least 18 months before getting pregnant again to maintain the best health for her body and her children. The 18-month rest period is called "birth spacing." When the time between pregnancies is less than 18 months, her body may not be ready to have a healthy baby When a woman does not wait at least 18 months between pregnancies, there is an increased risk of having a poor birth outcome (such as a premature birth or a low birth weight baby). These conditions can threaten the health of the child and the mother (Division of Public health, 2011).

According to the DOHS of the 696,535 new acceptors of spacing methods in 2015/16, the highest proportion were acceptors of injectables (e.g. Depo) constituting 35 percent, followed by condoms (32%) and oral pills (17%). The proportion of new acceptors taking Depo injectables declined from 38 percent in 2014/15 while the proportion taking implants increased from 9 percent in 2014/15 to 12 percent in 2015/16 (DOHS, 2017).

Contraceptive use are the principle was for a women to delay the next birth. The demand for contraception for spacing birth includes current use of contraception by married women who want another birth in two or more years and women with an unmet another birth in two or more years and women with an unmet need for spacing (Lama & Dhakal, 2018).

To control the involuntary birth give the birth their desire to keep the actual birth spacing and limit the numbers of babies on family which objective achieve the couple and individuals is called the family planning. Family planning is not any control the pregnancy. It is the broad meaning e.g. at actual birth spacing and limit birth (Maharjan, 2073).

Education can reduce fertility because better educated women earn more and may raise their children more effectively. Educational also improves maternal and child health thereby increasing a women physical capacity to give birth and reducing the economic necessary for more children. Higher education empowers women and includes them is household decision making- family planning (IZA World of Labor, 2016).

Education is a major factor improving awareness of need as well as benefits of child spacing with all collage studied females being aware of both. Education also leads to improvement in keenness for practicing child spacing as well as having lesser for practicing child spacing as well as having lesser opposition to practice of child birthing females with only girls child/children were less keen to practice child spacing (Yadav & Panday, 2018).

Nepal is a federal democratic republic country. It is a small and beautiful. The area of Nepal is 147,181 sq. km and 26,494,504 total population according to the census of 2068 has determined that there are 125 different castes and ethic group and

123 language in the total population. There are 7 Province, 77 district, 753 local level. Taplejung is one of the district lying in Province No. 1 of Nepal There are 9 local level in Taplejung district among them Sidingwa Gaupalika lies in the east south ward No. 6. Where living many cast, ethical group, cultural and religious group of Nepal. Limbu are identified and considered as the Janjati people there are own culture religion.

Statement of the Problem

Nepal is a country facing the problem of population growth. In Nepal population growth rate 1.35 % and total number of Population is 26,494,504 according to population census 2011. Nepal is a poor country of the world where socio economic and demographic status is not satisfactory. It has problem about 25.16% under the poverty line (MOHP, 2014).

In a Nepal educational status in poor literacy rate 66.5% both sex of the total population. The male literacy rate 75.9% and female literacy rate 54.4% Educational attainment (level passed) Primary(1-5) 39%, Secondary (6-10) 31,8% SLC& intermediate 16.6% and Graduate & post graduate 3.8% (CBS 2011).

In Nepal, most of the women give birth to their baby within the two years of the first delivery. Now the maternal mortality ratio is 281 per 100,000 live births and the neonatal mortality ratio is 33 per 1000. Thus it is necessary to find out whether they have birth interval is one of the major factors in order to reduce maternal and infant mortality rate as well as other out comes factors like low weight, preterm birth (Thapaliya, Rai, Rijal and Gupta, 2015).

The birth spacing has been considerably affected the mortality birth size and weight and nutritional status of children and the risk of pregnancy complication for mother, Giving the birth shorter than 36 months difference have been shown to increase to mothers and neonates. The actual space between 36 and 59 months show lower risk both short and long spacing practice are associated with increased risk of adverse prenatal and neonatal outcomes (Lama & Dhakal, 2018).

According the Annul Report (2015/16), DOHS has stated that contraceptive devices use rate in Nepal below 50 percent within the total user for the spacing

method. In this report 47.1 percent are use contraceptive devices for spacing method. To contraceptives devices use for spacing method rate in eastern development region is 45.84 percent, central development region is 39.77 percent, western development region is 48.98 percent, mid-western development region is 61.02 and far-western region is 57.31 percent (DOHS, 2017).

To contraceptive prevalence rate in Nepal is extremely lower then other south Asian countries. For instance the prevalence rate of all method and modern method in India has 48.2 percent and Bangladesh has 3.8 percent but Nepal has only 39 percent (DOHS, 2010).

In the castes of Nepal, most of Limbu are in poor. Nepal is a multi-lingual, multi- ethical, multi-cultural and multi-religious country where different sources of different problem should be identified low educational status of people in the society there are raising population growth. Where low educational status of women in the society is not good result use to contraceptive device so high fertility level and most of the people age gap between two babies less than 2 years. The majority of the women of this community are engaged in household work. The main activities of women are related to agriculture as their traditional occupation. They are divided to low income agriculture workers and domestic worker. Both male and female household workers as well as the educational level of women are very low. They do not have access in educational due to the various reason. So that I have choose this topic "Educational status and its effects on birth spacing among the married women".

Objective of the Study

The general objective of the study is to identify the educational status and its effects on birth spacing among the married women.

Specific objective of this study there are:

1. To find out the educational status of married women,
2. To identify the knowledge and situation of birth spacing and
3. To explore the effect of educational status of the respondents regarding birth spacing.

Significance of the Study

Any study and research have their own importance and significance. This study explores with education status and its impacts birth spacing and situation. This study is related the family planning and birth spacing. Various government sector and non –government works volunteer such as FPAN, FP, MCH project on the community health program which has strengthen the family planning service to source to decaling in fertility rate. International agencies such as USAID, UNFPA, UNICEF and WHO etc. assist in order to promote family welfare of Nepalese people. This study will be helpful for find out socio- economic and demography characteristics of Limbu community. This significance of this would be follows:

- This study would help researcher to conduct research on the educational status of married women.
- This study would be helpful to find out the knowledge and situation of birth spacing.
- The result would be helpful as guidelines for future researchers in similar fields.
- This study would be helpful the planners of the policy makers to formulate the plan and policy.
- This study would be helpful for those who are interested to conducted programme in future and NGOs, INGOs and government to launch program in this area.
- The main significance of this study would be help in fulfilment of our practical remarks requirements for the master's degree in Population education.

Delimitation of the Study

In every research there are sorts of delimitation according to the time resources and budget. This study was delimited giving follows:

- This study was only Limbu community in Sidingwa Gaupalika ward no. 6 Taplejung.

- This study was included married women fertility age group (15-49) with at least two children.
- This study was based on descriptive and quantitative research design.
- This study was based on the present educational and its impacts on birth spacing among married people.
- In this study sampling and sample size had been selected of total household or census method.
- In this study Interview schedule was adopt as a data collection tool.
- This study was covered 150 household.

Operational Definition of Key Terms

Birth Spacing: Birth spacing is an interval between two children birth by the some spouse**.**

Community: A group of People having common right, privileges, interest, living in the same place under the same rules.

Condom: Rubber using sexual intercourse.

Contraceptive devices: Contraceptives devices are the preventive method to help to avoid unwanted pregnancy.

Depo-Provera: Women could have injection which stop from being pregnant.

Family planning: Family planning allows individuals and couples to anticipate and attain their desired number of children and spacing and timing of their birth.

Fertility: An actual child bearing capacity of women her reproductive age.

Health: It is a dynamic quality of life due to which an individual becomes able to adjusted in changeable environment successfully and live the most and serve the best.

Household: The people living in single family are household.

Illiterate: Those who have never attained school and have not completed primary education.

Literate: In includes those individuals who have completed primary level.

Mortality: It is the condition or quality of liability to death.

Pregnancy: When a women is carrying a fetus inside the uterus

Chapter II : Review of Related Literature

Literature view is a part of the research. This chapter attempts to review some relevant past study regarding birth spacing and education. So the birth spacing and education are two most important matters there is no particular theory. There are two types of review of the related literature such as theoretical and empirical literature. Some of the fact, opinion, theory, principle and study reports directly or indirectly related top reviewed and present here.

Theoretical Literature

Family planning as defined by the dictionary of demography is conscious effort of couples or individual to control the number and spacing of birth. Family planning is used synonymously with terms parenthood and many others. The terms imply a general reproductive strategy, however and should not be used to man just contraception. Sine it comprise practice aimed both at presenting births at certain times and at including them at other (Wilson, 1985).

World summit for children 1990 reported that child survivable in closely linked to timing spacing in number of births and to reproductive health of mothers. Early case numerous and closely spaced pregnancies are measure contributors to high infant and child mortality and morbidity rates, specially were health care facilities are scare (ICPD, 1994).

Social and cultural factors including gender norms condition women's reproduction intensions that is the number of children they want and how they want their birth spaced .If women could have only the number of children they wanted, the total fertility rate in many countries would fall by one child per women. The fewer children women want the more time they spend in need of contraception and the more services are required (UNFPA, 1994).

At the meeting, a compromise was reached between two groups, who agreed that the recommendation for the minimum interval between a like birth and attempting rest pregnancy should be 24 months. The basis for the recommendation is that waiting 24 months before trying to become pregnant after a live birth will help

avoid the rang of (BTP) intervals associated with the highest risk of poor maternal, perinatal, neonatal, and infant health out comes. In addition, this recommended interval was considered consistent with the WHO/UNICEF recommendation of breastfeeding for at least two years, and was also considered easy to use in programmers, "two years" may be clearer than "18 months" or "27 months" (WHO, 2005).

Majority of the women practice optimum birth interval despite low literacy. The optional birth spacing significantly increases with increase in educational attainment, improvement of socio economic status, decreased number of living children presence of both sexes ion the family, absence of abortions and child death and menopause. A women, who becomes pregnant too quickly following a previous birth or induced abortion or miscarriage, faces higher risks of anemia, premature rupture of membranes, abortion and death (Shakya, 2011).

According to ICPD (1994) one hundred seventy nine governments affirmed individual right to family planning at the International Conference on Population and Development (ICPD) 1994, in family Planning programs must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so (UNFPA, 2012).

