

**Knowledge and Use of Family Planning Devices among Limbu and Chhetri Community**

**A thesis**

**Submitted to the Health and Population Education Department in the  
Partial Fulfillment of the Requirement Master Degree in Population Education**

**Submitted 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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**Submission Date (AD):06/12/2021**

**Viva Date (AD):16/12/2021**

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**Declaration**

I hereby, declare that to the best 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 or educational institutions. The subject matter presented in this thesis report is the result of my own work. Whatever data and information I have presented and included in the study except for those cited in references.

Date: December, 2021

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Shusan Limbu



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### Recommendation

The research work entitled **Knowledge and Use of Family Planning Devices** is prepared by **Shusan Limbu** 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 on knowledge and use of family planning among Limbu and Chhetrimarried women in Chaubisedistrict. I forward this to the thesis committee with recommendation.

Date: 06/12/2021

Mr. BishnuG.C.

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### Approval Sheet

This dissertation work entitled **Knowledge and Use of Family Planning Devices among Limbu and Chhetri married women** submitted by **Shusan Limbu** in partial fulfillment of the requirement of the degree of Maser Degree in Population education has been approved.

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## **Acknowledgement**

First of all, I would like to acknowledge heartfelt respect coordinator of Population education program my thesis supervisor Mr. Bishnu GC sir for this continuous guidance, encouragement, motivation and support at every step for this study. I would like to thanks Pitambar Acharya, Head of Health and Population Education Department, Tribhuvan University, Kirtipur.

I am very grateful to all the teachers Prof. Dr. LokendraSerchan, Prof. Dr. Shyam Krishna Maharjan, Prof. Krishna Prasad Acharya for their advice on statistical methodology for orienting my thesis. I would like to thank my colleagues and co-workers for their inspiration and support at the various stages of the Central Library and the Department Library for their invaluable assistance in providing the required books.

I would like to thank my office head and colleagues for providing me the time I need to complete my undergraduate degree. Also, I would like to express my sincere gratitude to my family, relatives and friends for their invaluable time and support in every situation.

I would like to express my heartfelt thanks to all the respondents in the field of study who have provided me with their invaluable time in the process of providing answers and data collection period. I would like to thank Niragam Computer Institute for its support in printing.

December, 2021

Shusan Limbu

## ABSTRACT

The thesis entitled knowledge and use of family planning devices among Limbu and Chhetri community in Chaubise Rural Municipality, Dhankuta district. The main objective of this study was to explore the knowledge and use on family planning among the married women (aged 15-49 year) of Limbu and Chhetri community. The study followed descriptive and quantitative research design. Interview schedule was used to collect the data from 172 respondents including of 86 Limbu and 86 Chheetri married women. The data were analyzed and interpreted manually, the data were presented in tables and figures with respective frequency sand percentages.

Most of the respondents in this study were aware of the family planning devices. In the study area 94.18 percent Limbu respondents and 84.88 percent of Chhetri respondents were found to have knowledge FPDs. Respondents in this study area were found to receive FPDs from health post, clinic and hospitals. Although most of the respondents were knowledge of the methods of FDPDs, it was found that not all of them used it. Respondents to the study area found that used only depots and pills in FPDs. 76.74 percent of the Limbu respondents and 65.11 percent of Chhetri respondents used of FPDs. But currently only 43.02 percent of Limbu respondents and 46.51 percent of Chhetri respondents used of FPDs. After using the family planning devices some of the respondents said that obesity, bleeding, irregular menstruation and vomiting were the problem. overall the study area found that Limbu and Chhetri respondents had equal knowledge and use of family planning devices.

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## **Abbreviations**

CDR	: Crude Birth Rate
NDHS	: National Demographic and Health Survey
EDR	: Economic and Demographic Research
FPDs	: Family Planning Devices
FWDR	: For Western Development Region
HIV AIDS	: Human Immunodeficiency Virus and Acquired Immunodeficiency
IUCD	: Intra- uterine Contraceptive Devices
NDHs	: Nepal Demographic and Health Survey
NGOs	: Non-government Organization
MOH	: Ministry Of Health
MWDR	: Mid Western Development Region
UNFPA	: The United Nation Found for Population Activities
VDC	: Village Development Committee
WDR	: Word Development Report
WHO	: Word Health Organization

## **Chapter-1: Introduction**

### **Background of the Study**

Nepal is one of the independent states located in south Asia. Nepal is a landlocked developing and beautiful country. The total population of Nepal is 26494504 according to the population census. Nepal is a multi-culture, multi-religious and multi-lingual country, in spite of its small territory. The population growth rate of Nepal is 1.35% according to the population census 2068. Here it is necessary to control the population growth by applying various methods (BMC health services research, 2018).

