

# **Factors Affecting on Use of Family Planning Devices of Married Women**

– Kumari Kusha Singh 2021

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Factors Affecting on Use of Family Planning Devices of Married Women

**A Thesis**

**Submitted to Department of Health and Population  
In the Partial Fulfillment for Master of Education in Health Education**

**By**

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**Tribhuvan University**

**Faculty of Education**

**Central Department of Education**

**Health and Population Education Department**

**Kirtipur, Kathmandu**

**2021**

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**2021**

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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, colleges or educational institutions. The subject matter presented in this thesis report is the result of my own work.

Date: December 2021

.....

KumariKusha Singh



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### Recommendation

The research work entitled **Factors Affecting on Use of Family Planning Devices of Married Women** is prepared by **Kumari Kusha Singh** under my supervision, as a part of the requirement to complete Master of Education. To the best of my knowledge, the study is original and carries useful information. I forward this to the thesis committee with recommendation.

Date: 8/12/2021

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### Certification

This dissertation work entitled **Factors Affecting the Use of Family Planning Devices of Married Women** submitted by **Kumari Kusha Singh** in partial fulfillment of the requirement of the degree of Maser Degree in Health education has been approved.

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**Kumari Kusha Singh**

## Abstract

The study entitled “**Factors Affecting on Use of Family Planning Service of married women.** It was based on the primary information which was collected from survey. The study was respondent 238 married women from 15-49 age groups. The main objective of this study was to assess the demographic and socio-economic status, to identify the knowledge and use of family planning devices. This study was based on primary and secondary data obtained from simple random method. The data were collected from primary source. Interview schedule was the major tools data collection. Wereselected has the population of the study.

The respondent 56.30 percent was involved in agricultural activities. 21.84 percent respondents were involved in labor activities. The Respondents 50 percent was married age 19-21 percent whereas 15.12 percent got married earlier age 14-18 years of age. Majority of people in study area were belong to Chhetri were 43.27 percent highest. The least respondent were Brahmin while were about 13.86 percent the second higher cast was Janjati ware about 22.26 percent and third highest cast was Dalit.

The study total 238 married women the total 68.06 percent respondent has knowledge about condom and 63.44 percent has knowledge about pills and 65.12 percent knowledge has about Depo-Provera but 8.82 percent respondent Did not have knowledge about using contraceptive devices The respondents get information from various sources The respondent 77.3 percent get information from radio highest whereas the lest number only 4.2 percent respondents got information from new paper .The number of contraceptive user was 66.80 percent Family planning devices user wares 33.19 percent respondents did not use any contraceptive device The study area 7.61 percent not available of family planning devices 8.89 percent lack of interest family planning devices.

This community was good practice in health, cultural, economic, and social and education matters. It was also found that various community were good knowledge it was also found that the respondent had faced different side-effects after using contraceptive devices.

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## **Abbreviations**

|        |   |  |
|--------|---|--|
| CD     | : | Contraceptive Devices  |
| CPR    | : | Contraceptive Prevalence Rate                                      |
| DOS    | : | Department of Health Services                                      |
| FP     | : | Family Planning  |
| FPM    | : | Family Planning Method   |
| HP     | : | Health Post  |
| MHA    | : | Ministry of Health care Administration                             |
| NDHS   | : | Nepal Demographic and Health Survey                                |
| NGOs   | : | Non-Government Organization  |
| RH     | : | Reproductive Health  |
| T.U    | : | Tribhuvan University   |
| UN     | : | United Nations   |
| UNDP   | : | United Nations Development Program                                 |
| UNESCO | : | United nations Educational Scientific and Cultural<br>Organization |
| WHO    | : | World Health Organization  |

## **Chapter I: Introduction**

### **Background of the Study**

Family planning is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country (WHO, 2012).

Couples can use contraceptive methods to limit or space the number of children they have. This chapter presents information on the use and sources of contraceptive methods, informed choice of methods, and rates of and reasons for discontinuing contraceptives. It also examines the potential demand for family planning and how much contact nonusers have with family planning providers. Family planning not only improves women's chances of surviving pregnancy and childbirth but also contributes to gender equality, better child health, and improved education outcomes, including poverty reduction. Family planning continues to be a priority in Nepal (MOH, 2016).

Most developing countries are suffering from a high fertility rate and rapid population growth including Nepal. Although the level of awareness concerning family planning services has risen since the 1991-96 period. The overall practice of family [planning is still very low .rural and urban difference are great. Most people do not have any knowledge of the impotence of FP. In the rural context the utilization of family planning services is very poor. According to NDHS 2011 the current CPR of Nepal for and modern method is 43.2 percent. Use of any modern contraceptive methods in rural Nepal is 42.1 percent as against 49.8 percent in urban areas. Among the ecological regions the use of the FP services is lowest in mountain areas 43.1 percent and hill Tarai the CPR is 40.6 and 45.0 percent. (MOH, 2011).

Family planning program started in developing countries in the 1960s to reduce population growth in order to match the resources with the population growth. During this period population was challenges for almost every country as well as for the world. So, family planning program started to solve the problem of population growth worldwide. But now, after decades of implementation of family planning

programs in worldwide revealed that family planning has multiple benefits rather than population control. Now, family planning has been proven as one of key elements to improve quality of life of people. It allows women to delay motherhood, space birth, avoid unintended pregnancies and abortions, stop child bearing when they reached their desire family size and prevent the spread of infectious disease(WHO, 2012).

Family planning is a basic human right. However, are remains meaningless unless individual and couples have access to contraceptives, information and services Family planning services bring a wide range of benefits for women, their families and society? It improves the women's health and enhances their status, at the same time; it protects the health of infants and young children and improves the wellbeing of family (Upreti, 2018).

Family planning not only improves women's chances of surviving pregnancy and childbirth but also contributes to gender equality, better child health, and improved education outcomes, including poverty reduction. Family planning continues to be a priority in Nepal, as evidenced by the country's commitments to the FP 2020 program and to the family planning targets of the Sustainable Development Goals. The Nepal Health Sector Strategy 2016-2021 aims to expand equitable access to and utilization of high-quality family planning services, strengthen public and private sector health systems, increase the availability of modern family planning methods to enable couples and individuals to exercise informed choice, and satisfy the demand for family planning (MOHP, 2017).

Family Planning service is a priority program government of Nepal and has also been highlighted in the three year interim development plan 2072/75 the National Family Planning Program also seeks to expand and sustain quality family planning services throughout the health service network, including hospitals, primary health care centers health post sub health post primary health care clinics and mobile voluntary surgical contraception (USC) camps (DOHS, 2009).

The other main reason might be people hot but it is fact that the invention of Medicine because in past the child death rate was very high but now due to medicine care and medicines the infant s death rate has been minimized many international organizations are working at present in Nepal for controlling population.

## Statement of the Problem

The most serious cause is lack of education people are believing the child gift of gods and this mainly happen is Islam caste are believing that we cannot do anything about this because god is giving this gift . They think that doing family planning is sin. The second factor is poverty more than gods of people are under poverty. These people, due to lack of education and poverty think that if they have more children they can send them for work and run their family livelihood and they will get good security due to geographical distribution most of place is remote where service is lacking it is very difficult to get health facilities in time despite the overall effects. Cultural and religious values create a formidable barrier to the achievement of a wide spread family planning practice in Nepal. The country is in critical condition due to of political instability.

Family planning is considered an essential part of Nepal's national health strategy, levels of family planning uptake among married women stagnated from 2006 to 2011 and unmet need for family planning increased from 25% to 28% over the period (Ministry of Health and Population Nepal. A major factor affecting contraceptive use and unmet need for family planning in Nepal is cyclical patterns of male migration, which separates husbands from their wives for extended periods of time. In recent years the government of Nepal has committed more resources to stepping up family planning efforts, to identifying barriers to family planning access, and to substantially increasing the number of family planning users by the year (FP, 2017).

- The awareness and knowledge of family planning devices seems very poor in the country.
- Lack of education and poverty are the main barriers of low use of family planning.
- The geographical distribution and remote areas are far from health service and facilities on time.

Based on review of literature factors affecting on use of family planning service married women Kailalidistrict lies the far west development region of Nepal . There are many castes of people lives in this district. Chhetri, Chaudhary, Dalit cast.