Family planning allows their individuals couples to anticipate attain their desired number of children and the spacing and timing of their births. It is achieved thorough use of contraceptive methods and the treatment of involuntary in fertility. A women's ability to space and limit her pregnancies has a direct impact on her health and being as well as on the outcome of each pregnancy (WHO, 2013).

DOHS (2017) has stated that spacing method – spacing methods such as three monthly injectable, oral pills and male condoms were made available up to community level. PHE-ORC, provided all there SARCs, services were offered at selected health post and hospital through regular static clinics and at satellite clines (all 75 Districts) and comprehensive family planning–campus spacing methods (SARCs and LARCs) were also made available through private practitioners contraceptive social franchises (e.g. contraceptive retail sales outlets on outlets) private academic hospital pharmacies and NGO,INGO and LARC, services were

provided through new small–scale initiatives such as by mobilizing service provides including visiting providers in few districts (DOHS, 2017).

NDSH (2017) has stated that the proportion of women who want to stop childbearing or who want to space their next birth is a crude measure of the extent of the need for family planning, given that not all of these women are exposed to the risk of pregnancy and some may already be using contraception. This section discusses a more refined extent of need and the potential demand for family planning services. Women who want to postpone their next birth for 2 or more years, or who want to stop childbearing altogether but are not using a contraceptive method, are said to have an unmet need for family planning. Pregnant women are considered to have an unmet need for spacing or limiting if their pregnancy was mistimed or unwanted, respectively. Similarly, amenorrhea women are categorized as having an unmet need if their last birth was mistimed or unwanted. Women who are currently using a family planning method are said to have a met need for family planning (MOHP, New ERA and ICF, 2012).

According to WHO expert committee "family planning is way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individuals and couple in order to promote the health and welfare of family group and contribute effectively to the social development of country" (Maharjan, 2073).

Empirical Literature

According to the data NDHS (2011) birth interval are shows longer in urban (49.3 months) then in rural (35.9 months) area. There are no marked differences in median birth interval by ecological zones. The median birth interval is longest in the western region (43.3 months) and shortest in the far western (33.2 months). Birth interval shortest in the western tarai and western hill sub regions then in the other sub region. Birth interval are increase with education from 35.1 months among women with on education to 44.2 among women with an SLC or above similarly, birth interval for highest wealth quintets is nearly 4 years (42.2 months) when read for all other quintiles it is 37.2 months or less (MOHP, New ERA and ICF, 2012).

Sing (2015) conducted the study "Birth spacing and practice in Topoban VDC Darchula district." The main objective of family planning device of respondents of birth spacing and birthing practice in Topoban VDC in Darchula. This study was based on descriptive type of research interview schedule was use to data collection tools in this study .The main finding of the study found that appropriate birth spacing age gap was around five years who were illiterate showed gap between their children around the two years and 17.30 percent of literate respondents had gap between of their children around 5 years.

Khadaka (2016) in his study "Knowledge and practice of contraceptives and birth spacing among the Dali community in Tulsipur municipality, Dang district". The main objective of the study were find out the knowledge of contraceptive devices in Dalit community. To find out practice of contraceptive devices and their use in Dalit community to recognize the birth spacing situation of Dalit community. This study was based on the descriptive and quantitative types of research. The major find of this research were the birth spacing age gap between first child and second child of the 6.52 percent 4 years above 7.9 percent 3-4 years, 67.39 percent 2-3 years and 18.12 percent 1-2 years. It was found that 23.91 percent was to provide good education for the child 18.84 percent maintain good MCH, 27.54 percent to provide good care of children. 15.94 percent to made good economic status of family and 13.77 percent to make happy life these were varies responses respondents about the advantage of birth spacing.

Poudel (2016) "Knowledge and practice of contraceptives and birth spacing among Dalit community of Nepaljung Sub-metropolitan." The main objective of knowledge and practice of contraceptive devices of the respondents in the area was to recognize the birth spacing situation of Dalit community in Nepaljung Sub-metropolitan. This study was descriptive and quantitative research design census and purposive sampling method was used to in this study. Interview schedule was used to data collection tools in this study. Found in this study that 87.68 percent were know about birth spacing and 12.32 percent were unknown the 7.44 percent respondents view of appropriate birth spacing age gap as 1 years, 15.70 percent view 2 years, 56.2 percent respondents view of actual birth space age gap as more than 4 years. The most found was behavior of birth spacing 18.12 percent respondents child birth spacing age

gap was between 1-2 years, 63.39 percent respondent 2-3 years, 7.97 percent respondents 3-4 years and 6.52 percent respondents birth age gap was between the birth of first baby and second baby.

Dhamala (2017) conducted the study entitle "Knowledge and practice of contraceptives and birth spacing among Dalit community in Katunje VDC Okhaldhunga district". The main objective of knowledge and practice of contraceptive devices of the respondents in the area was to recognize the birth spacing situation of Dalit community in Okhadhunga district. This study was descriptive and quantitative research design census and purposive sampling method was used to in this study. Interview schedule was used to data collection tools in this study. The main finding of this study found that most of the percent of respondents 91.30 percent were know about the birth spacing. The 7.44 percent respondents view of appropriate birth spacing age 1 years, 15.70 percent respondents view as 2 years, 56.2 percent respondents view as 3 years, 13.22 percent respondents view 4 years and 7.44 percent respondents view appropriate birth space more than then 4 years. The 18.12 percent respondents' child birth spacing age gap was between 1-2 years, 63.39 percent respondents 2-3 years, 7.97 percent 3-4 years and 6.52 percent respondents birth spacing age gap was between first child and second child.

Kafle (2017) conducted a study "Knowledge and practice of contraceptives and birth spacing among Dalit community in Balajok, Sinduli district." The objective of the study was it find the knowledge of contraceptive devise in Dalit community to find out practice of contraceptive devise and their use in Dalit community and recognize the birth spacing situation of Dalit community. This study was descriptive and quantitative research design. The sampling procedure of the study was census and purposive method in this study used to interview schedule for the data collection. The major finding of the study 87.68 percent respondent were known about the birth spacing. In this study was found that 18.12 percent respondents 1-2 years, 63.39 percent respondents 2-3years 7.97 percent respondents 3-4 years and 6.52 percent respondents birth spacing age gap was between first child and second child.

NDHs (2017) has stated that birth interval are slights gap age two babies (7-17 months) 9 percent, (18-23 months) 13 percent, (24-35 months) 27 percent, (36-47 months) 20 percent, (48-59 months) 12 percent and (60+ months) 19 percent gap age

between two babies. Birth to older women occurs after longer intervals then birth to younger women. The median birth interval among women age (40-49) is 37.5 months longer then interval among women age (15-19). The median birth interval in the hill zone 8.8 months longer then the interval in the terai zone 7.0 months longer then interval in the mountain zone (42.7, 33.9 and 35.7 months respectively) the median birth interval among then the interval among with no education (42.7 versus 35.2 months) (MOHP, New ERA and ICF, 2017).

Sapkota (2017) in her study "Knowledge and practice on breastfeeding immunization and birth spacing among mother of Dalit community in Madi Municipality, Chitawan district." The main objective of the study to find out the knowledge breastfeeding, immunization and birth spacing in Dalit mother, to find out the practice of breastfeeding and birth spacing and to find out the birth spacing situation of Dalit mothers. This study was based on descriptive and quantitative research design. The sampling procedure of the census method. Interview schedule were main tools of data collection. Found that the 20.67 percent respondents were responses about the meaning of spacing birth only child, 62 percent respondents responses was age gap between two child, 17.33 percent respondents responses was not produce more children. It was found that 20.67 percent was provide good education for the child 43.33 percent to maintain good MCH, 24.67 percent to make good economic status of family and 11.33 percent to make happy family. There were the various responses of respondents about the responses of birth spacing. The found 5 percent respondents' view of age of first birth was under 15 years, 23 percent respondents 15-19 years, 42 percent respondents 20-24 years and 30 percent respondents view the actual as of first birth 25 above.

Basyal (2018) conducted a study on "Knowledge and practice on breast feeding immunization and spacing among mothers Chhatradev Gaupalika, Arghankhachi district". The main objective of the study to find out the knowledge breastfeeding, immunization and birth spacing in mother, to find out the practice of breastfeeding and birth spacing and to find out the birth spacing situation of mothers. This study was based on descriptive and quantitative research design. The sampling procedure of the census method. Interview schedule were main tools of data collection. In this study she found the 41.93 percent respondents stated that the

purpose of birth spacing for the better maternal health. The 55.76 percent respondents stated that they were familiar about the birth spacing. In this study was found that 41.93 percent respondents' child birth spacing age gap was between two child only one years, 35.48 percent respondents 2 years 13.36 percent respondents 3 years and 9.21 percent respondents birth spacing age gap was between first child and second child.

Chand (2018) completed a research "Knowledge and practice of contraceptives and birth spacing among Dalit community in Bhagachuar Municipality Salyan district". The objective of the study was it find the knowledge of contraceptive devise in Dalit community to find out practice of contraceptive devise and their use in Dalit community and recognize the birth spacing situation of Dalit community. This study was descriptive and quantitative research design. The sampling procedure of the study was census and purposive method in this study used to interview schedule for the data collection. In this report found many respondents were known about birth spacing only 12.37 percent respondents were known about birth spacing. The 18.12 percent respondents' child birth spacing age gap was between 1-2 years, 63.39 percent respondents 2-3 years, 7.97 percent respondents 3-4 years and 6.52 percent respondents birth spacing age gap was between first child and second child. The 52.04 percent respondents were using contraceptives devices purpose of preventing involuntary pregnancy. Similarly 40.82 percent respondents were using birth spacing and 7.14 respondents were using contraceptives devise to prevent STTs and STDs.

Khatri (2018) conducted the study entitled "Existing perception on breastfeeding, immunization and birth spacing among Dalit mothers in Raniban municipality Gorkha district." The main objective of the study were to identify the knowledge and practice on breastfeeding in Dalit community, to assess to knowledge and practice of the respondents regarding immunization and to find out the birth spacing situation of Dalit community. This study was based on descriptive and quantitative research design. The sampling procedure of the study purposive and census method. In this study main data collection tools were interview schedule. It was found that 20.67 percent respondent was to had only child as a meaning of birth spacing 62.00 percent respondents were respond was gap between two child, 17.33 percent response was not to produce more children and 20.67 percent respondents

response was not had only child as the meaning of birth spacing. In this report found that 59.33 percent respondents had knowledge about condom, 81 percent respondents had knowledge about Norplant and 41.33 percent respondents had knowledge about Sangini/Dipo. It was found that 5.00 percent respondents' view of actual age of first birth was under 15 years, 23.00 percent respondents 15-19 years, 42.00 percent respondents 20-24 years and 30.00 percent respondents view the actual age of first birth was above 25 years. The 4.67 percent respondent's first child bearing as was under 15 years, 30.00 percent respondents 15-19 years, 42 percent respondents 20-24 years and 23.33 percent respondents view the first child bearing age was above 25 years.