Family planning is an essential component to combat the seriousness of the population problem and also one of the components of reproductive health. Nepal's Family Planning program was started with the organization of the Family Planning Association of Nepal in 1959 B.S. The family objectives of family planning are to space/limit the children, to avoid unwanted births and to improve overall reproductive health of the family. In Nepal, the knowledge of family planning services is not yet satisfactory. In the rural context, the knowledge of family planning services is in a pitiable condition. The family planning program is a joint venture program of many GOs, NGOs but they are not well-coordinated. It means only some institutions are trying to focus on family planning services in order to reduce the fertility problem (Yadav, 2015).

Family planning refers to the planning of when to have children and the use of birth control. It allows individuals and couples to anticipate and to achieve healthy spacing and timing of their births. Family Planning is the major component of Reproductive health. In the area of reproductive health, family planning has been identified as essential for the country from all socioeconomic perspectives. It can save human life, control unwanted pregnancy, limit the number of births, avoid unsafe abortions, prevent transmission of sexually transmitted diseases. Consequently, reducing infant and child mortality is one hand, on the other, it directly controls fertility and population growth. In a general view, it is a kind of useful means for those persons who want to make a gap in generating children willingly. It is useful for both sexes. It is a safe means without side effects being proven medically and a confident way of using for controlling the unwanted growth of population (BMC health services research, 2018).

Family planning continues to be a priority highlighted in the Tenth Development Plan (2002-2007). The objective of the National Family Planning Program include gradually reducing the population growth rate: promoting the concept of small family norm to the population in general and the rural population more specifically; increasing the availability of and the demand for family planning services; providing high quality services and reducing unmet need. The National Family Planning Program also aims to expand and sustain adequate family planning services at the community level utilization all health facilities (MoHP, 2006).

Current use of Contraception is defined as the proportion of women who reported as use of a family planning method at the time of interview. The level of current use usually calculated among currently method women is the most widely used and valuable measure of the success of family planning programs (NDHS,2006).More then 4 in 1o married women (43%) currently use a method of family planning. another 7% are using a traditionalmethod. Female sterilization is the most common (15%), followed by inject able (9%), male sterilization (8%), the pill and male condom sterilization (4% each) (NDHS,2016). Use of modern family planning methods is fairly high in both urban and rural areas (50%and 42% respectably), but varies by sub region. Modern contraceptive use ranges from a low of 32% in Easter hill to high of55% in far-western terai (NDHS,2016). Contraceptive is important for shaping family planning size, prevention of HIV AIDS and birth spacing.

As cited from Nepal Population Journal (2000) knowledge of contraceptive is still limited in some of the least develop countries of Asia and in much of sub-Saharan Africa. The percentage of women who have knowledge of place to obtain family planning information and services is often lower than the percentage knowing about contraception. Lake of knowledge of services is often lower than the percentage knowledge about contraception may reflect either their inaccessibility of ineffective publicity. Study showed that hundred percent respondents have knowledge that belongs to 15-18+ year age. A majority of women ( between 27 and 48%) know of family planning outlet in Yemen, Burkin, Faso, Mali, Nigeria, Senegal, Liberia, Madagacar and Pakistan (UNFPA, 1999).Knowledge of family planning methods in Nepal is universal more than 99% of all women age 15-49 know at least one modern method of family planning. The most commonly known methods are female sterilization (99%), indictable(98%), and condom (98%) (NDHS, 2016).

This paper present the finding of a qualitative and quantitative assessment aimed at exploring knowledge and use regarding family planning and factors that influence the need for and use of modern contraceptives.

### **Statement of Problem**

The low rate of family planning devices prevalence can be related with the result of women's lack of knowledge of it, no spousal support, unaware of women's right' to decide on own fate, no access to family planning counseling, health posts, lack of government's efforts to spread the information about the knowledge no using family planning devices in rural areas where no health posts are easily accessible and so on. 28% of women do not use the means of family planning devices for fear of health problem and other side effects. In the research conducted by the ministry of health in 71 Districts, 11% of female and 10% of male have not used any means due to religion. Only 40% out of a hundred couples in Nepal use family planning tools. In Nepal 67% of fertility age people are in need of family planning but 27% of them are out of services but however, the number of man and women using family planning services is increasing every year (Koirala, 2065).