Married women were aware about factors family planning. Due to lack of study on this area it is unknown factors affecting FP I was research choose this place a study area because is vulnerable condition.

### **Objective of the Study**

- 1 To assess the awareness and knowledge uses of the FP among married women.
- 2 To identify the demographic and Socio-economic status of respondents.
- 3 To analyze the problem use of family planning devices.

### **Significant of the Study**

This study was carry out in Dhangadhi 19 Sub Metropolitan city of Chhetri, Dalit, and Tharu, married women which give the present trend of family planning the study was focus to find out the knowledge level of contraceptive users. Study was useful for government agencies, local NGOs and INGOs the result of this study was helpful to other researcher who want to carry out research in this area. The study helped to give more information for planners and makers.

- This study is helpful to provide information about family planning device in married women.
- This study is helps for future researcher in this area as a secondary data.
- This study is helpful to improve the health status of mother by extending birth spacing and limiting unwanted birth.
- The study is useful to find out the reason for not using family planning by the women of reproductive age 15-49
- The study is supports the policy makers and program planner about behavior of contraceptive device and developing the related to the birth control and birth spacing.

### **Delimitations of the Study**

Every study its own delimitation due to limit time, budget, resource, the study was delimited to the following areas.

- The study was delimited to Dhangadhi sub – Metropolitan city of Kailali representing sample from Ward No 19 Chhetri, Tharu and Dalit married women.
- The study was delimited to the married women Understanding affecting use FP service.
- The study was delimited to 238 married women of Tharu, Chhetri, Dalit
- The study was based on descriptive design.

### **Definitions of the Key Terms**

**Birth control:** The practices of controlling the number of children one has especially by contraception .pills are the method of birth control.

**Birth spacing:** Birth spacing is an interval between two children give birth by the same s there are many factors to consider in determining what an option time interval between pregnancies is However researchers agree that 2/3 years between birth is usually best for the wellbeing of the mother and her children

**Community :** common possession or enjoyment : Participation : as a community of good a body of people having common right , Privileges or interest or living in the same place under the same laws and regulation as a community of monks.

**Contraceptive device:** Contraceptive devices are the preventive method to help women avoid unwanted pregnancies it includes. It includes all temporarily and method to prevent pregnancies

**Contraceptive Prevalence Rate:** Percentage of married couple currently using contraception is called control captive prevalence rate (UNICEF, 1993).

**Family planning:** A way of thing and living that is adopted voluntary upon the basis of knowledge attitude and responsible decision by individual couple in order to promote the health and welfare of family and thus contribute affectively to the social development of a country.

**Family planning Method:** any device used for to prevent unwanted pregnancy is family planning method like vasectomy pill and condom etc.

**Fertility:** Natural capability of producing offspring.

**Health:** Health is state of complete physical, mental and social wellbeing not merely an absence of disease (WHO, 1947).

## **Chapter II: Review of Related Literature**

Literature review is essential task for any researcher to acquire deeper knowledge, experience and theoretical knowledge about related topic. What gaps remain there, what materials are related to topic, all about that the new researcher get information from related literature review.

### **Theoretical Review**

Family planning as defined by the dictionary of demography is a conscious effort of the couples or individual to control the number and spacing of birth. Family planning is used as synonym with many terms: birth planning, birth control, fertility regulation, planned parenthood and many other. The term implies a general reproductive strategy, however, and should not be used to mean just contraceptive. Since it comprises practice aimed both at preventing birth at certain and at inducing them at others (Wilson, 1985).

During the past few decades, government health services have been the major providers of modern contraceptive methods in developing countries, often with support from international donor agencies. (Curtis and Neher, 1996). Such family planning services are usually provided at subsidized rates. In recent years, rising costs have raised fears that declines in government support for family planning may allow down the increase in acceptance rates in a number of countries. (Weinberger, 1989) In Asian countries, such fears have been reinforced by the recent financial crisis (NFHS, 1999).

Contraception includes traditional and modern birth control methods of varying cases of use, effectiveness and accessibility, as well as sterilization and deliberate abstinence. Measures of contraception range from the use of contraception is often found to be negatively associated with past fertility. The causality, however, may be operating in both directions: not only does the use of contraception affect fertility but past fertility experience and desires for future children may influence the decision of whether or not to use contraception because of the very strong role of contraception as both a determinant and a product of fertility outcomes and contraceptive use itself is frequently the focus of empirical studies (Ghaxxi & Devorah, 1988).

In many developing countries high fertility is an associate with the made of production and with cultural and religious factors. The level of income education and child survival also play major roles in the reduction fertility. In addition family planning in general has an important role to play in reduction fertility (UNFPA1989) Currently government run family planning service has become an integral part of health service. Health services in Nepal are delivered through national zonal and district hospital primary health care center health post. Sub – health post and peripheral health workers and volunteers (FHS, 1996).

Acquiring knowledge of contraceptive methods is an important precondition towards gaining access to using a suitable a contraceptive in a timely and effective manner. the ability to name or recognize a family planning method in a nominal test of the respondents knowledge and measures of how much they might know about method however knowledge of specified method is a precursor to use devices (MOH,2002).

Family planning continues to be a priority highlight in the tenth development plan (2000-2007). the objective of the national family planning program includes gradually reducing the population growth rate promoting the concept of small family norms to the population in general and the rural population more specifically increasing the availability of and the demand for family planning service providing high quality service and reducing unmet need the national family planning program also aims expand and sustain adequate family planning service at the community level utilizing all health facilities (MOHP,2006).

At least 200 million women want to use safe and effective family planning methods but are unable to do them lake access information and service or the support of their husband and communities. And more than millions of the 190 women who became pregnant each year have abortion many of these are clandestine and performed under unsafe conditions most women tothe two three or four children fewer than ingeneration past. The use of modern contraceptive methods, including voluntarily sterilization has increased rapidly over the past 30 years especially in countries with strong family planning programmers. In less developed regions. Contraceptive use approaches 60 percent. The level of unintended pregnancy in lowest in countries with greatest access to effective method of contraception and

where women play a major role in family decision making this goal of universal their full reproductive right remains elusive one evaluation found that family planning service are routinely made available to women at a reasonable cost in only 14 of 88 (UNFPA,2011).

Family planning utilization and religion related, either directly and in directly some of religion perception about family planning utilization, Hindu religion focused on narrows way about family planning, which religion is high emphasis or large family and compulsory need a son for couple so birth control method argued that moral restraint as very good way. These religions also not close the way utilization of family planning devices for only femaleencoring and discourage for male in modern device. But today this close concept of utilization family planning devices is changing for wide area (Bhusal, 2018).

Studied knowledge attitude and practice of contraceptive among Mache community 205 household and 197 respondents currently married women aged 15-49 were interview .main finding of his studies among the 197 eligible women seven of them had never born children yet the remaining 190 women have heard of family planning method 83.8 percent of them have ever used a method of contraception. It is found that the latest portion of the women has every used laparoscopy; it is found that 48.5% of the women have ever used it. This followed by 37% of the women who have ever used Depo-Provera (Mahara, 2006).

### **Empirical Review**

Knowledge of contraceptive methods is nearly universal in Nepal, with almost all women and men knowing at least one method of contraception. On average, both women and men have heard of more than eight methods, most commonly modern methods. The most well-known method among Condom Family Planning women is injectable 99%, followed by female sterilization 98% male condoms 96% and the pills 93% among men, the most commonly known method is the male condom 100% (MOH, 2016).

The level of current use of various greatly among the developing region from an estimated 17 percent of couple using practice contraceptive in sub Saharan Africa

to 39 percent in south Asia 68 percent in Latin America and Caribbean for individual development countries for which data are available, the proportion rang from percent to 80 percent which in developed countries at least 50 percent couples are currently using contraceptive and in most developed countries 65 percent to 80 percent are using it (UNICEF,2020).

In this study it is identified that myths had association with utilization of LAPMs. Respondents who had never heard myths about LAPMs were two times more likely to utilize LAPMs than those who had heard myths. The reason might be because of the fact that individuals, more importantly new users, who have heard myths, could have misperceptions which make them have negative attitude and poor interest in using the service. Studies conducted in urban Africa and Kenya noted that myths about family planning methods are barriers to use the methods. Since such misperceptions were prevalent (55.64%) in this study and are not limited in this study area that requires behavioral change interventions (Gelagay & Koya, 2018).