Implication of Review for the Study

Literature review is the most important part to conduct any research study. It provides theoretical knowledge to the study. It helps the deeper knowledge experience skill and ideas to researcher. The researcher has to study some related book documents, articles journals, thesis review the literature related to the study. Review of the related literature helps the research in following.

First of all the review helps the researcher to select the own interested topic or research subject and related area. It will be also helpful about the selection of background, of background identify problem and objective of the study it helps the researcher to find out research methods and understand socio- economic cultural and cast ethical condition, it can help for citation and to selection and sampling procedure for the study. It helps in designing table, chart and graph and gives deep knowledge about the study. The review of literature helps in interpretation and analysis of data and conclusion of the study.

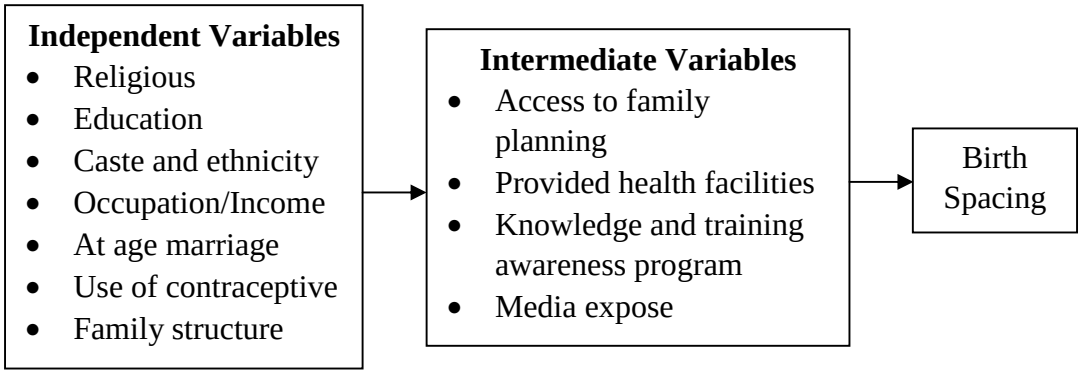
Literature review also helps to know about the knowledge and practice towards birth spacing among different community in the study area. It is also helpful for the researcher to know about the current trends situation of the birth spacing and contraceptives use for the birth spacing and advantages of birth spacing mother, child and family. It is useful the researcher to know affecting factors for knowledge and practice contraceptives use for the birth spacing such age socio-economic status occupation, cultural and religion belief, women empowerment, knowledge and

education status and family support etc. The final aids the researcher to make own research different than other research.

Conceptual Framework of the Study

Conceptual framework is sketch of research. Therefore the researcher have to organize the conceptual framework on the basis of the objective and review of the literature. The conceptual framework is guide from the researcher and research work. In research the researcher draft the dependent and independent variable of research Dependent and independent research variable of research. Dependent and independent research variable are also research variable.

A conceptual framework elaborate the research problem in relation to relevant literature a schematic diagram can be used in data patterns of variables or conceptual framework can be used if the study is guided by some theories and models. The present conceptual framework according to the objectives of the study. The conceptual framework follows.



Chapter III: Research Methodology

Methodology is important to achieve the study. For to achieve objective of the study different research methodology had been attempted. Which included sources of data, population of the study, sampling produces, data collection tools, data collection produce and analysis and interpretation of data. The details of the research methodology are giving in following sub heading.

Research Design

This study was based on descriptive and quantitative research design. It was based on obtaining information about the educational status its impacts on birth spacing among the married people. In this study descriptive design had been applied with quantitative types of study because this study includes primary and secondary data only numerical data and the explanation of the result of data collection along with their table and figures.

Population and Sample

First of all the married women were selected of the study population homogenous Cast Limbu from word No. 6 of Sidingwa Gaupalika in Taplejung district. The Limbu married women of reproductive age with at least two children had been selected population of this study. Sidingwa Gaupalika ward No. 6 was taken using purposive method. There are 463 households in their one words report by (CBS, 2014). The total household this area was 463 of which 150 are Limbu's house. Only married women age of reproductive period with at least two children had been selected. Total 150 household were covered for census method married women with at least two children had been selected from the households as the respondents of the study.

Research Tools

In this study information was collected by interview schedule. The interview schedule was developed by including close ended question development on basis of the objective of the study. The main purpose of the interview schedule was to

collected information from the respondents on education status and its impacts on birth spacing among married people of Limbu community in Sidingwa Gaupalika.

Sources of Data (Primary and Secondary)

In this study the data was based on primary and secondary sources. The Primary data would taken from Limbu married people Sidingwa ward no. 6 for collecting information, interview schedule had been used. The secondary data was collected from VDC profile, Health post and related test book however the main source of data was taken as a field with respondents.

Finalization of Tool

In initial stage 10 household of Limbu married people in different word of Sidingwa, Taplejung was selected. The married people of reproductive age group with at least two children from there households was interview. Then tool would validated and finalized with the feedback of research supervisor.

Data Collection Procedures

The researcher was get request letter from Health and Population Department. Then the researcher was visited the study community and discuss with the community leaders and the respondents about the objectives of the study and request them for support. The researcher would be mentioned important role of the help of the collections of required data. After that researcher was meet the respondents and request them to provide information. After building report with the respondents the researcher was interview them and collect data.

Data Analysis Procedures

After the collecting the data was checked and tabulated. The necessary data had been tabulated according to the objectives of research. The information is divided in to different heading and data was presented. The data would presented through tables, chart ad figure would be help of computer. The analysis and interpretation was made with the help of table charts to make the presentation more clear, finally, the conclusion was made for further studies.

Ethical Consideration

The participants were not be vulnerable to any risk during the study. The research tools was made convenient as to the social cultural and values. The informed consent had been taken verbally. In the study time, the respondents were not be forced for data collection and answering. The respondents name and other personal things were confidential in the research. The data collected was not used in other area.

Chapter IV : Result and Discussion

In this chapter, all the data collected from respondents had been kept in a master table and had been analyzed in detail. This section had included presentation and analysis and interpretation of data. This was descriptive and quantitative type of study. In this section all the data collected from the respondents were analyzed and interpreted by the help of frequency and percent in the table and furthermore data were presented in figures and tables. The data were categorized and analyzed according to objectives. The analysis and interpretation of data had been given as follows:

Demographic Profile

Demographic analysis is the study of population based on factors such as age, sex, religious. The response of the respondent related to demographic profile have been presented below :

Age and sex composition of the respondent. Age and sex is the demographic characteristics of population. It is important to know the age and sex of the respondents because it plays a very important role in everyone's life. The respondents of the study had been conducted according to different age and two sex characteristics i.e. male and female. Age, sex and use of contraceptives are interrelated. By the age and sex of the population, it is essential to use contraceptives by people of different age and sex group for propose of their birth control. The age and sex of the people of community where the study has been carried out is demonstrated in 1.

Table 1

Age and Sex Composition of the Respondent

Age	Sex				Total	
	Male		Female			
	No.	%	No.	%	No.	%
0-14 years	79	30.27	84	28.87	163	29.53
15-59 years	133	50.96	150	51.55	283	51.27
60 + above	49	18.77	57	19.58	106	19.20
Total	261	100.00	291	100.00	552	100.00

According to the above table 1, 29.53 percent people were of 0-14 years of that community, 51.27 percent people were of 15-59 years and 19.20 percent people were of 60+ above years from the Limbu community. Among them 30.27 percent male and 28.87 percent female of 0-14 years, 50.96 percent male and 51.55 percent female 15-59 years and 18.77 percent male and 19.58 percent female of the 60+ above year people were existing in the study area of Limbu community of Singawa 6, Mahhele Taplejung.

Median age are 23.13 of male, 23.30 female and 23.30 of the total population in this study area.

Family type of respondents. Family type is the demographic characteristics of population. Family is the basis of the community. Family type greatly affects the population. In Nepali context effects of the birth spacing and population growth. The response of the respondents related to family type have been presented below.

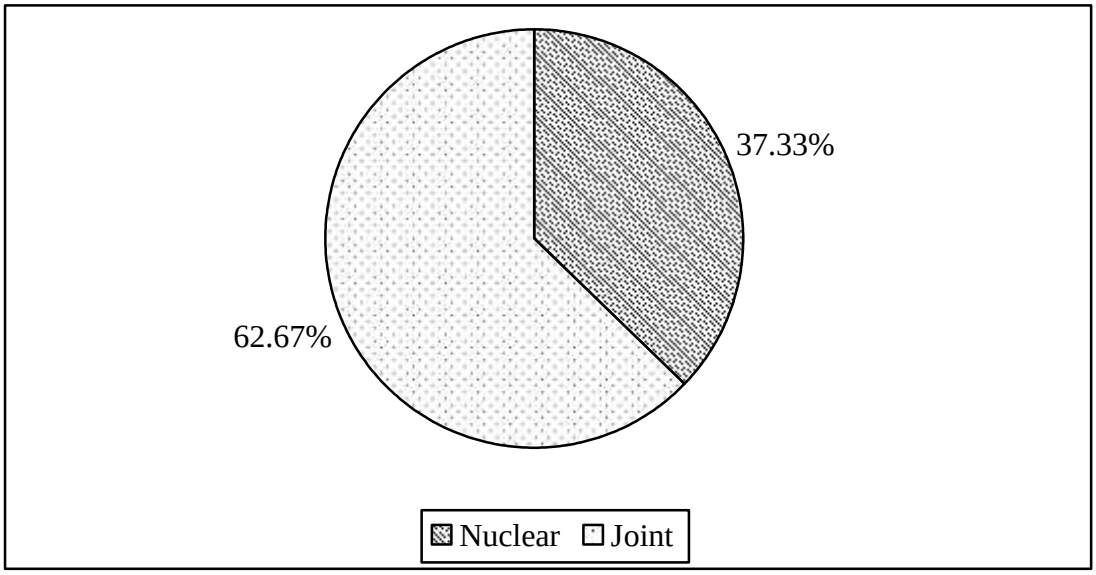


Figure 1

Type of family

Above figure 1 shows that 37.33 percent household had family type nuclear, 62.67 percent joint family. In conclusion, the study of his data collection was almost people joint family. According to that situation their nuclear family type wasn't majority.