Poverty and under-education dampen family planning devices use in Nepal and deeply held cultural preferences for sons over daughters. Child marriage is still in practice lack of health education and unawareness of family planning, inaccessibility to health service are also the major factors to the problem.

Family Planning services are said to be important tools to control population growth. But Population growing is a burning problem for Nepal. The problem is that, such services are not available to the grass-root population in practical in our country. This study is also explores the knowledge and using contraceptive devices for married women aged 15-49 in the Limbu and Chhetri community Chaubise Rural Municipality ward no.8, Dhankuta District. There is not any study about knowledge and using on family planning devices among married women. The purpose of this study is to find out the knowledge and using on family planning devices of married women. Most of the women of the limbu community are unaware about contraception. So it is being essential to focus on knowledge and using on family planning device married women. Apart from the basic problem of the women in our country is sense of hesitation to various types of contraceptive services as they think that using

then is something like sin. The problem as mentioned above also previous in Chaubise rural municipality, Dhankuta, where most of the child married such consequences has further led to increase in population as getting married at that age without the proper knowledge of family planning education and use contraceptive devices lack in them. The Limbu are one of the largest tribal groups in Nepal. The Limbu live mainly in eastern Nepal between the Arun River and the border of the Sikkim district in India. Nepali Chhetri is a major ethnic group in Nepal. They speak Nepali, which is the official language of the country. The main religion of Chhetri is Hinduism.

This is a long process of making them aware of getting the benefit of this program. It requires a big amount of money and a lot of time and a large number of health works. Government's plan and policies, budget allocation, employing a large number of health works and so on can become a great burden of task. All at once, nothing can be achieved. That's why, this can be a great problem in the process of controlling the rate of fertility gradually.

### **Objective of the Study**

The main objective of the study was find out the knowledge and use of family planning devices among Limbu and Chhetri community at Chaubise Rural Municipality ward no.8, Dhankiuta District. The specific objectives were as follows.

1. To explore the knowledge and use of family planning among the married women (aged 15-49 year) of Limbu and Chhetri community.
2. To identify the problem of using family planning devices among the respondents.

### **Significance of the Study**

As the major determining factor of population growth is fertility, population growth could be controlled by curtailing down the prevailing rate of fertility. To seek the knowledge of using family planning methods would be a great significance of the study.

This study was undertaken to investigation the use of different contraceptive devices. So the finding this study are mainly useful to the people and organization working in the field of family planning. However other significance of the study area given as follows:

- ) The study presents the knowledge and use of contraceptives in the Limbu and Chhetri community area that were useful concerning Chaubise rural municipality, district and community.
- ) This study would be important for little but essential information to the nation as whole.
- ) The study would be important for some guidelines for the further researchers in the same field.
- ) The study would be helpful for the researchers to conduct research on the family planning device of Limbu and Chhetri community.
- ) It would be helpful for government to plan for changing attitudes toward the use of family planning devices methods under the family planning programmer etc.

### **Delimitation for the Study**

The delimitation of this study area has been mentioned as follows:

- ) This study was delimited the chaubise rural municipality ward no.8 Dhankuta district.
- ) This study was focused only on married Limbu and Chhetri women of age between 15-49 years its respondents.
- ) This study was covered only the knowledge and use of family planning device.
- ) This study was based on 172 respondents as a sample size.

### **Operation Definition of Key Terms**

**Family Planning Device:** Referring to the method used to prevent pregnancy.

**Contraceptive Devices:** The preventive method with helps women to avoid unwanted pregnancy including all temporary and permanent method (UNFPA,1987).

**Device:** Any device used to prevent unwanted pregnancy is family planning.

**Fertility:** Actual birth performance achieved by child bearing age group (15-49) of women.

**Knowledge:** Knowledge is a mental capacity to understand situation around fact and figures an also analyze something.

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

Literature review is a part of the research. In this chapter its is attempted to review the literature related to this study, many researchers and specialist have developed various norms and recommendation in the field of family planning devices. These norms recommendation and results of previous studies have been reviewed here. Literature review has an important in every research. The necessary materials for this study are reviewed bellow.