Culture as expected, was found as a determinant of family planning and this emerged as a theme from the focus group discussions. For some participants they cannot limit the family size when as in some circumstances, they have only girls but prefer a boy. Others also fear that given the high burden of childhood mortality, having lots of children could be a security. Most women perceived increased family size of a man as a security to their marriage: "In Burundian culture we are afraid of having few children. For instance if we go for vasectomy and death takes all the children it will not be possible to reproduce again" (ICRW, 2016).

In our community women with many children think that their husband will not seek extra marital children and therefore do not adhere to family planning methods(Hakizimana& Odjidja, 2021).

Family planning services in Nepal are provided by government and non-government health facilities. Dahal ( 2009) conducted a research on the title of knowledge and practice of family planning between Damai and Brahman women in Baruneshwor V.D.C Okhaldhung District. The researcher showed that 37.21 percent Braman and 22.22 percent Damai researcher had known about Dipo. Similarly 30.65 percent Baraman and 42.55 Dhamai respondents did know about any contraceptive

device the study shows that 41.86 percent Brahman and 27.66 percent Damai had gained knowledge from radio 23.26 percent Braman and 8.52 percent gained knowledge SHP. The researcher found that 29.8 percent used dipo 9.67 Percent condom the used rate is IUCD is only 1.61 percent is Brahman and nobody used Norplant is both community(Dahal, 2009).

Men involvement helps not only in accepting a contraceptive but also in its effective use and continuation studies have shown that partners who communication regarding the number to children they want or the use a contraceptive than those who do not community and opinion leaders need to engage in family planning so that they can advocate for the use of family planning method in their community (B.K, 2011).

Bhatt,Neeupaneandkarki (2021) Stated many individuals were that family planning measures postpone pregnancy. However some young participants were not fully aware of the available family planning services .some married couple who preferred 'birth spacing' received negative judgment from their family members for not starting a family. The perceived barriers to the use of family planning include lack of knowledge about family planning use, fear of side effects of modern family planning methods, lack of access/affordability due to familial and religious.

Knowledge and practice family planning devices in Magar and Dalit community in Tamune VDC,Tanahun District. The major objective of this study was to identify the knowledge and practice of family planning devices among married women of Magar and Dalit communities. Only simple random sampling method was used in this research and interview schedule was tools of data collection in this research. The major finding of this study was 83.08% of total respondents who had obtained the proper knowledge about the meaning of the term 'family planning' 84.4% Magar and 80.0% of Dalit were there who had proper knowledge regarding this issue. Out of total husband of Magar respondents 10.14% of ware using condom as a contraceptive devices (Wagle, 2012).

Today's generation of young people is the largest in history. Globally, 1.8 billion people are aged between 10-24 years, accounting for a quarter of the world population (UN2017). The overwhelming majority of young people live in low and middle-income countries and over 60 percent live in Asia and pacific(UN, 2017).And

in Nepal young people constitute almost one-third (33%) of its total population (Subedi & Thapa, 2014).

Dahal and Subedi(2011) conducted a research on the title “Characteristics of consumers of family planning Services in Eastern Nepal’ a descriptive cross sectional study was done by secondary data review of eight month from institutional clinic district health office Ilam district. Around 53% of the female family planning user of spacingmethod and around 47% of female users of percent method were in age group 20-29 years and 25-29 years respectively. The major reason for removal of IUCD werehusband migration and experienced physical problem. Most of the females doing sterilization were from disadvantaged Janajati group whereas most of the males doing sterilization were from upper cast ethnic group .depo were the most popular method of contraception. So there also needs to be sufficient stock of popular family planning devices in services delivery points.

Jpseph (2010)conducted a research on title ‘utilization of family planning services among sexually active people living with HIV/ AIDS in Taso Torara” the objective of the study was to identifyservice provider factors that influence Uptake of family planning services. Among sexually active WHA in TASO tororo the main finding of the study were 32 percent said that spouse support is associated with family planning use of all method and 87 percent respondent reported that spouse opposition has been shown to reduce family planning.

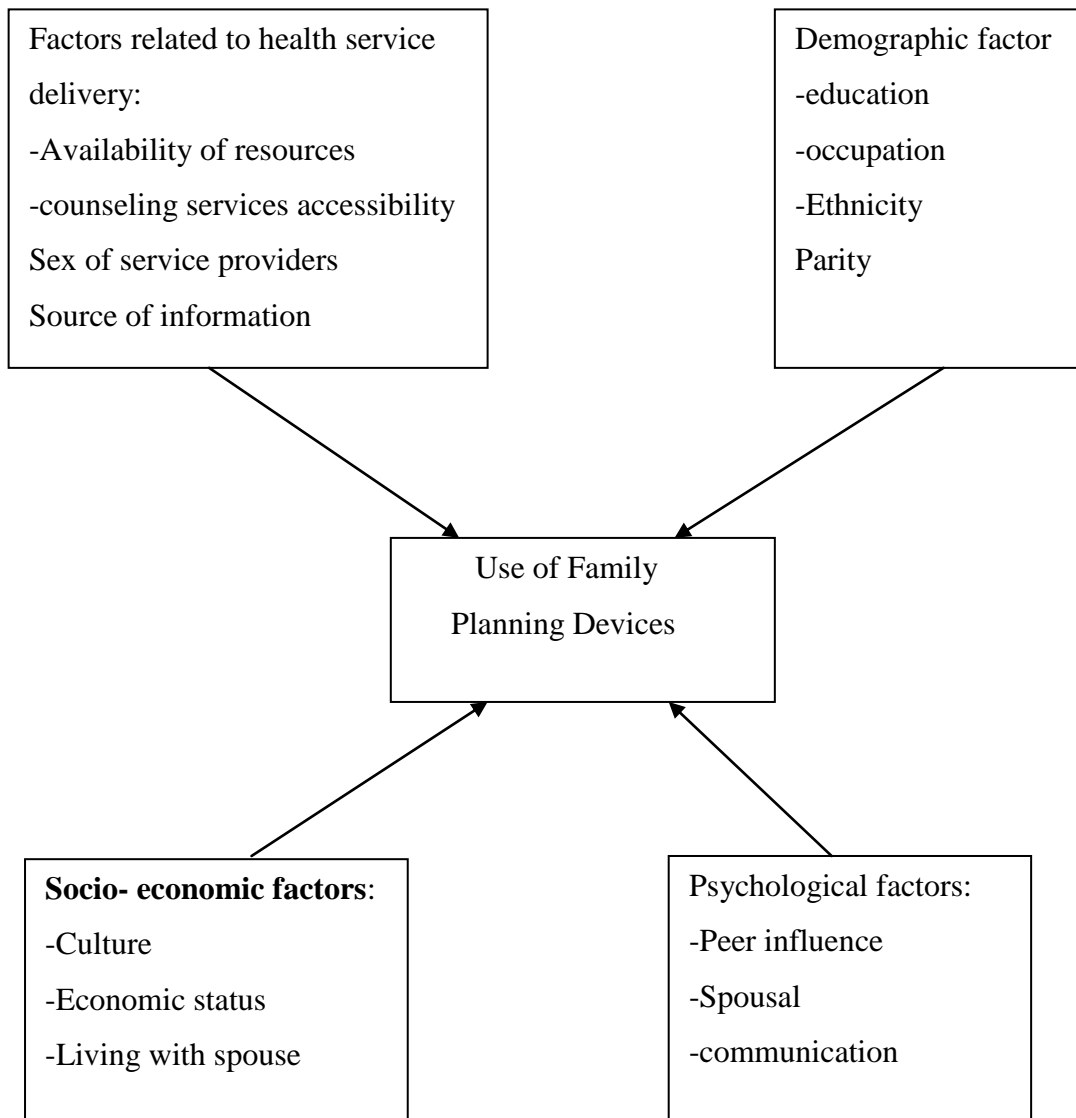
Khadka (2005)conducted a research on the title of “knowledge and practice of family planning method in Nawalparasi” the study reveals that 31.28 respondents. Were found unaware about the advantage of family planning method the communities ever used method was condom 24.41 percent followed by depo 21.28 percent male sterilization 18.60 percent and female sterilization 23.25 percent nearly one fourth 23.35 percent of the respondents were not using family planning method become of religious believes, followed by unavailability when required 12.40 percent and due to desire of son 11.67 percent. Nearly 17 percent of respondent were found that they did not want to use and family planning device in their future. Similarly 10 percent of them were found uncertain about the of family planning method.