Religous status of the respondents. Nepal was being only one Hindu state in the world before the second Janaandolan 2062/63 B.S. After the controversial proclamation of the reinstated house of representatives of Nepal declared, Nepal is secular state. In Nepal, nearly 81.34 percent of populations are Hindus (Population Monograph of Nepal, 2014).

Table 2

Religious Status of the Respondents

Religous Status	No. of respondent	Percent
Hindu	125	83.33
Kirat	7	4.67
Christians	14	9.33
Buddhism	4	2.67
Total	150	100.00

Table 2 shows that the great majority is of Hindu Religion. 83.33 percent Hindu, 4.67 percent Kirat, 9.33 percent Christians and 2.67 percent respondents belonged to Buddhism religion. Due to the majority of their Hindu ancestor most of people are from Hindu religion. The Christian are derived from other country with the consequence of mass flow of foreign culture. In Nepal, 81.3 percent of total population following Hinduism (CBS, 2011). In my study area among 150 respondents, 83.33 percent following Hinduism.

Economic Status

Economics status greatly affects the knowledge on birth spacing. The responses of the respondents related to economic status have been presented below:

Monthly income. Monthly income is also determinant level of living standard of household and economic capacity of any household. In the context of Nepal, the main sources of income is agriculture. Besides agriculture and other sources; business, industry, foreign employment etc. were secondary sources of income. Almost 80 percent people are involved in agriculture in our community and their monthly income is about less than 5 thousand. Following figure shows the monthly income distribution of that Limbu community.

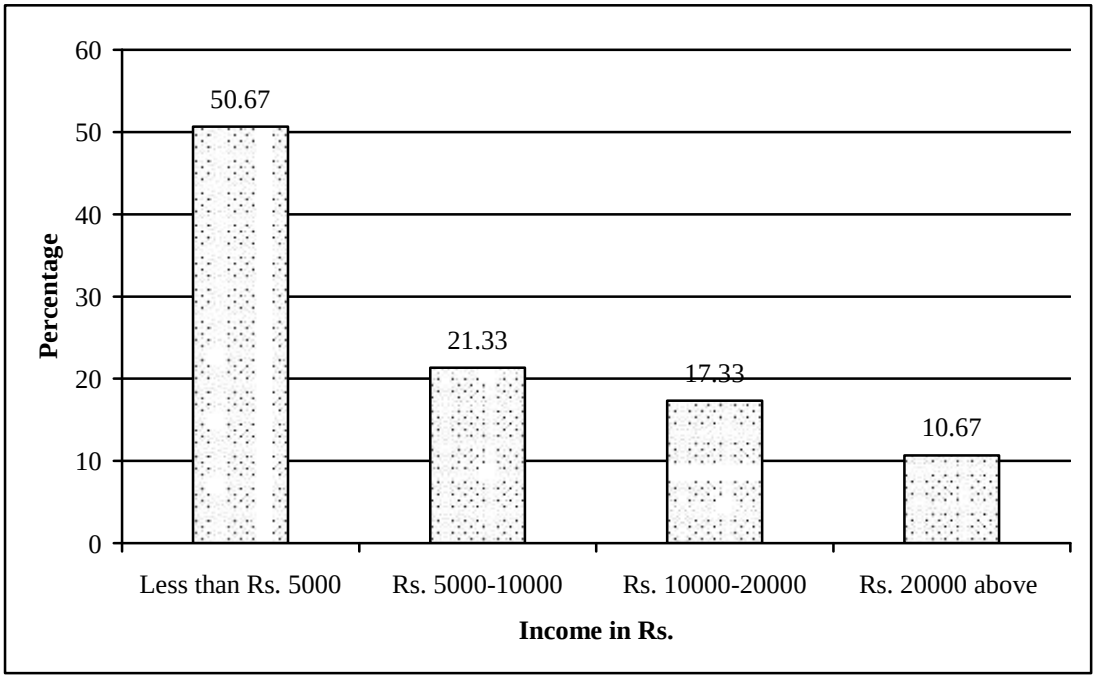


Figure 2

Monthly income

Above figure 2, 50.67 percent household monthly income was les than Rs. 50000, 21.33 percent had Rs. 5000 to 10000, 17.33 percent had Rs. 10000 to 20000 and Rs. 20000 above 10.67 percent households in Limbu community where the study had been accomplished. Almost all the household's monthly income was Rs. 5000 to 10000 and less than 5000. Because almost people of that communities were involved in labour work and agriculture. So that income level was very less than other communities. Average income is 10800 of the respondents in this study area.

Main sources of income. Income is the main determining sector of every family's life style. So different sources of income of every family such as agriculture, employment labour work business etc. in following table shows the income sources of the studied area of Limbu communities.

Table 3

Main Source of Income

Source of Income	No. of Respondent	Percent
Agriculture	119	79.33
Employment	13	8.67
Business	11	7.33
Labour work	7	4.67
Other	-	-
Total	150	100.00

Above table 3 shows that 79.33 percent household had income source from agriculture, 8.67 percent from employment, 7.33 percent from business and 4.67 percent labour work. In conclusion, the study of this data collection was almost people having main sources of income was from agriculture of the concornets community. According to that situation their economic status was very poor and painful than the castes of other communities.

Educational Status

Education is a means of quality of life it is because educated people may develop idea and methods to make their life qualitative. They can also mobilize and manage the resource properly for achieving the quality of a good family. This does not mean that any percent of uneducated people do not had quality of life. Education enlightens people for better life. That's way education was an important factor for every body. If respondents are highly educated, there may be higher chance for using contraceptives and for being careful in case of proper birth spacing than hat of respondents who are illiterate because uneducated people may not have proper knowledge and information about contraceptives. The education that studied community had been shows in the following table.

Table 4

Education Status

Educational Level	No. of Respondent	Percent
Literature	116	77.33
Illiterate	34	22.67
Total	150	100.00
	Among literate	
5 class less	54	46.55
5-8 class	29	25.00
8-10 class	19	16.38
10 above	14	12.07
Total	116	100.00

Above table 4 shows that educational status of a concerned community where the study had taken place. According to above table 77.33 percent people were literate and 22.67 percent people were illiterate. Among the literate 46.59 percent people had studied up 5 class less, 25.00 percent people had studied up 5-8 class, 16.38 percent people had studied 8-10 class and 12.07 percent people had studied 10 class above. From the analysis of this data, maximum people of Limbu community had studied primary and lower secondary level and other than maximum people were among the literate. This study shows that very poor status of people regarding high level educational status of Limbu community. In conclusion, the educational level of the studied community was not satisfactory due to which quality of life and use of contraceptives and proper birth spacing likely to be affected. As like as study, education plays important role to educate people and when the people get education they get knowledge and practice about birth spacing. At the same time, people had become unable to avoid the harmful socio-cultural norms and values.

Personal Information

The responses on personal information has been analyzed below:

Age of respondents. According to the biological concept the matured age for first child bearing is 20. A women is not able to take care of the baby before the age

of 20 years. To find out the age of respondents were analyze in percent and presented in the table 5.

Table 5

Age of the Respondents

Age of group	No. of respondent	Percent
15-25	41	27.33
25-35	65	43.33
35-45	25	16.67
45-49	19	12.67
Total	150	100.00

The table shows that among the 150 mothers, 27.33 percent are in the age group of 15-25 years, 43.33 percent in 25-35 years, 16.67 percent in 35-45 years and 12.67 percent in the 45-49 years. In this study area was found to be 29.28 years average age of the respondents.

Respondents view of appropriate age of marriage. Marriage is a determinant of population growth when marriage is below 20 years. It chances more child bearing. In the context of Nepal the main cause of RPG. Women are not physically fit for having children below 20 years. The responses of the respondent view of appropriate age of marriage have been presented below.

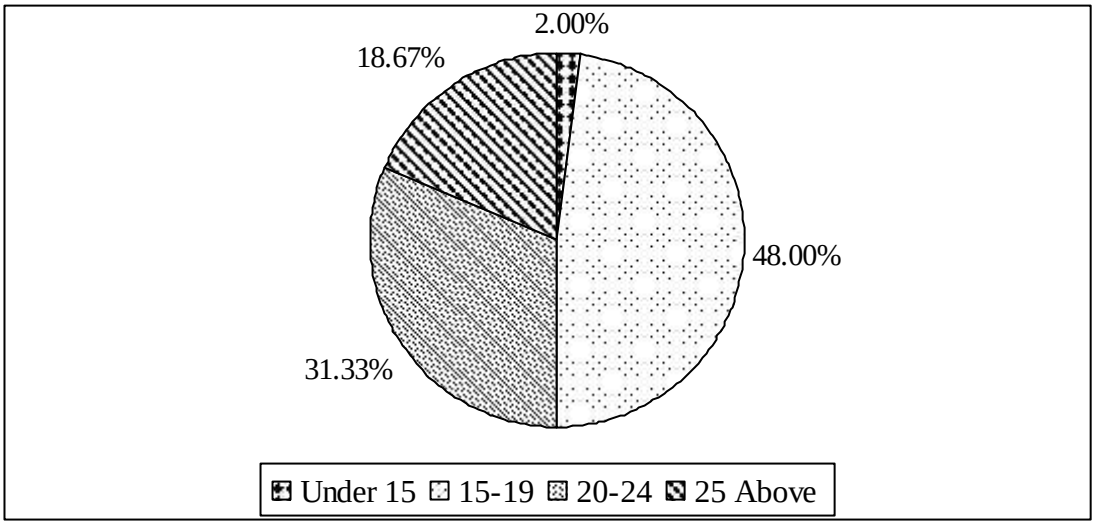


Figure 3

View of respondents appropriate age of marriage

The above figure 3 shows that 2 percent respondents view was under 15, 48 percent respondents view were 15-19 years, 31.33 percent respondents views was 20-24 years and 18.67 percent respondents view were 25 above. In conclusion the study of this data collection was almost people view of appropriate age of marriage was 15-19 of the concerned community.