### **Theoretical Literature**

Ministry of Health and Population (2021) Family Planning is one of the priority programs of Government of Nepal, Ministry of Health. It is also considered as a component of reproductive health package and essential health care services of Nepal Health Sector Program II (2010-2015), National Family Planning Costed Implementation Plan 2015-2021, Nepal Health Sector Strategy 2015-2020 (NHSS) and the Government of Nepal's commitments to FP2020. In Nepal, FP information and services are being provided through government, social marketing, non-governmental organizations and private sectors. In government health system, currently, short acting reversible contraceptive methods (SARCs: male condoms, oral pills and injectable) are provided on a regular basis through primary health care centers (PHCC), health posts (HP) and primary health care outreach clinics (PHC/ORC). Female Community Health Volunteers (FCHVs) provide information and education to community people, and distribute condom and resupply of oral contraceptive pills. Long acting reversible contraceptive (LARC) services such as IUCD and implants are available only at limited number of hospitals, PHCCs and HPs where trained health care providers are available.

Family planning (2020) In July 2017, Nepal revitalized its commitment to maintaining and sustaining the efforts already initiated through the implementation of its initial 2015 commitment to FP2020. The Government of Nepal reiterates that it will continue to increase government budget in family planning by 7% each year up to 2020. In the newly devolved and federalized structure, Nepal is committed to 'leaving no one behind' and 'reaching the unreached' to accelerate the progress of increasing the number of additional users of family planning by an estimated 1 million and the proportion of demand satisfied to

71% by 2020. With a special focus on meeting the family planning needs of adolescents and youth, Nepal will strive to expand and ensure the full range of methods are available.

The 2016 Nepal Demographic and Health Survey (NDHS) is the fifth nationally representative comprehensive survey conducted as part of the worldwide Demographic and Health Surveys (DHS) Program in the country. The survey was implemented by New ERA under the aegis of the Ministry of Health and Population (MoHP). Technical support for this survey was provided by ICF with financial support from the United States Agency for International Development (USAID) through its mission in Nepal and support for report production from the United Nations Population Fund (UNFPA).

According to WHO (2011), 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 through use of contraceptive methods and the treatment of involuntary. A women's ability to space and limit her pregnancies has a direct impact on her health and well being as well as on the outcome of each pregnancy.

NDHS(2011) stated that utilization on the family planning methods (modern methods among married (15-49age) group is about is 43.2% development region wise as follower EDR 47%, CDR 50.3%, WDR 37.6%, MWDR 42.4% and FWDR 35.% is the use ratio of contraception methods.

MOH (2007) study shows that almost 17.9% respondents have stated that their main reason for not using a family planning devices method is fear of side effects, 14.9% wants more children, 11.9% wants sons, 16.4% not needed. Out of them about 45.5% want daughter, 4.5% of the non-user are not using against religion, 16.4% sexual displeasure and 13.5% non-user are not using as husband opposed.

NDHS (2001) stated that the 8% of contraceptive user get services from non-governmental sector, when as 7% get from private sector, mostly from pharmacies. In public sector 27% of user obtained services from governmental hospitals or clinic, 14% from governmental sub-health posts and 26% from mobile camps.

## **Empirical Literature**

Bhatta, Neupane and karki (2021) stated that many individuals were aware that family planning measures postpone pregnancy. However, some Young participants were not fully aware of the available family planning services. Some married couples 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. .

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, 2018).

Devkota (2012) shows that major side effects related to pills users are in sufficient flow of breast (50%), followed by weakness (33%) and weight loss (16%). Among the sterilization user 26.3 % are suffering from weight gain equally followed by weakness (21.1% ), backbone pain (15.8%) and irregular menstruation (10.5%). Similarly, 37.5% of injection users are suffering from weight loss, followed by irregular menstruation and over bleeding (25.0%) and insufficient flow of breast (12.5%).

Bhandari (2017) found in this study that current use of contraceptive method and education of women currently user women 55.14%, non-formal 50%, primary 55%, lower secondary 59.25% , secondary 95.23%, +2 and above 87.50%. Among the respondents who are involved on service, they have currently use 83.33% contraceptive method. The women who involved on labor they have currently agriculture 60.73%, and house worker 50.0%. Inter ware current user 68.80%.