United Nation (1994) reported that the husband education has positive influence on the rate of contraceptive use but its effect is weaker than of female education in all countries Nepal fertility family planning health survey (1991) reported that 93 percent of currently married women had knowledge at least on family planning method it was only 21.3 percent in 1976. Almost all 99.7 percent educated women had found good knowledge about effect of family planning devices. Urban women were more familiar than rural. In the practice 24 percent of current women were using modern family planning method and 45 percent women reported that they had more fear of side effect so they feeling uneasy to use family planning devices.

World Health Organization (1989) Stated that personal attitude of health care providers have a strong influence on client's decision making process and their attitude can facilitate or obstruct and due to lack of knowledge they may not have clearly understood about providing family planning devices.

## Conceptual Framework

Use of the family planning services is dependent variable and the other variable like wish availability of resources, counseling services accessibility , sex of the service providers spousal occupation ethnicity and economic factors affects the study is as independent variable.



## Implication of the Review for the Research

From the above mentioned literature, it was helpful to prepare the given research it was helpful to know about use of Family Planning Services. It was also helpful about the background of the study statement of problem, objective of the research significance of the study respectively it was enrich the researcher to make a

brief study about the research methodology where research design source of data tools and procedures of data collection it was also help in analysis and interpretation of data.

## Chapter III: Methods and Procedures

### Research Design

This study was based on descriptive research design with quantitative nature. Descriptive research design has used to analyze the quantitative data of study because this study included only the numerical data and the explanation of the result.

### Sources of Data

Basically two type of data collection tools : primary data and secondary data was used among the study population data was collected from living married women of age group 15-49, and primary data was collected from face to face interview with respondent.

### Population and Sample

This study was taken with married women of reproductive age group 15-49 of the population of my study. I was select Tharu, Chhetri and Dalit married women 15-49 age group. The study was performed by random sampling technique this ward There was total household 1181 the sample size from half of household of married women 590 following (solvin-1960) formula was used the selection of sample size though process.

Sample size (n) =?

Population size (N) =590

Desired margin of error (e) =5

$$= \frac{590}{1+590 \times (5\%)^2}$$

$$= \frac{590}{1+590 \times \frac{5}{100}}$$

$$= \frac{590}{1+590 \times 0.0025}$$

$$\frac{590}{2.475}$$

$$= 238$$

Sample size or respondents was 238 which were from the above mentioned formula and this was the population.

### **Research Tools**

Required information was collected from primary and secondary sources. Primary data were collected by using interview schedule and secondary data was collected from health post books journals etc. Self- developed structured question Nepali language was used as data collecting tools.

### **Data Collection Procedure**

The study was received a letter from Health and population Education Department, T.U the letter was handed over to the concern authorities of ward no 19 the researcher was inform to sample of respondents and prospers them for the interview . Theinterview was conducted in face to face situation all the respondents thanked at the end of each interview session.

### **Data Analysis Procedure**

The collected data was Simple statistical tools like tables, graph, bar diagrams, were used to analyze the collected statistical data and other was analyzed by using paragraph descriptive.

## Chapter IV: Result and Discussion

This chapter includes analysis and interpretation of the data, which were collected from the respondents. This is the chapter where researcher present the data forms the basis of my investigation shaped by the way I have through about it. The data were collected from the field survey. The different sources of data are tabulated and kept in sequential order according to the need my study. Then they were transcribed into present essential tables, diagrams and figures have been used to make the statement more clear and simples. This study was conducted with women of reproductive age group.

### Demographic and Socio –economic Status

This part deals with the socio- economic and demographic factors related with use and non-use of family planning method by their educational Status of Respondents in the study area.

**Occupational status of respondents.** Nepal is an agricultural country. So that it can be presumed that the majority of Nepalese people are engaged in agricultural activities Occupation people plays vital role to improve their economic status which determines the level of education health and quality life of a person. Occupational statuses of spousal and reproductive health close interrelated to each other. Knowledge and behaviors of contraceptive devices is also I influenced by the occupation status of the Groups. However the occupation status of the respondents was given in the following table.

Table 1

#### *Occupational Status of Respondents*

| Occupation  | Number | Percent |
|-------------|--------|---------|
| Business    | 42     | 17.64   |
| Agriculture | 134    | 56.30   |
| Teacher     | 107    | 4.20    |
| Labor       | 52     | 21.84   |
| Total       | 238    | 100     |

The table 1 reveals that Respondent were Business 42 (17.64) percent the highest number agriculture married women 134 (56.30) percent the least number of married women 10 (4.20) percent only the married women labor 52 (21.84) percent

The data proved that the main occupation in the study area due to the lack of own cultivated land and other job opportunities' they are compelled to involving in labor work the maximum number of people 56.30 percent involving in agriculture but it is now reducing and most people are depending labor works.

**Married age of people.**Age of married women is one of the impotent factors of this study. Practice about family planning somehow depends on age of women. Age plays vital role in the case of using or not using FPM. The reason this is only the Reproductive age of female can bear child so determining the use of contraceptives behavior and marriage age women.

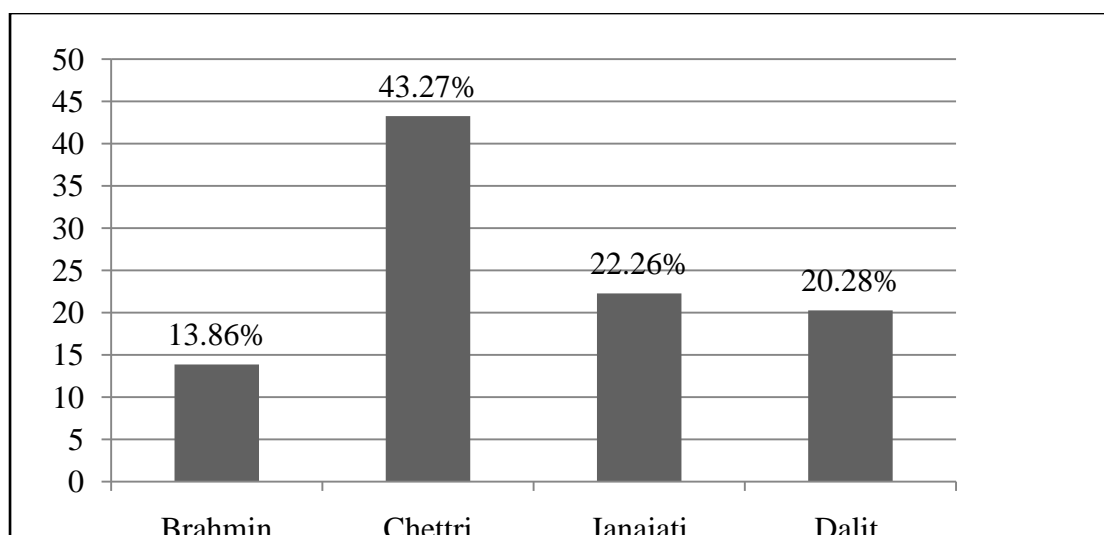
Table 2

*Distribution Women Married by Age*

| Age Group | Get married | Percent |
|-----------|-------------|---------|
| 14-18     | 36          | 15.12   |
| 19-21     | 119         | 50      |
| 22 above  | 83          | 34.87   |
| Total     | 238         | 100     |

The table illustrates the women 36 (15.126%) of 14-18 age group. The largest number of get married women of 119 (50%) women of age group 19-21, which is 83 (34.87%) get married of age group 22 above. It is revealed that age of 19-21 years was the highest population of respondent comes under married the age of 14-18 years was the lowest population of get marriage The data easily concluded that the early marriage practice is very high in the study area The main cause of this is lack of education and socio-cultural belief.

**Caste.**Cast also an important factors of this study This Figure show the different cast frequency, its percentage and number of family planning device



*Figure 1*

Caste composition of respondent

According to figure majority of respondent belong to Chettri are about 43.27 percent and Janjati are 22.26 percent 20.28 percent respondent Dalit Brahmin respondent just 13.86 percent. The total respondent 238 married women family planning devices user and knowledge of this study.