Age at marriage of respondents. Marriage is a social function that legitimizes to anybody to have children. But medical practitioners have prescribed the certain age to marry for men women. Women are suggested to marry after crossing 20 years from the point of view of their health. Women are not physically fit for having children below 20 years. Age of marriage directly affects the period of sexual union with the reproductive period, where premarital sexual union is restricted. Marriage playsuital role in population growth rate. Different people of different age get married in our community which is suitable for some people and which is not favorable according to their age. The initiation of puberty period (13/14 - 15/16) opens for every person for getting married in our society. But every person's marriage times relies on their family background. Educational status socio-cultural status economic status and own desire and interest etc. matter a lot at the time of deciding to get married in our society. Following figure shows respondents marriage age of the studied community.

Figure 4

Age at marriage of respondents

The above figure 4 shows that 3.33 percent respondents marriage below 15 years, 51.33 percent 15-19 years, 32.67 percent 20-25 years and 12.67 percent 25 years above in Limbu community. Almost respondents' marriage time was at 15.19 years and 20-25 years of that community. Very few percent percentage people marriage time was 15 below in Limbu community. In conclusion, it exhibits that early marriage practice was still existing in Limbu community.

The above figure shows that the average of marriage in Limbu community is 19.86 years. It shows sign of early marriage in the community.

Respondents view about the duration of first child bearing after marriage. Different view are received about the duration of first child bearing after marriage any community such as one year, two years, three years and four years. So following figure shoes the respondents view about the duration of first child bearing after marriage.

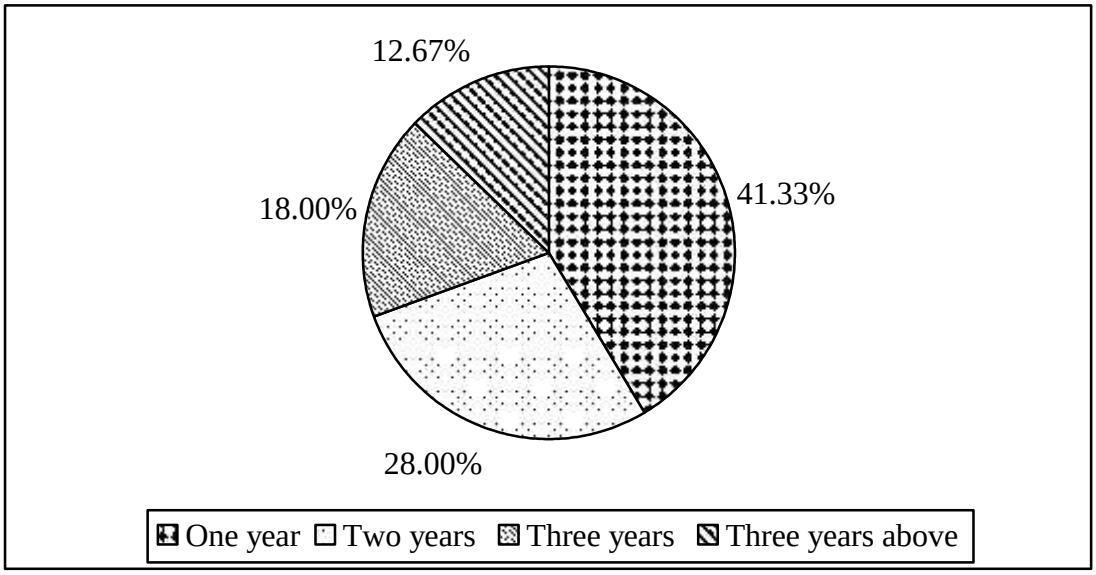


Figure 5

Respondents view about the duration of first child bearing after marriage

The above figure 5 shows that 41.33 percent respondents had their view as one year for duration of first child bearing after marriage, 28 percent view two years, 18 percent three years and 12.67 percent viewed about the duration of first child bearing after marriage were three years above. According to the data, most of the respondents

view one year and less than three years above as the best duration of first child bearing after marriage.

First child bearing age of respondents. The age for first child birth spacing is the most important period for each and every couple or especially mother. This periods occurs to their life in the age of different interval. Thus, following figure shows the first child bearing age by respondents.

Figure 6

First child bearing age of respondents

The above figure 6 shows that first child bearing age of respondents were views 0.67 percent under 15 years, 49.33 percent as 15-19 years, 34 percent 20-24 years and 16 percent to 25 above years in the Limbu community. The maximum mother's first child bearing age was 15-19 years and above 25 years as of respondents was comparatively low. It indicates that early practice of early marriage was still existing among Limbu community and biasness in daughter and son was seen. People were not adopted contraceptives. The unemployment problem of many couple were the reasons of less age gap by respondents for the first child bearing.

In this study was Limbu community were found to be average age of first child bearing was 20 years.

Child number of respondents. In natural process to giving child birth after married. Every person and every society wants to baby after marriage. A married women complete only when the given birth to a child. Therefore, child production is considered important. In this way, the process of presentation seeks to understand how many children a mother have given birth in study area. Following the figure shows child number of respondents.

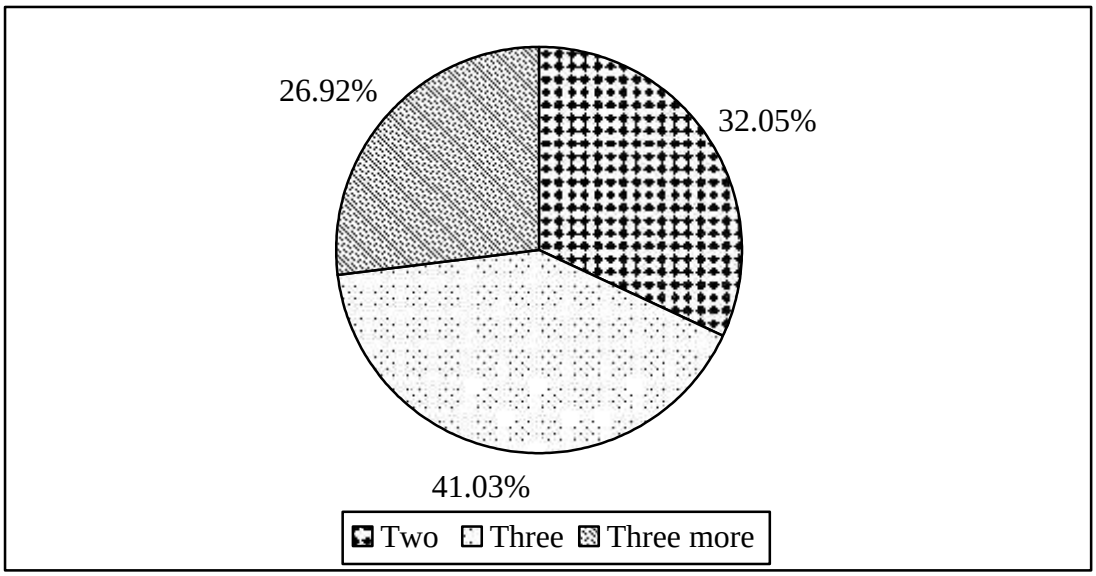


Figure 7
Child number of respondents

According to the figure 7 shows that giving children number of respondents were 32.02 percent two children, 41.03 births three children and 26.92 percent more three children. According to figure the number of birth of three children seem to be higher in the study area's Limbu community which means that having three children seem to enough knowledge for small family.

Birth Spacing

Birth spacing represents the gap between the first child and the next children. It makes the mother's health sound and story. The concept on "birth spacing" has been analyzed below:

Knowledge about birth spacing. The difference between the time of two birth of first and second birth in term is called birth spacing. It can be said that shorter the birth spacing higher the birth spacing lower child and mother, longer the birth

spacing lower the mortality rate of child and mother different respondents have given different knowledge of the study about birth spacing in the following way.

Table 6

Knowledge about Birth Spacing

Education Status	Knowledge				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Literate	79	84.04	37	66.07	116	77.33
Illiterate	15	15.96	19	33.93	34	22.67
Total	94	100.00	56	100.00	150	100.00

Among literature

Education Level	Knowledge				Total	
	Yes		No			
	No.	%	No.	%	No.	%
5 class less	25	31.65	29	78.38	54	62.07
5-8 class	23	29.11	6	16.22	0	0.00
8-10 class	17	21.52	2	5.41	19	21.84
10 above	14	17.72	0	0.00	14	16.09
Total	79	100.00	37	100.00	87	100.00

Above table 6 shows the respondents knowledge about birth spacing. According that data 77.33 percent respondents were know about the birth spacing and 22.67 percent respondents were unknown about this. Among the known respondents 84.04 percent were literate and 15.96 percent were illiterate. It shows educational status effect about knowledge of birth spacing. Among the literate known respondents were 5 class less 31.65 percent, 5-8 class 29.11 percent, 10 class 21.52 percent and 10 above 17.72 percent. According to data known about the birth spacing seem to be higher 10 class above than 8-10 class in the study area's Limbu community which means that effect of education for knowledge of birth spacing.

Meaning of birth spacing. In natural process to giving child birth after married. Every couple wants to baby after marriage. Birth spacing indicate mothers' health and child health. Therefore, birth spacing is considered important. In this way

the process of presentation seeks to understand meaning of birth spacing from respondents' in study area. Following the table shows meaning of birth spacing of respondents.