Uprety (2016) stated that contraceptive use and fertility rates vary substantially among developing countries. An important factor, which affects the fertility of any population, is Contraceptive. Contraceptive use varies by age. Nepal over the past 15 years show an impressive increase in the use of modern contraceptive methods from 26 percent in 1996 to 43 percent in 2011. Objectives of the is to assess the knowledge, attitude regarding

family planning and the practice of contraceptives among the married women of Dhabi VDC of Eastern Nepal. A descriptive cross-sectional observational study was done in Dhabi VDC. Total of 300 married women age 15-49 sample were taken from family planning center situated in Dhabi. Knowledge, attitude and practice on contraceptives were evaluated with the help of a predesigned questionnaire. Descriptive analysis was done by using SPSS 11.5 software to obtain frequencies and percentages. Out of 300 interviewed women, the mean age was 27.94 years, 98% had heard about Family planning method. Radio was the main Source of family planning information. Regarding the usage of contraceptive methods, about 79.3% had ever used and 63.3 had current using some sort of contraception, among the method used Injectables were the commonly used methods About 71% of married women other child in the further. Despite the knowledge of all family planning methods majority of the women used Injectables. Easily accessible and easily to use were the main reasons for choosing Injectables methods.)

Wagle (2012) conducted a research entitled "Knowledge and Practice Family Planning Devices in Magar and Dalit Community" in TamuneVDC, 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 husbands of magar respondents 10.14% of were using condom as a contraceptive devices.

Bista (2014) conducted this study entitled "Use of Contraceptive device and its impact on fertility behavior. Among Tamang community of RamcheeVDC Rasuwa. The main objective of this study: To find out the status of knowledge of contraceptive device in married tamang women of reproductive age 15-49 years, to use the fertility behavior among the married women that community and to identify the problem faced by the married women during the use of contraceptive devices. It was based on descriptive research design. Census method was used to this study. Interview schedule was main data collection tool of this study. The major finding in this study found that knowledge of contraceptive is nearly universal,

higher percent of respondents have knowledge of contraceptive devices. Pills was 30.92% and vasectomy was 5.92%. The main sources of information of contraceptive devices were radio 34.2% and newspaper 2.63%. It was 30.92% respondents who said that the use of contraceptive by male, 26.97% of their self decision and 42.10% respondents said to use contraceptive both nearly 40.13% respondents use of emergency contraceptive device and 59.86% no use of emergency contraceptive devices. Among the 51.2% respondents got married and 99.9% respondent got married 10-15 years.

### **Implication of Literature Review**

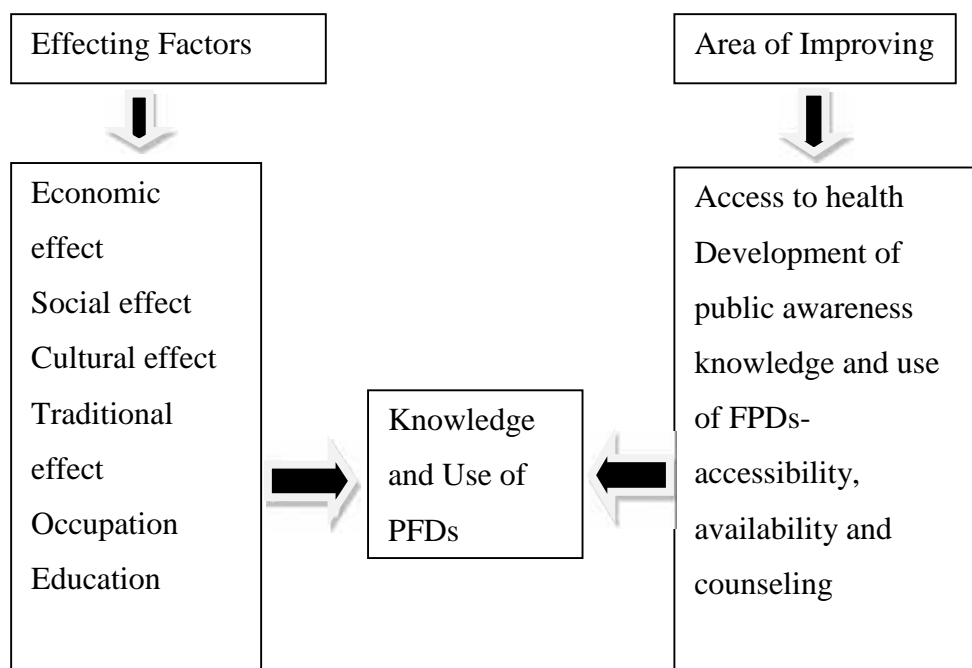
Literature review is the most important part to conduct any research study. It provides theoretical knowledge to the study. It helps the deeper knowledge experience skill and ideas to researcher. The researcher has to study some related book documents, articles journals, thesis review the literature 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 to know about the knowledge and Use of family planning devices among Limbu and Chhetricommunity in the study area. It is also helpful for the researcher to know about the current trends situation of the knowledge and usecontraceptives use for the birth spacing and advantages of birth spacing and family. It is useful the researcher to know affecting factors for knowledge and 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