**Distribution of population by age.** Age sex structure of study population of any places helps to determine various factors it helps to find out the distribution of number of the people. So that the planning and develop any easy to implement .The distribution is show in the following table.

Table 3

*Distribution of Population by Age*

| Age Group | Number | Percent |
|-----------|--------|---------|
| 15-20     | 12     | 5.04    |
| 21-25     | 54     | 22.68   |
| 26-30     | 60     | 25.21   |
| 31-35     | 53     | 22.28   |
| 36-40     | 32     | 13.44   |
| 41-45     | 13     | 5.46    |
| 46 above  | 14     | 5.88    |
| Total     | 238    | 100     |

The table illustrates the age, year, frequency and percentage of age group and the no family planning user. The largest number of married women of age group 26-30, Which is 25.21 Percent and the least number of married women of age group 15-20 which is just 5.04 Percent The second highest group is age group 21-25, which is 22.68 percent which is followed by the age group 31-35 percent

Generally in the context of our country women have table 18 years for love marriage and 20 years for arrange marriage .Despite the declaration of the policy about age at marriage, 15.52 percent people where engaging their married life before reaching their optimum age it lack health education and awareness that's why to solve these sort of the problem stakeholder should family planning education awareness programs provide formal and informal to all married women.

**Education status of respondent.** Education is a key matter of life which helps to make our better life this is the fundamental needs for human life which helps to adjust people in the world context similarly education plays a vital role to improve their quality of life. The education status of the respondent in the study area is presented in following table

Table 4

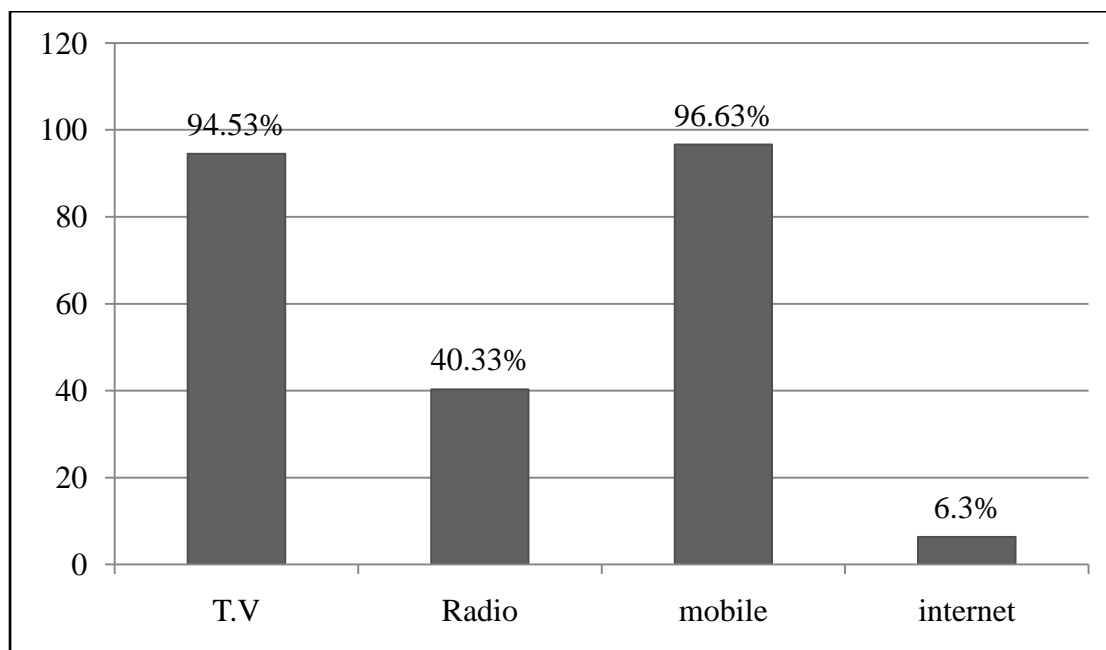
*Educational Status of Respondent*

| Educational status of respondent | Number | Percent |
|----------------------------------|--------|---------|
| Read and write                   | 198    | 83.19   |
| Uneducated                       | 40     | 16.80   |
| Total                            | 238    | 100     |

The above table indicates that 83.19 percent respondent were illiterate. Among them the number this respondent some people read and write 16.80 percent uneducated married women

The data estimated that there is educational status of respondent more married women this respondent community the data less respondent uneducated married women this community the main cause of this to poverty.

**Status of household facilities.** The enough of household facilities provide information the people about different sector. Similarly people get more information about reproductive and sexual health from such facilities. Basically the status of household facilities in respondents in the following figure.



*Figure 2*

Distribution of household facilities

The above figure presented that the mobile phone was found highly as household facility. It was found 96.63 percent of total respondents. In the same way T.V was found 94.53 percent respondents. Radio and Internet were found 40.33 percent and internet 6.30 percent respectively.

The data estimated that the number household facilities like mobile T.V and Radio which are gradually increasing with the comparison with data obtain from this village there were no facilities of internet.

### **Knowledge of Contraceptive Device**

Knowledge about contraceptive device is an important matter for all sexual partners to make their happy family size and happy life. Very important device unsafe pregnant control. This device HIV and sexual disease is a burning disease in the world.

Due to careless of using contraceptive device many couple or sexual prater suffer from this dangerous disease Whatever the people living in rural areas do not have sufficient knowledge about contraceptive device They feel tedious to use contraceptive device although They have Knowledge. So it create the problem is their reproductive Health and family life.

The knowledge of contraceptive device in the respondent is presented in the following table.