Table 7

Meaning of Birth Spacing

Meaning	Literate		Illiterate		Total	
	No.	%	No.	%	No.	%
To have only child	17	21.52	4	26.67	21	22.34
Gap between two children	41	51.90	7	46.67	48	51.06
Not produce more children	18	22.78	3	20.00	21	22.34
Not to have any child	3	3.80	1	6.66	4	4.26
Total	79	100.00	15	100.00	94	100.00

Among literature

Meaning	5 class less		5-8 class		8-10 class		10 above		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
To have only child	8	32	4	17.39	3	17.65	2	14.29	17	21.52
Gap between two children	7	28	10	43.48	12	70.59	12	85.7	41	51.90
Not produce more children	8	32	8	34.78	2	11.76	-	-	18	22.79
Not to have any child	2	8	1	4.35	-	-	-	-	3	3.80
Total	23	100	23	100.00	17	100.00	14	100.00	79	100.00

Above the table 7 shows the meaning of birth spacing. According to the data 22.34 percent respondent were to have only child, 51.06 percent were gap between two children, 22.34 percent were not produce more children and 4.26 percent were not to have any child. Among them 21.52 percent were literate and 26.67 percent were illiterate two have only child, 50.90 percent were literate and 46.67 percent were illiterate gap between the two children, 22.78 percent were literate and 20.00 percent were illiterate not produce more children and 3.80 percent were literate and 66.66 percent were illiterate not to have any child. Among literate respondents 32 percent were 5 class less, 17.39 percent were 5-8 class, 17.65 percent were 8-10 class and 14.29 percent were 10 above have to have only child, 28 percent were 5 class less, 43.48 percent were 5-8 class, 70-59 percent were 8-10 class and 85.70 percent were 10 above gap between two children, 32 percent were 5 class less, 34.78 percent were 5-8 class, 11.76 percent were 8-10 class and 0 percent were 10 above not produce

more child and 8 percent were 5 class less, 4.35 percent were 5-8 class, 0 percent were 8-10 class and 10 above respondents not have any child. Almost respondents ' response gap between on two child 5-8 class, 8-10 class and 10 above. In shows impact of knowledge about the birth spacing educational status of Limbu community.

View of respondents age of appropriate birth spacing. The process of maintaining different age gap every couple between one child and other child in their reproductive age is generally regarded as appropriate birth space. Such as gap between one year, two year, three year and above four year. Following table shows that the view about birth spacing.

Table 8

View of Respondents Age of Appropriate Birth Spacing

Duration of birth spacing	Literate		Illiterate		Total	
	No.	%	No.	%	No.	%
One year	14	12.07	9	26.47	23	15.33
Two years	57	49.14	11	32.36	68	45.33
Three years	20	17.24	6	17.65	26	17.34
Four years	14	12.07	4	11.76	18	12.00
More than four year	11	9.48	4	11.76	15	10.00
Total	116	100.00	34	100.00	150	100.00

Among literature

Duration of birth spacing	5 class less		5-8 class		8-10 class		10 above		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
One year	7	12.96	4	13.79	3	15.79	-		14	12.07
Two years	24	44.44	16	55.18	11	57.89	6		57	49.14
Three years	10	18.52	4	13.79	3	15.80	3		20	17.24
Four years	7	12.96	3	10.34	1	5.26	3		14	12.07
More than four year	6	11.12	2	6.90	1	5.26	2		11	9.48
Total	54	100.00	29	100.00	19	100.00	14	100.00	116	100.00

Above table 8 shows the respondents view age of appropriate birth spacing. According to data 20.07 percent respondents view were one year, 49.14 percent respondents view were two year, 17.24 percent respondents view were three years,

12.07 percent respondents view were four year and 9.48 percent respondents view were more than four years.

Among the literate respondents 12.96 percent were of one year, 44.44 percent were two year, 18.52 percent were three year, 12.96 percent were four year and 11.12 percent were more than four year respondents' views.

Average duration of birth spacing was found to be 2.56 years. Among them 2.58 years are literature respondents and 2.50 years are illiterate respondents. It shows that spacing gap is less than 3 years.

Reason of birth spacing among respondents. There may be very personal reasons why time is needed between pregnancies planning enough time between pregnancies increase the change of a good outcome for the mother and each of her babies. The following figure shows the reasons of birth spacing as responses by respondents.

Table 9

Reason of Birth Spacing among Respondents

Response of respondent	Literate		Illiterate		Total	
	No.	%	No.	%	No.	%
To provide good education of child	22	18.97	6	17.65	28	18.67
To maintain good MCH	32	27.59	11	32.35	43	29.67
To provide good care of children	34	29.31	9	26.47	43	29.67
To make happy family	28	24.13	8	23.53	36	24.00
Total	116	100.00	34	100.00	150	100.00

Among literature

Response of respondent	5 class less		5-8 class		8-10 class		10 above		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
To provide good education of child	6	11.11	5	17.24	4	21.05	7	50.00	22	18.97
To maintain good MCH	11	20.37	13	44.83	6	31.57	2	14.29	32	27.59
To provide good care of children	20	37.03	7	24.13	5	26.32	2	14.29	34	29.31
To make happy family	17	31.48	4	13.79	4	21.05	3	21.42	28	24.73
Total	54	100.00	29	100.00	19	100.00	14	100.00	116	100.00

Above the table 9 shows that the reason of birth spacing according to the respondents. According to the respondents response was to provide good education for child 18.84 percent, respondents response was to maintain good MCH, 29.67

percent, respondents response was to provide good care of children 29.67 percent and respondents response was to make happy family 24 percent about reason of birth spacing. Among them 18.97 percent were literate and 17.65 percent were illiterate of to provide good education of child, 27.59 percent were literate and 32.35 percent were illiterate to maintain good MCH, 29.31 percent were literate and 26.47 percent were illiterate to provide good care of children and 24.13 percent were literate and 23.53 percent were illiterate to make happy family. Among literate respondents 11.11 percent were 5 class less, 17.24 percent were 5-8 class, 21.05 percent were 8-10 class and 50 percent were 10 class above response to provide good education of child, 20.37 percent were 5 class less, 44.83 percent were 5-8 class, 31.57 percent were 8-10 class and 14.29 percent were 10 class above to maintain good MCH, 31.48 percent were 5 class less, 13.79 percent were 5-8 class, 26.32 percent were 8-10 class and 14.29 percent were 10 class above to provide good care of children and 31.48 percent were 5 class less, 13.79 percent were 5-8 class, 21.05 8-10 class and 21.42 percent were 10 class above responses to more happy family. It indicates the existence of good awareness about the reason of birth spacing in Limbu community.

Birth spacing age gap between first child and second child. Birth spacing is an important matter of child and their parents in their life time. There is maximum as minimum age gap between any children for bearing child for every couple. I had asked the question for respondent of the studied area. The question goes in this way: how much gap did you maintain as birth spacing for first child and second? So, the following table shows the response of birth spacing first child and second child by the concerned respondents.

Table 10

Birth Spacing Age Gap between First Child and Second Child

Gap of spacing time	Literate		Illiterate		Total	
	No.	%	No.	%	No.	%
One year	14	12.07	9	26.48	23	15.33
Two years	44	37.93	16	47.06	60	40.00
Three years	24	20.69	3	8.82	27	18.00
Four years	21	18.10	4	11.76	25	16.67
Five years	13	11.21	2	5.88	15	10.00
Total	116	100.00	34	100.00	150	100.00

Among literature

Gap of spacing time	5 class less		5-8 class		8-10 class		10 above		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
One year	7	12.06	3	10.35	2	10.52	2	14.28	14	12.07
Two years	19	35.19	11	37.93	8	42.11	6	42.86	44	37.93
Three years	15	27.78	4	13.79	2	10.53	3	21.45	24	20.69
Four years	11	20.37	6	20.69	3	15.79	1	7.15	21	18.10
More than four year	2	3.70	5	17.24	4	21.03	2	14.28	13	11.21
Total	54	100.00	29	100.00	19	100.00	14	100.00	116	100.00

Above the table 10 shows the respondents' behaviour about birth spacing. According to data 15.33 percent respondents were one year, 40 percent respondents were two year, 18 percent respondents were three years and 10 percent respondents were five years. Among them 12.07 percent were literate respondents and 26.48 percent illiterate respondents response was one years, 37.93 percent were literate respondents and 47.06 percent illiterate respondents response was two years, 20.69 percent were literate respondents and 8.82 percent were illiterate respondents response was three years, 18.10 percent were literate respondents and 11.76 percent were illiterate respondents response four years and 11.21 percent were literate respondents and 5.8 percent were illiterate respondents response was five years. Among literate respondents12.96 percent were 5 class less, 10.35 percent were 5-8 class, 10.52 percent were 8-10 class, 14.28 percent were 10 class above respondents responses one year, 35.19 percent were 5 class less, 37.93 percent were 5-8 class, 42.11 percent were 8-10 class, 42.86 percent were 10 above respondents response two years, 27.78 percent were 5 class less, 13.70 percent were 5-8 class, 10.53 percent were 8-10 class and 21.43 percent were 10 class above respondents response three years, 20.37 percent were 5 class less, 20.69 percent were 5-8 class, 15.79 percent were 8-10 class, 7.15 percent were 10 class above respondents response four years and 3.70 percent were 5 class less, 17.24 percent were 5-8 class, 21.05 percent were 8-10 class and 14.28 percent were 10 above respondents response five years . Almost respondents' response the two years. It shows impact of birth spacing of educational status.

Mean gap of spacing time of total respondents gap is 2.66 years, literature respondents gap 2.78 years and literature respondents gap 2.21 years.

Demands of second child. I had asked the question for respondents the studied area. The question goes in this way, who demands for additional children from you? So the following table shows the response of demands second child by concerned respondents.

Table 11

Demands of Second Child

Demands	Literate		Illiterate		Total	
	No.	%	No.	%	No.	%
Husband	22	18.97	6	17.65	28	18.67
Self interest	17	14.66	4	11.76	21	14.00
Family pressure	12	10.34	5	14.72	17	11.33
Fear of generation loss	28	24.14	9	26.47	37	24.67
Agree husband and wife	37	31.89	10	29.41	47	31.33
Total	116	100.00	34	100.00	150	100.00

Among literature

Demands	5 class less		5-8 class		8-10 class		10 above		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Husband	14	25.93	4	13.80	2	6.53	2	14.29	22	18.97
Self interest	5	9.26	5	17.24	4	21.05	3	21.43	17	14.66
Family pressure	6	11.11	3	10.34	2	10.53	1	7.14	12	10.34
Fear of generation loss	18	33.33	6	20.69	2	6.53	2	14.29	28	24.14
Agree husband and wife	11	20.36	11	37.93	9	47.36	6	42.85	37	31.89
Total	54	100.00	29	100.00	19	100.00	14	100.00	116	100.00

Above the table 11 shows the demand of additional children. According to data respondents response was 18.67 percent were husband, 14 percent were self-interest, 11.33 percent were family pressure, 24.67 percent were fear of generation loss and 31.33 percent were agree husband and wife. Among them 18.97 percent were literate and 17.65 percent were illiterate respondents response were husband, 14.66 percent were literate and 11.17 percent were illiterate respondents response self-

interest, 10.34 percent were literate and 14.71 percent were illiterate respondents response family pressure, 24.14 percent were literate and 26.47 illiterate were respondents response fear of generation lose and 31.89 percent were literate and 29.41 percent were literate respondents response agree husband wife. Among literate respondents 25.93 percent were 5 class less , 13.80 percent were 5-8 class, 10.53 percent were 8-10 class and 14.29 percent were 10 class above respondents response husband, 9.26 percent were 5 class less, 17.24 percent were 5.8 class, 21.05 percent were 8-10 class and 21.43 percent were 10 above respondents response self-interest, 11.11 percent were 5 class less, 10.34 percent were 5.8 class, 10.53 percent were 8-10 class and 7.14 percent were 10 above respondents response fear of generation loss and 20.37 percent were 5 class less, 37.93 percent were 5-8 class, 47.36 percent were 8-10 class and 42.85 percent were 10 class above respondents response agree husband and wife. It indicates the education status affect the second child almost respondent view were loss of generation literate and illiterate both students. It's Shows Lake of the educational status.