Conceptual framework develops the basic review of related literature. There can be considered too many factors family planning devices with reference to knowledge and use health status. The researcher will have to study much literature works. The use and knowledge of family planning tools is very important for women. Due to the lack of practical knowledge about the health of our fertility in women, various problem seems to suffer. Due to lack of knowledge of family planning in women the population is increasing day by day. In our society; when we lack the knowledge on reproductive function of women and the means of family planning, many children are being forced to give birth by women. Therefore, it is considered essential for women to have knowledge about family planning and the use of their means. The conceptual framework for family planning and knowledge regarding use of family planning in women is presented in the breakthrough chart.



In the case of knowledge and use of family planning in women, the factors mentioned above are directly and indirectly influenced by the factors. In condition to improve this, it is imperative to develop public awareness regarding family planning in women. About the availability and use of various resources for the development of empowerment for all women in the community by controlling population growth.

### **Chapter-III: Research Methodology**

This study has been conducted on "Knowledge and Use of family planning devices among Limbu and Chhetri community at Chaubise Rural Municipality ward no.8, in Dhankuta District". The methodology used in carrying out the study result from its initial to the final by a special process, which are given as follow.

#### **Research Design**

This study was based on survey and gave the descriptive analysis on the knowledge of family planning use in the area of Limbu and Chhetri community of Chaubise Rural Municipality ward no.8 covering their education background. In this study, descriptive design was applied with quantitative nature including of primary and secondary data and the explanation at the result of data and collection along with their tables and figures.

#### **The Study area, Population Sample and Sampling Procedure**

This study area was Chaubise Rural Municipality ward no. 8 of Dhankuta District. The total Population on this study area was 2758. There were 1518 female and 1240 male (census, 2068). In this study area, the population of married women aged 15-49 in the Limbu community was 357 and 86 married women were in Chhetri community. Among the total Limbu and Chhetri married women, the 24 percent of Limbu married women were selected by using simple random method and the total 86 married Chhetri women were selected by census method. So in this study, altogether 172 married women equally from both communities were selected as a sample size.

#### **Data Collection Tools**

In this study, information was collected with the help of interview schedule. The interview schedule was the main tool for the collection of necessary information and interview were taken according to the objectives of the study. The main purpose of the interview schedule is to collect information from the respondents on knowledge and use of family planning devices among Limbu and Chhetri community of Chaubise rural municipality.

## **Source of Data**

In the study the data was based on primary and secondary sources. The primary data were taken from Limbu and chhetri married women from the study area. For collecting primary information, interview schedule was used. The secondary data was collected from health post, report, books, journals, news, paper, internet and record of government and non government organization. Both published and unpublished documents were the major sources and available at different offices and library, the information was obtained from the websites.

## **Data Collection Procedure**

The researcher received a request letter from health and population Education Department. Then the researcher was visited the study community and discuss with the community leader and the respondents about the objectives of the study and request them supports. The researcher has mentioned important role of the collection of the requirement data. After that the researcher has meet the respondents and request them to provide information. After building the rapport the researcher conducted the interview and collect data.

## **Data Analysis and Interpretation**

To analysis data, figure and tabulation was presented. The data was analyzed by using sample statically method like frequency and percentage. The collected data was analyzed in detail. The collected data though various method and technique were put together in separate chapter. The data was analyzed and statically interpreted with the help of table, bar, diagram, pie chart, line graph etc.

## **Ethical Consideration**

As the part of ethics and privacy of the research, the researcher kept privacy of all the respondents. If respondents felt uneasy, they gave permission to start the interview. Respondents properly followed norms and rule. The interview with the respondents was conducted only after making the objective of my study and act of interview clearer to them. So, the researcher convinced, informed and got all the consent to them while conducting interview for the study.