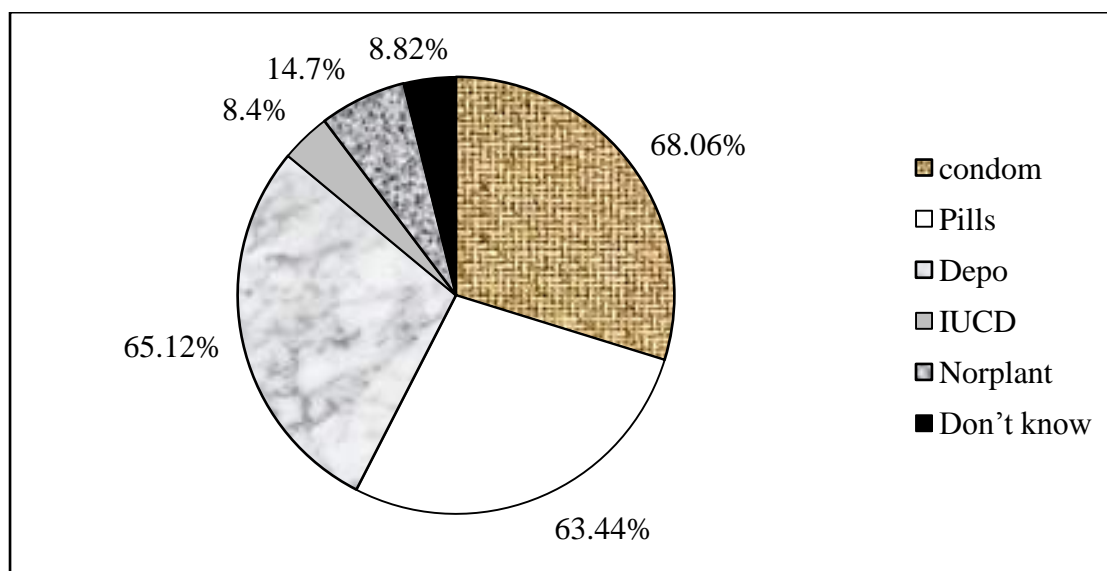


Figure 3

*Knowledge about contraceptive devices*

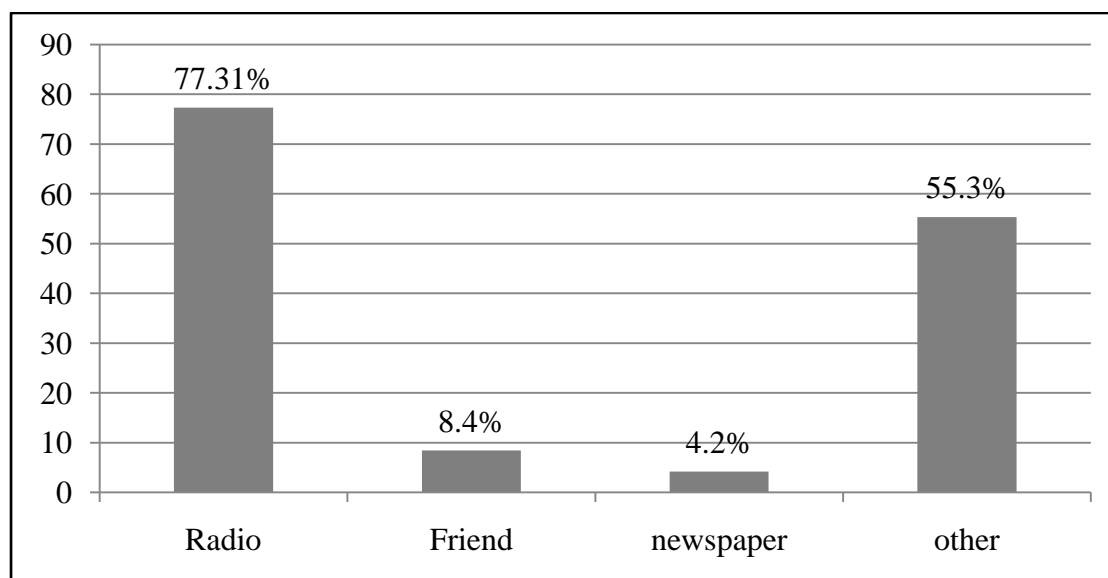
The figure shows that 68.06 percent respondent the most modern contraceptive device knowledge Depo –Provera 65.12 percent knowledge and 63.44 percent pills and 14.7 have knowledge about Norplant The above respondent 8.82 percent have not knowledge about any contraceptive device.

The most knowledge the large number of respondent is condom. Least knowledge is still backward in the information about contraceptive device. The lack health education information FP device. The poor economic status and illiteracy are the major cause of pushing backward to respondents.

**Sources of information contraceptive devices.** There is still lack of knowledge about contraceptive device although there are various government and

non- government agencies involved in dissemination knowledge about contraceptive device. The mass media play a vital role for use of contraceptive method. Now days the family planning program are being widely increased with health program and mass media etc.

The following figure presented the source of information about contraceptive device of respondents.



*Figure 4*

#### Sources of Information Contraceptive Devices

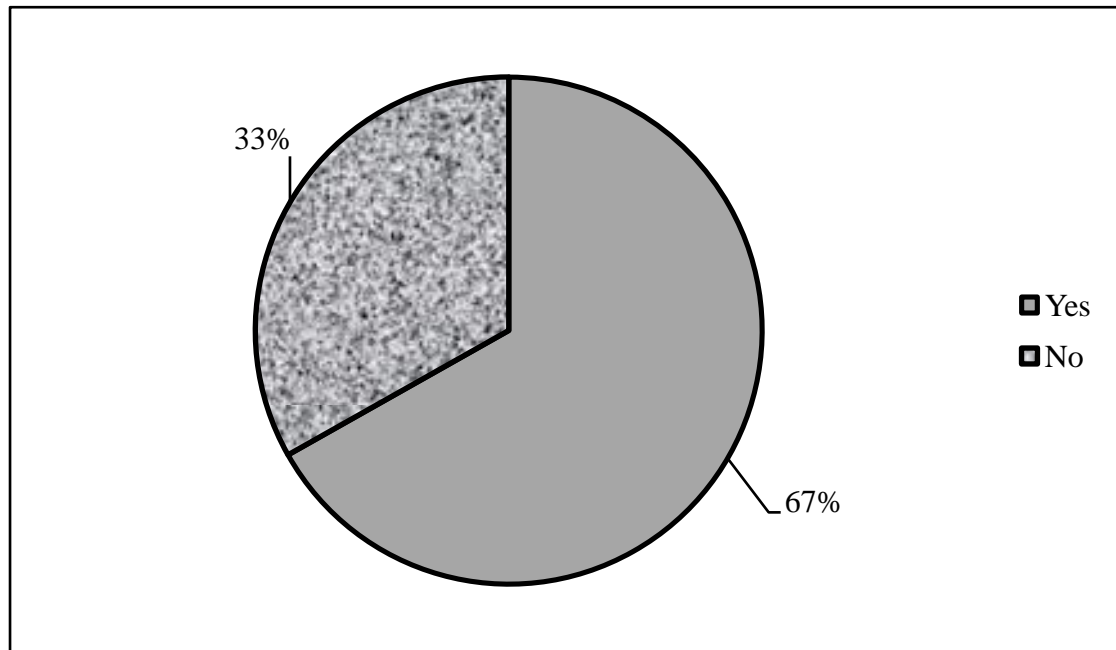
The Figure 3 shows that main source of information about contraceptive device were radio 77 percent the second sources other T.V Health workers etc. by 55.30 percent, Friend by 8.4 percent and newspaper by 4.2 percent Sources of Information contraceptive Devices.

The main source of information radio about family planning device in the study area. Although the means of communication other T.V health workers which is also play a great role to gain information about contraceptive device with the comparison of the past history.

**Use of family planning device.** Contraceptive Device are essential for shaping family size prevention of HIV and sexual debases and birth spacing Many couple are using Different PF devices some people same using different FP device some people

using permanent device c some couples don't like FP device every people are personal cultural value norms and society etc.

The status of respondent which are currently using contraceptive device in the study area is presented in the following figure.



*Figure 5*

#### Use of Contraception Device

The figure 5 shows used of contraception Device by the respondent out 66.80 percent respondent used contraceptive devices and 33.19 percent respondents did not any contraceptive device. More percent using contraceptive device some married women lack education and lack FP device some woman did not interest this device.

**Use of family planning device.** Use of contraceptive device is one of the most important proximate determinant of level of fertility it plays an important role to make lower of fertility. This use of contraceptive device may have significant impact to manage rapid population growth and problem some couple happy small family for using FP device

Many couple are using different family planning device. The use of different contraceptive devices by the respondent of the study area is presented in the following table.

Table 5  
*Distribution of Respondent by Using Family Planning Device*

| Contraceptive Device | Users | Percent |
|----------------------|-------|---------|
| Pills                | 36    | 22.64   |
| Condom               | 72    | 45.28   |
| Depo –Provera        | 35    | 22.01   |
| Norplant             | 11    | 6.91    |
| IUCD                 | 5     | 3.14    |
| Total                | 159   | 100     |

Form the given table I found that married women are the maximum user of Family planning device total 159 respondents altogether those were current users of contraceptive devices. Among them 45.81 percent respondents use condom, 22.64 percent use pills, 22.01 percent use Depo-Provera similarly, 6.91 percent Norplant, and 3.14 percent respondent use family planning device.

The number of using contraceptive device is gradually increasing which the comparison with this community has some people of FP Knowledge. Positive concept good health some people did not knowledge about family planning device.

**Distance of service providing institutional.** Due to the life of people distance is also an important factor to use and non-use of family planning device Government is able to provide health facility to the grass root level in some district after long endeavor but till now all people can't get all kinds of FPS recently some sort of FP are found in HP and SHP some long FPD are not found in such health center such as Norplant and IUD so for these device people have District hospital and PH.C. Which may far from their residence.