Knowledge about birth spacing contraceptive devices. Knowledge and perception towards birth spacing contraceptive devices is one as the important feat in formulation educational activities geared towards addressing some of their misconceptions and fear. The following tables shows that the knowledge and the types of the respondent's responses.

Table 12

Knowledge about Birth Spacing Contraceptive Devices

Education Status	Knowledge				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Literate	82	83.67	34	65.38	116	77.33
Illiterate	16	16.33	18	34.62	34	22.67
Total	98	100.00	52	100.00	150	100.00

Among literature

Education Level	Knowledge				Total	
	Yes		No			
	No.	%	No.	%	No.	%
5 class less	25	30.49	29	85.29	54	46.55
5-8 class	24	29.27	5	14.71	29	25.00
8-10 class	19	23.17	0	0.00	19	16.38
10 above	14	17.07	0	0.00	14	12.07
Total	82	100.00	34	100.00	116	100.00

Above table 12 shows the respondents knowledge about birth spacing contraceptives devices. According to the data 77.33 percent respondents were know about the contraceptives, 22.67 percent respondents were unknown about this. Among the know respondents 83.67 percent were literate and 16.33 percent illiterate. It shows educational status effect about knowledge of birth spacing contraceptives devices.

Among the literate known respondents were 5 class less 30.49 percent, 5-8 class 29.27 percent, 8-10 class 23.17 percent and 10 above 17.05 percent. According to data know about birth spacing contraceptives devices seem to be lower 10 class above and 8-10 class in the study area's Limbo community which means that effect of education for knowledge of birth spacing.

Way to get knowledge of contraceptive devices. Every person is using contraceptive devices by the got of knowledge other persons or by Radio/TV, newspaper, friends and neighbours, school and health volunteers and others. So following table shows that knowledge of contraceptives devices.

Table No. 13

Way to Get Knowledge of Contraceptive Devices

Way	Literate		Illiterate		Total	
	No.	%	No.	%	No.	%
Radio, TV, Newspaper	27	23.28	10	29.41	37	24.67
Friends and neighbours	33	28.45	12	35.29	45	30.00
School & health volunteers	36	31.03	7	20.59	43	28.67
Others	20	17.24	5	14.71	25	16.66
Total	116	100.00	34	100.00	150	100.00

Among literature

Ways	5 class less		5-8 class		8-10 class		10 above		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Radio, TV, Newspaper	14	25.93	6	20.69	3	15.79	4	28.57	27	23.28
Friends and neighbours	17	31.48	6	20.69	7	36.81	3	21.43	33	28.45
School & health volunteers	12	22.22	11	37.93	8	42.11	5	35.70	36	31.3
Others	11	20.37	6	20.69	1	5.26	2	14.19	20	17.24
Total	54	100.00	29	100.00	19	100.00	14	100.00	116	100.00

Above the table 13 shows the way of get knowledge of contraceptive devices. According to the data 24.67 percent respondents known from radio, TV, newspaper, 30 percent were respondents known from friends and neighbours, 28.67 percent respondents known from school and health volunteers and 16.66 percent respondents know from others. Among them 23.28 percent literate and 29.41 percent illiterate respondents know from radio, TV, newspaper, 28.45 percent literate and 35.29 percent illiterate respondents know from friends and neighbours, 31.03 percent literate and 20.59 percent illiterate respondents know from school and health volunteers and 17.24 percent literate and 14.71 percent illiterate respondents know from other. Among literate respondents 25.93 percent were 5 class less, 20.69 percent were 5-8 class, 15.79 percent were 8-10 class and 28.57 percent were 10 class above respondents known from radio, TV, newspaper, 31.48 percent were 5 class less, 20.69 percent were 5-8 class, 36.84 percent were 8-10 class, 21.43 percent were 10 class above respondents known from friends and neighbours, 22.22 percent were 5 class less, 37.93 percent were 5-8 class, 42.11 percent were 8-10 class and 35.71 percent were 10 class above respondents known from school and health volunteers and 20.37 percent were 5 class less, 20.69 percent were 5-8 class, 5.26 percent were 8-10 class, 14.29 percent were 10 class above respondents known from others.

Use of contraceptives for birth spacing. I had asked the question for respondent of the studied area. The question goes in this way. Are you using contraceptive for birth spacing? So, the following table shows the response using or not using contraceptives for birth spacing by the concerned respondents.

Table 14

Use of Contraceptives for Birth Spacing

Education Status	Use				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Literate	56	86.15	60	70.59	116	77.33
Illiterate	9	13.85	25	29.41	34	22.67
Total	65	100.00	85	100.00	150	100.00

Among literature

Education Level	Use				Total	
	Yes		No			
	No.	%	No.	%	No.	%
5 class less	26	21.85	28	46.67	54	46.55
5-8 class	15	12.61	14	23.33	29	25.00
8-10 class	9	7.56	10	16.67	19	16.38
10 above	69	57.98	8	13.33	14	12.07
Total	119	100.00	60	100.00	116	100.00

Above table 14 shows the respondents use contraceptive for birth spacing. According to the data 77.33 percent respondent were contraceptives for spacing and 23.67 percent respondent were no use contraceptive for birth spacing. Among them use respondents 88.15 percent were literate and 13.85 percent were illiterate. It shows educational status effect about the use of contraceptive.

Among the literate respondents use of contraceptive 21.85 percent were 5 class less, 12.61 percent were 5-8 class 7.56 percent were 8-10 class, 57.98 percent were 10 above. According to data use contraceptive for birth spacing seem to be higher 5-8 class and 5 class less in the study areas Limbo community which means that effect of educational status.

Reason of no useing contraceptive devices. I had asked the question for respondent of the studied area. The question goes in this way. Why didn't use

contraceptive devices for birth spacing? So the following table shows the response reason of didn't use contraceptive fir birth spacing by the concerned respondent.

Table 15

Reason of not useing Contraceptive Devices

Reason	Literate		Illiterate		Total	
	No.	%	No.	%	No.	%
Religion view	10	16.67	4	16.00	14	16.48
Not easy available	15	25.00	3	12.00	18	21.17
Fear	12	20.00	4	16.00	14	18.82
No need	8	13.33	6	24.00	14	16.48
Husband wife don't know	5	8.33	5	20.00	10	11.76
Side effect	10	16.67	3	12.00	13	15.29
Total	60	100.00	25	100.00	85	100.00

Among literature

Reason	5 class less		5-8 class		8-10 class		10 above		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Religion view	5	17.86	2	14.29	3	30.00	-	-	10	16.67
Not easy available	7	25.00	4	28.57	2	20.00	2	25.00	15	25.00
Fear	6	21.43	3	21.42	2	20.00	1	12.50	12	20.00
No need	3	10.71	2	14.29	1	10.00	2	25.00	8	13.33
Husband wife don't know	4	14.29	1	7.14	-	-	-	-	5	8.33
Side effect	3	10.71	2	14.29	2	20.00	3	37.50	10	16.67
Total	28	100.00	14	100.00	10	100.00	8	100.00	60	100.00

According to data above table 15, reason of didn't use contraceptives devices this study area's 16.48 percent were respondents response religion view, 21.17 percent were respondents response not easy available, 18.82 percent were respondents response fear, 16.48 percent were respondents response no need, 11.76 percent were respondents response husband/wife don't know and 15.29 percent were respondents response side effect. Among them 16.67 percent were literate and 16.48 percent were illiterate respondents response religion views, 25 percent were literate and 12 percent were illiterate respondents response not easy available 20 percent were literate and 16 percent were illiterate respondents response fear, 13.33 percent were literate and 24 percent were illiterate respondents response no need, 8.333 percent were literate and

20 percent were illiterate respondents response husband/wife don't know and 16.67 percent were literate and 15.29 percent were illiterate respondents response side effect.

Among literate respondents 7.86 percent were 5 class less, 14.29 percent were 5-8 class, 30 percent were 8-10 class respondents response religion view, 25 percent were 5 class less, 28.57 percent were 5-8 class, 20 percent were 8-10 class and 25 percent were 10 class above respondents response not easy available, 21.43 percent were 5 class less, 21.42 percent were 5-8 class, 20 percent were 8-10 class and 12.50 percent were 10 class respondents response fear, 10.71 percent were 5 class less, 14.29 percent were 5-8 class, 10 percent were 8-10 class and 25 percent were 10 class above respondents response no need, 14.29 percent were 5 class less and 7.14 percent 5-8 class, husband wife don't know and 10.71 percent were 5 class less, 14.29 percent were 5-8 class, 20 percent were 8-10 class and 37.5 percent were 10 class above respondents response response of side effect.

Summary of the Finding

This research was many tried to find out the 15 to 49 years married Limbu respondents women in Taplegung District, Sidingwa Gaupalika Ward No. 6. This study of educational and effects on birth spacing. The main objective of this study was find out the educational status of married women (15-49 years) of Limbu community, to identify the knowledge and situation of birth spacing among married women fertility age group (15-49) with of least two children and to explore the effect of educational status of t he respondents regarding birth spacing. In this study area, total population married Limbu women were 150 respondents was selected by census method respondents were interview in order to find out educational status and its impact of birth spacing. This study was based on descriptive types of research design.