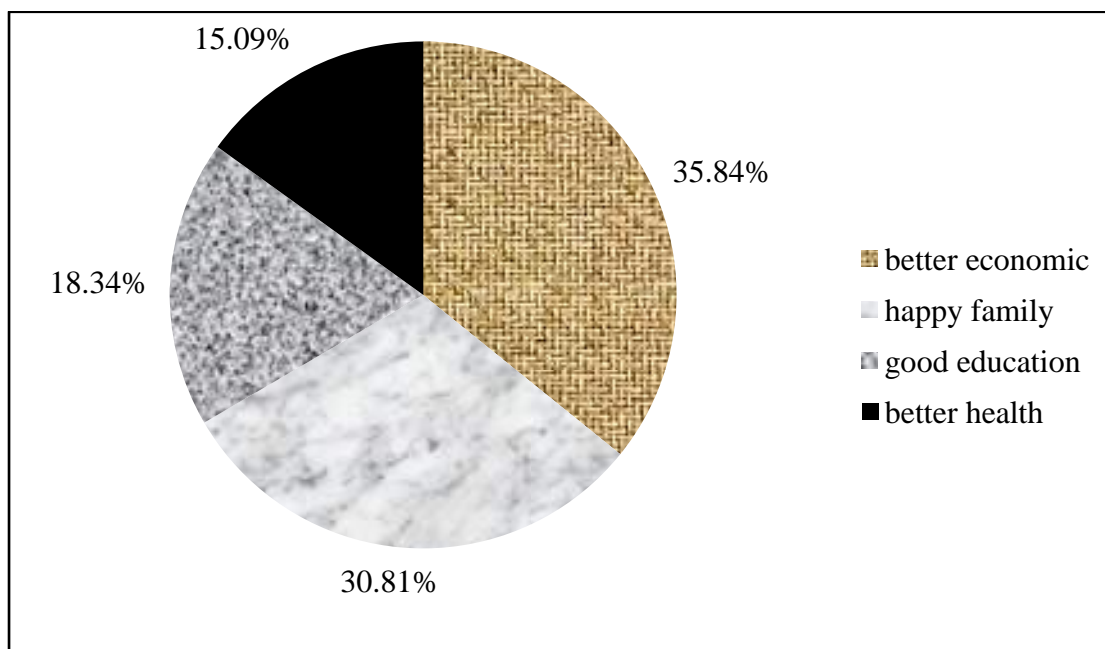
Table 6  
*Distribution of Respondents by Distance of Service Providing Institutional*

| Distance of Service Providing Institution | User | Percent |
|---|------|---------|
| Less than 10 min                          | 47   | 29.55   |
| 30 min                                    | 52   | 32.70   |
| Greater than 30 min                       | 60   | 37.73   |
| Total                                     | 159  | 100     |

This table illustrates the distance of service providing center in study area on the basis of time. 29.55 percent people were taken less than 10 min for reaching service providing center. 32.70 percent people have consumed 30 minute for reaching this center and 37.73 percent women take 30 minute greater than for reaching service providing center.

This study area is near to the district headquarter so most of the people can go to health institutional in short period of time which is positive indicator to promote FP services.

**Use advantage of family planning device.** Family planning device user advantage of family life the user some respondent good health happy life good economic status the family contraceptive device to make better economic condition of family make child and mother health better happy family life good education facilities for children control sexual disease more advantage.



*Figure 6*

Advantage of family planning devices

The figure 5 show that the family planning users advantage 159 respondents altogether those were users of contraceptive device 35.84 percent happy family respondent user 30.81 percent the respondent and good education 18.34 percent

contraceptive devices. Some married women 15.09 better health user family planning devices.

### **Reason for Use and Non- Use of Family Planning Devices**

The Basically people use the contraceptive device for various purposes like birth control some people personal health quality family some people are did not use FP devices because some people don't like devices some people are cultural some people lack knowledge FP devices similarly people who are not using such devices due to fear of various side effect in health.

**Reason for use of family planning devices.**The contraceptive devices are use married couple more than use Family planning devices married women from (15-49) age group are included in the study . Sothat reason for using contraceptive devices were asked the following table for reason of current of contraceptive devices in the study area.

Table 7

#### *Main Reason for Using Family Planning Devices*

| Reasons of using              | No. of Respondent | Percent |
|-------------------------------|-------------------|---------|
| To birth space                | 86                | 54.08   |
| To prevent unwanted pregnancy | 53                | 33.33   |
| To prevent HIV and AIDS       | 12                | 7.54    |
| Personal health               | 8                 | 5.03    |
| Total                         | 159               | 100     |

According to the respondents remark 54.08 percent of respondents stated their principle for using a family planning method was that they want to birth space. Similarly 33.33percent to prevent unwanted pregnancy. Likewise 7.54 percent respondent for prevent HIV and AIDS and other personal health 5.03 percent. The data shows that the causes of using contraceptive devices like same the comparison of this community. The community also indicates that most of the people are using such to make birth spaces. The second reason respondent contraceptive devices like to prevent unwanted pregnancy using for main reason family planning devices.

**Feel side effects while currently use contraceptive devices.** Almost all chemical and allopathic medicine have side –effects on human body contraceptive method have also some side effects on either on physical or mental health. The side effects of contraceptive methods occurred to user of study area presented in the following table.

Table 8

*Distribution of respondents' side effect in use of family planning method*

| Type of side effects   | Respondent | Percent |
|------------------------|------------|---------|
| Irregular menstruation | 49         | 30.81   |
| Bleeding               | 22         | 13.83   |
| Back Pain              | 12         | 7.54    |
| Headache               | 4          | 2.51    |
| Weakness               | 4          | 2.51    |
| No Side effect         | 68         | 42.76   |
| Total                  | 159        | 100     |

Table 7 Shows that 91 respondent have side effects of the contraceptive devices. Among them 30.81 percent respondent complained that were facing the problem of irregular menstruation 13.83 percent respondent complain about Bleeding 7.54 percent respondents complain about back pain, 2.51 percent complain about headache respondent contraceptive devices. And 2.51 present respondents complain about weakness in this study area. The respondent use family planning devices no side effect in health 42.76 percent respondent contraceptive devices.

The data indicated that majority of the respondent were facing the problem of irregular menstruation after using contraceptive devices the more effect in health irregular menstruation this community has more user condom so that no side effect in use condom respondent contraceptive devices The contraceptive devices are not free from any side effect so here is need of conducted health and family planning awareness program to avoid negative effect.

**Getting contraceptive devices in of cost.** Nepal government and some NGO and INGO have been supplying contraceptive devices to people in free. Therefore it is higher possibility that community people can get family planning devices in free.

Table 9

*Getting contraceptive devices in free of cost*

| Getting contraceptive Devices | Respondent | Percent |
|-------------------------------|------------|---------|
| Free                          | 101        | 63.52   |
| Buy                           | 58         | 36.47   |
| Total                         | 159        | 100     |

The table showthat 63.52 Percent of the respondent are used contraceptive devices free from health post and clinic While 36.47 percent respondent buy contraceptive devices.

**Reason for non- use of family planning devices.** All couple of very important family planning devices because happy and good quality family of more needs for contraceptive devices from 15-49 Years age group have been asked about the reason that why they are not using contraceptive devices

Table 10

*Respondent By Reason of Non- Use of Family Planning Devices*

| Reason of Non-Using | No, of Respondent | Percentage |
|---------------------|-------------------|------------|
| Lack of knowledge   | 28                | 35.44      |
| Health problem      | 23                | 29.11      |
| Husband dislike     | 10                | 12.65      |
| Lack of interest    | 7                 | 8.89       |
| Not available       | 6                 | 7.61       |
| Stop menstruation   | 5                 | 6.33       |
| Total               | 79                | 100        |

The table show that reason of non-use of contraceptive devices is show 35.44 percent respondent that there was Lack of knowledge of Family planning devices similarly 29.11 percent complained health probalm respondent that contraceptive devices 12.65 percent respondent complained husband dislikes. 8.89 percent respondent complain lack of interest of family planning devices. 7.61 percent complain not available Respondents. And 6.33 percent Respondent complain that their stop menstruation Problem. Respondent contraceptive devices.

The data shows that total respondent 238 that respondent non-use contraceptive device total 79 married women this data is study was more people did not knowledge family planning device this community lack of the various Health education program. And family planning program services.

### **Major Finding of the Study**

After the analysis and, interpreting the data the major findings of this study were as follows.

#### **Socio-demographic factors**

- The respondent 56.30 percent was involved in agricultural activities. Were as 21.84 percent respondents were involved in labor activities.
- The Respondents 50 percent was married age 19-21 percent whereas 15.12 percent got married earlier age 14-18 years of age.
- Majority of people in study area were belong to Chhetri were 43.27 percent highest. The least respondent were Brahmin while were about 13.86 percent the second higher cast was Janjati ware about 22.26 percent and third highest cast was Dalit.
- According to the respondent of population age structure 26-30 years age group was 25.21 percent which was the highest than the other age group least age group 15-20 years age group was 5.04 percent.
- Educational status at respondent was read and write 83.19 percent .did not read and write respondent was lest 16.80 percent.
- The household facilities were a little bit improved 96.63 percent respondent was utilizing the facilities mobile phone. And second highest facilities t.v 94.53 percent respondent. And lest household facilities internet

#### **Knowledge and use of contraceptive devices**

- The study total 238 married women the total 68.06 percent respondent has knowledge about condom and 63.44 percent has knowledge about pills and 65.12 percent knowledge has about Depo-Provera but 8.82 percent respondent Did not have knowledge about using contraceptive devices

- The respondents get information from various sources The respondent 77.3 percent get information from radio highest whereas the least number only 4.2 percent respondents got information from newspaper .
- The number of contraceptive user was 66.80 percent Family planning devices user wares 33.19 percent respondents did not use any contraceptive devices.
- The respondent highest 45.28 percent was using condom the second highest user 22.64 percent was using pills. And 22.01 was Depo- Provera and 6.91 percent Norplant least user contraceptive IUCD 3.14 percent
- It has observed that 29.55 percent respondent family planning services providing center by less than 10 minutes 32.70 percent respondent have spent 30 minutes 37.73 percent respondent Greater than 30 minutes
- The study respondents family planning user advantage highest information better economic 35.84 percent and the respondent was user contraceptive devices advantage least number of better health 15.09 percent.
- The respondents 54.08 percent used contraceptive devices for making birth space similarly 33.33 percent to prevent unwanted pregnancy and 7.54 percent respondent for prevent HIV other 5.03 percent for personal health.
- There were 159 respondent who were user of contraceptive devices than 57.23 percent the side effect after using contraceptive devices no side effect 42.76 percent.
- The respondent 30.81 percent complained the irregular menstruation 13.83 percent complained bleeding the least complained weakness and headache 4.17 percent
- In the study area 63.52 percent respondent were used contraceptive devices free from health post hospital and clinic while 36.47 percent respondent buy contraceptive devices.

### **Reason of non-use of family planning devices**

- The respondent 35.44 percent lack knowledge family planning devices 29.11 percent due to health problem 12.65 percent due to husband dislikes.
- In the study area 7.61 percent not available of family planning devices 8.89 percent lack of interest family planning devices.

## Chapter V: Conclusion and Recommendations

### Conclusion

This study was based on primary data through interview schedule which was collected from 238 respondents. The study was descriptive type and it was focused on contraceptive devices. The knowledge and behaviors of contraceptive devices in the study area focused to be not fully satisfactory because some of the respondent who did not know about modern contraceptive devices it is weak aspect in the study area. Most of the respondent were familiar with condom and pills half of respondent were did not use modern contraceptive devices. The literacy rate was also not fully satisfactory although respondent were using different contraceptive devices to make birth space and prevent unwanted pregnancy. Most of the contraceptive users suffered from different types of side- effects like irregular menstruation, back pain, weakness, Headache, vomiting etc. so it is weak aspects of contraceptive user.

The rapid population growth is a burning issue of Nepal. Similarly numbers of burning issues are related to family planning is married women as whole nation. Although in the study area also respondent are facing various health problems due to lack of proper knowledge about contraceptive devices many respondent are used family planning devices.

### Recommendations

On the basic of finding and conclusion of the study, recommendation for practice and recommendation for policy have been made. And further study.

**Recommendation for practice.** Practice level implications and recommendation have been listed below on the study area.

- Formal and non-formal education program should be carried out by emphasizing devices in the study area.
- Couple should be encouraged to use contraceptive for that contraceptive should be made accessible in affordable price to them. Likewise effective counseling and education program should be implemented them through the NGOs, Ingo's and health workers.

- Training should be provided to all the community people within certain time.
- Health education awareness campaign should be conducted to reduce religious belief and improving the utilizing of contraceptive devices.
- Many respondents are depriving from utilizing contraceptive devices due to their husband dislike, so counseling and educational program should be implement in the study area.
- Effective and appropriate counseling should be operated at grass root level to avoid the fear of side effects on their health.

### **Recommendation for policy level**

- To control high fertility rate the age of marriage should be followed strictly form local government.
- Women in this study area get married early than they get matured that is why they could not get proper education and do not aware of practical behavior and livelihood They do not get right knowledge on contraceptive devices. Therefore local level authorities should bring packages on teaching good way of usage and knowledge of contraceptive devices.
- The government should provide health services nutrition and other health facilities for mother and children according to their needs.
- Education plays vital role on establishing decision –making power so higher education programs to all women in this area should be brought.

**Recommendation for further study.** The present research is unable to occupy several areas related to the topic. The findings of the study might not be generalized to all contexts as it has a lot of limitations in has limitations in limitations in terms of study population sample and data collection.

- This study is based on few socio-economic and demographic variables similar type of study can be carried out by using other approaches like social cultural religious, psychological and other dimension such study can be conducted by research institution NGOs.INGOs and Government separately or coordinately.
- This type of study should be conducted in additional rural area.

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## Appendix

### Interview Schedule

Name of the Respondent..... Age.....  
Date of interview..... Village.....  
Ward: ..... Caste.....  
Household No.....  
Religion.....

#### A. Assess of Demographic and socio- Economic Status

- 1 What are you doing here?
  - a.Business
  - b.agriculture
  - c.teacher
  - d. labor
- 2 When did you get marriage?
  - a. 14 /15 years
  - b.17/18 years
  - C.20/21yrs
  - d.22 above
3. Do you have your own cultivate land?
  - a.yes
  - b. no
- 4 If yes how much?
  - a. less than 1 ropani
  - b. 1 to 3 ropani
  - c. 3 to 5 ropani
  - d. 6 to 10 to above
5. is production of land sufficient for livelihood of your family?
  - a. Yes
  - b.No
6. Are you able to read and write?
  - a.Yes
  - b. No
7. Have you got any facilities at your home?
  - a.Television
  - b.radio
  - c. mobile
  - d. inter net other

#### B. Knowledge and use of contraceptive Devices

1. Have you heard about family planning contraceptives?
  - a. Yes
  - b. No
- 2 If yes, what about have you heard?
  - a. condom
  - b.pill
  - c. Depo
  - d. Others

3. Do you have knowledge about any contraceptive knowledge?
  - a. Yes
  - b. No
4. If yes, what are the main sources of obtaining knowledge?
  - a. Radio n
  - b. Friend
  - C.Newspaper
  - d. Others
5. When did you know about contractive device?
  - a.Before married
  - b.after marriage
  - c don t know
6. Do you want to use any contraceptive devices?
  - a. Yes
  - b. No
7. If yes, which devices do you want?
  - A. pills
  - b. Condom
  - c. depo
  - d others
8. How did you get family planning devices?
  - a. Free
  - b. buy
9. Do you know the method of using pills?
  - a. Yes
  - b No
10. If yes, how do you use?
  - a. 1 tabs a day
  - b. 2 tab a day
  - c. 3 day tab 1
  - d. don t know
11. How long distance or time does you get family planning devices?
  - A. less than 10 min
  - b. 30 min
  - c. Greaterthan 30 min
12. Is the use of F.P. contraceptive advantage?
  - a. Yes
  - b. No
  - c. Don't know
13. What is the advantage of family planning devices?
  - a. Make better economic condition of family
  - b. make child and mother health better
  - c. To make happy family life
  - dmaking good education facilities for children
14. Have you do want to child bearing?
  - a. Yes
  - b. No

15. How many children have you wanted to give birth?
- a. 1
  - b. 2
  - c. 3
  - d. 4 and above
16. What is your interest in birth spacing between two children?
- a. 1 Year
  - b. 2 years
  - c. 3 years
  - d. No limitation
17. Are you satisfied by using family planning contraceptive?
- a. Yes
  - b. No
18. What are the main reasons for using contraceptive devices?
- a. To birth space
  - b. To prevent .for HIV/ AIDS
  - c. personal health
  - c. To prevent unwanted pregnancy
19. What is the reason for non-using contraceptive devices?
- a. Not availability
  - b husband dislike
  - c. Stop menstruation
  - c. Health problem
20. what are the side effect by using family planning devices?
- a. Weakness
  - b. Headache
  - c. bleeding
  - d. Back pain
  - e. Irregular Menstruation
21. Why didn't you want to use family planning devices or method?
- a. Lack of interest
  - b. fear of having side effect
  - c. Lack of knowledge about family planning
  - d. Disagree of husband