The interview schedule was used to get necessary information about educational status and its impacts on birth spacing, on the process of information collection the wards were surveyed by visiting door to door. After collecting data necessary, information they were checked, corrected and presented in different table percentage and figure. From the analysis and interpretation of collected data from

field survey and interview, the major finding of the study had been summarized following ways.

- From age group of target married Limbu women (15-49 age group) in the study area respondent were found to be 27.23 percent 15-25 year, 43.33 percent 25-35 year, 16.67 percent 35-45 years, and 12.67 percent 45-49 years.
- In this study 83.33 percent Hindu, 44.67 percent Kirat, 9.33 percent Christians and 2.67 percent Buddhism respondent was found.
- Median age are 23.13 of male, 23.30 female and 23.30 of the total population in this study area.
- Respond by occupation, respondents were found to be 79.33 percent engaged in agriculture 8.67 percent in employment, 7.33 in business and 4.67 percent in labour work.
- In this study 77.33 percent respondents were literate and 22.67 illiterate among literate respondents were found to be 46.55 percent 5 class less, 25 percent 5-8 class, 16.38 percent 8-10 class and 12.07 percent 10 class above.
- In this study appropriate age of marriage view of respondents were found under (15) 2 percent, (15-19) 48 percent, (20-24) 31.33 percent and 25 above 18.67 percent.
- In this study respondent got marriage age were found to be 3.33 percent (under (15), 51.33 percent (15-20 years), 32.67 percent (20.25 years), 12.66 percent (25 above).
- The average of marriage in Limbu community is 19.86 years. It shows sign of early marriage in the community.
- In this study first child bearing age of respondents were found 0.67 percent under 15 years, 49.33 percent 15-19 years, 34 percent 20-24 years and 16 percent 25 above years.
- In this study child number of respondents were found 33.33 percent two child, 42.67 percent three child and 28 percent three more.
- Knowledge of birth spacing literate respondents found to be 77.33 percent and 22.67 percent illiterate respondents.

- Understanding the means of birth spacing as a means of to have only child the number of literate respondents are 21.52 percent and 26.67 percent are illiterate.
- It was found that 12.07 percent literate respondents view of appropriate birth spacing one year and 26.47 percent literate, 49.14 percent and illiterate 32.36 percent two year, 17.24 percent literate and 17.64 percent literate three year, 12.7 percent literate and 11.07 percent illiterate four year and 9.48 percent literate and 11.07 percent illiterate respondents more than four years.
- In this study was Limbu community were found to be average age of first child bearing was 20 years.
- It was found that 18.97 percent literate and 17.65 percent illiterate was to provide good education of child, 27.59 percent literate and 32.35 percent illiterate was to maintain good MCH, 29.31 percent literate and 26.47 percent illiterate was to provide good care of children and 24.13 percent literate and 23.53 percent illiterate was to make a happy family. These were the various responses of respondents about reason of birth spacing.
- Among literate was found that 11.11 percent 5 class less, 17.24 percent 5-8 class, 21.5 percent 8-10 class and 50 percent 10 class above was to provide good education of child, 20.37 percent 5 class less, 44.88 percent 5-8 class, 31.57 percent 8-10 class and 14.29 percent 10 class above was to maintain good MCH.
- It was found that 12.07 percent literate respondent and 26.48 percent illiterate respondents responds gap of spacing time one year, 37.93 percent literate, 47.06 percent illiterate two years, 20.69 percent literate and 8.82 percent illiterate three years, 10.10 percent literate and 11.76 percent illiterate four years and 11.21 percent literate and 5.83 percent illiterate five years respondents birth spacing age gap was between first child and second child.
- Among literate found that 12.06 percent 5 class less, 10.35 percent 5-8 class, 140.52 percent 8-10 class and 14.28 percent 10 class above respondent one year, 35.19 percent 5 class less, 37.95 percent 5-8 class, 42.11 percent 8-10 class and 42.86 percent 10 class above respondent two years, 20.37 percent 5 class less, 20.69 percent 5-8 class, 15.79 percent 8-10 class and 7.15 percent 10 class above respondents four years and 3.70 percent 5 class less, 17.24

percent 5-8 class, 21.05 percent 8-10 class and 14.28 percent 10 class above five years respondents birth spacing age gap was between first child and second child.

- It was found that 18.97 percent literate and 17.65 percent illiterate respondents responds of demand of second child husband, 14.66 percent literate and 11.76 percent illiterate response self-interest, 10.34 percent literate and 14.72 percent illiterate response family pressure, 24.14 percent literate and 26.47 percent illiterate fear or generation loss and 31.89 percent literate and 29.41 percent illiterate response agree husband and wife.
- Knowledge of contraceptive devices literate respondents found to be 77.33 percent and 21.67 percent illiterate respondents.
- Use of contraceptive for birth spacing literate respondents found to be 77.33 percent and illiterate 22.67 percent respondents.

Chapter V: Conclusion and Recommendations

Conclusion

Average age of residents in this study was 29.28 years. Literature respondents were found more as compare to illiterate. Among literate respondents more people had acquired knowledge up to up to class five and very few acquired higher education i.e. 10 class or above. This shows that the educational status of respondents is not satisfactory and it need to be improve.

There were more literate respondents who had knowledge about the birth spacing and maintain the birth spacing illiterate respondents had less knowledge about the birth spacing. Overall, the respondents in this study were found to had a lot of knowledge of birth spacing.

Educational status of the respondents affect the birth spacing. large number of literate respondents maintained gap of 2 years for birth spacing but illiterate respondents maintain gap are year only for birth spacing. Literate respondents had more knowledge about birth spacing contraceptive devices but low knowledge about birth spacing. In this study found to be educational status and its effect on birth spacing among married women.

Recommendations

After the summary, finding and conclusion it was found that knowledge of birth spacing, knowledge of contraceptive and use of contraceptive for birth spacing was satisfactory and significant among the respondents. Finally, on the basis of this study some recommendations are presented below.

Recommendations for practice. Recommendation for practice are mentioned as follow:

- Modern agricultural training and skill base training should be conducted at the local to enhance.

- Health education and awareness programs on the use and knowledge birth spacing, contraceptive devices should be conducted to bring about positive change in the respondents.
- Respondents should be aware of the benefit and implications of contraceptive devices for birth spacing.
- Awareness programs on the knowledge and use of contraceptive devices.
- Awareness should be created about the benefits of birth spacing in drama, programs, talk and seminars.

Recommendations for policy level. The recommendations for policy are mentioned as follow:

- Local bodies should conduct growth oriented programs on knowledge and practice of birth spacing.
- The government of Nepal should formulate a clear policy on family planning and implement it effectively.
- The government should formulate policy for birth spacing.

Recommendation for the future study. The recommendations for the future study are mentioned as follow:

- This types of study can be carried out other caste/ethnic group of people.
- Study on knowledge, practice of birth spacing its benefits of couple can be done.
- Study on social and economic sectors and its impact on birth spacing can be conducted.

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APPENDIX-A

Educational status and its impacts on birth spacing among the married people

Sidingwa Gaupalika ward no.6 Taplejung

Interview schedule(Questionnaire) of this study

Section A

Individual Information

1. Name of the respondent :
2. Age :
3. Religous :
4. types of family

   a) Nuclear b) Joint
5. How many member are there are your family?

   a) 2 b) 3 C) 4 d) 4 above
6. Age composition of the sample household's population.

Age group	Female	Male	Total
0-14 years			
15-59 years			
60+years			

7. How much is your monthly income?

   a) Less then 5000 b) 5000-10000 c) 10000-20000 d) 20000 above
8. What is the main source of your income?

   a) Agriculture b) Employment c) Business

   d) Labor work e) other
9. How old are you? .....
10. Can you read and write?

    a) Yes b) No
11. If yes, what class/ grade have you completed?

    a) 5 Class less b) 5-8 Class c) 8-10 Class d) 10 above

Section B

Birth spacing related

1. Which is appropriate age group of marriage?
   a) Under 15 b) 15-19 c) 20-24 d) 25 above
2. How old were you at the time of marriage?
   a) Under 15 b) 15-19 c) 20-24 d) 25 above
3. How long time duration should be kept for giving birth to a child from the marriage?
   a) One year b) Two year c) There years d) Three year above
4. How many children do you think are appropriate?
   a) One child b) Two child c) Three child d) More than three
5. How old were you when you gave birth to your first child?
   a) Under 15 year b) 15-19 year c) 20-24 year d) 25 above
6. How many children you have?
   a) One b) two c) Three d) Three more
7. Do you know about the birth spacing?
   a) Yes b) No
8. If yes, what do you mean by birth spacing?
   a) To have only child b) Gap between two children
   c) Not produce more children d) not to have any child
9. Which one of the following is appropriate birth spacing?
   a) One year b) Two year c) Three year
   d) Four year e) More then four year
10. Why did you keep birth spacing?
    a) To provide good education of child b) To maintain good MCH
    c) To provide good care of children d) to make a happy family
11. How much gap did you maintain as birth spacing for first child and second child?
    ……. years
12. Who demands for additional children from you?
    a) Husband b) Self interest
    c) Family pressure d) Fear of generation loss
    e) Agree husband wife

13. Who decides the second child birth?

    a) Husband b) Wife c) Agree both

14. Do you know about contraceptives devices?

    a) Yes b) No

15. If yes, from where you know have about contraceptives devices?

    a) Radio, T. V, Newspaper b) Friends and neighbors

    c) School and Health volunteers d) Others

16. Are you using contraceptive for birth spacing?

    a) Yes b) No

17. If yes, who is using contraceptives devices?

    a) Husband b) Wife c) Both

18. If no, why didn't you use contraceptive devices for birth spacing?

    a) Religion view b) Not easy available c) Fear

    d) No need e) Husband/wife don't know f) Side effect

19. Which of the contraceptive devices are you using for birth spacing?

    a) Pills b) Condom c) Cupper-T

    d) Depo/Sangini e) Other

20. From where do you get contraceptives devices?

    a) Private Pharmacy/cline b) Government Hospital

    c) Health post d) Health workers

21. How do you get contraceptive device?

    a) Freely b) Purchasing

22. Who decides use contraceptives devices for birth spacing?

    a) Husband b) Wife c) Agree both