## Chapter IV: Result and Discussion

This chapter is about analysis and interpretation of data regard on knowledge and use of family planning devices. The research work should be interpreted and analyzed in an appropriate manner to achieve the results and focus on the results obtained. In order to make the research purposeful, the data obtained should be interpreted and analyzed in a appropriated manner. After collecting the data, it is necessary to schedule the data obtained from the research process and interpret and disseminate it according to the schedule. Divide the data obtained according to the interview list in to main heading and subheading on the basis of objectives.

### General Information of the Respondents

The aspects cover under this are presented as follow.

**Details of the population according to the age of the respondents.** There are people of different age group in the society. The study area included respondents in the age group of 15-49 years of married Limbu and Chhetri women. The age details of the respondents in the study are presented in the table below.

Table 1.

*Details of the Population According to the Age of the Respondents.*

Age Group	Limbu		Chhetri	
	Number	Percent	Number	Percent
15-20	9	10.46	12	13.95
21-25	14	16.27	16	18.7
26-30	29	33.72	19	22
31-35	15	17.44	18	20.93
36-40	12	13.95	10	11.62
40-49	7	8.10	11	12.79
Total	86	100	86	100

According to the data presented in table 1, there are 172 sample respondents in the study area among them, married Limbu and Chhetri women aged 15-49 years have been selected as 86/86. Looking at the age details of the respondents in this study, out of 86 Limbu respondents, the highest number of women aged 26-30 years was 33.72 percent, the number of respondents in the age group of 31-35 years in 17.44 percent, the number of respondents in the age group 21-25 years 16.27 percent, the number of respondents in the age group of 36-40 years 13.95 percent, the number of respondents in the age group 15-20 years 10.46 percent and the number of respondents between the ages of 40-49 is 8.13 percent. And out of 86 Chhetri respondents, the highest number of women aged 26-30 years was 22 percent, the number of respondents in the age group of 31-35 years in 20.93 percent, the number of respondents in the age group 21-25 years 18.7 percent, the number of respondents in the age group of 36-40 years 11.62 percent, the number of respondents in the age group 15-20 years 13.95 percent and the number of respondents between the ages of 40-49 is 12.69 percent.

**Literacy status:** Education is the cornerstone of performing every activity of human life. Education is considered as an important part of the country's development and the third eye of the people. Here, the educational status of the respondents in the field of study is researched. The educational classifying them at illiterate, basic level secondary level, higher secondary level, graduation level and postgraduate level. In this study area, Limbu respondents were found to be 95.33 percent literate and 4.65 percent illiterate and Chhetri respondents were found to be 90.7 percent literate and 9.3 percent illiterate. They are presented in the table below.

Table 2

*Literacy Status*

Literacy Status	Limbu		Chhetri	
	Number	Percent	Number	Percent
Illiterate	4	4.65	8	9.3
Literate	5	5.81	6	6.96
Primary Level	23	26.74	20	23.25
Secondary Level	33	38.37	25	29.07
Higher Secondary level	18	20.93	20	23.25
Graduate and Postgraduate	3	3.48	7	8.13
Total	86	100	86	100

The educational status of Limbu and Chhetri respondents in the study are has studied separately. Out of uneducated Limbu and Chhetri respondents are 4.65 percent and chhetri respondents uneducated 9.3 percent. Participating in various educational programs, Limbu respondents are 5.18 percent and Chhetri respondents are 6.16 percent literate. The number of Limbu receiving primary education is 26.64 percent and Chhetri respondents, 23.25 percent. Limbu respondents receiving education up to secondary level is 38.37 percent and chhetri respondents is 29.06 respondents. 20.93 percent of Limbu and 23.25 percent of Chhetrirespondents receiving higher secondary education. The number of Limbu and Chhetri respondents pursuing graduate and postgraduate education is 3.48 percent and 8.13 percent.

There is not much different between Limbu and Chhetri respondents compare to literacy and illiteracy. Oval, 51.25 percent Limbu and 48.75 percent respondents were found to be educated. The education level of Limbu and Chhetri respondents seems to be good.

**Occupationstatus.**Everyone should be involved in different profession to meet their needs. Occupation is one of the important of people. It also effects to attain the quality of life. Nepal is a country where predominant occupation is agriculture.

A subsistence oriented agrarian economy is prominent in Nepal. 68.8% of total population is engaged in agriculture is which 60.2 percent are male and 72.8 percent female.

The vast majority of Nepalese are engaged in agriculture sector but gradually involvement of people in another sector is also increasing now days. They are presented in the table.

Table 3

*Occupational Status.*

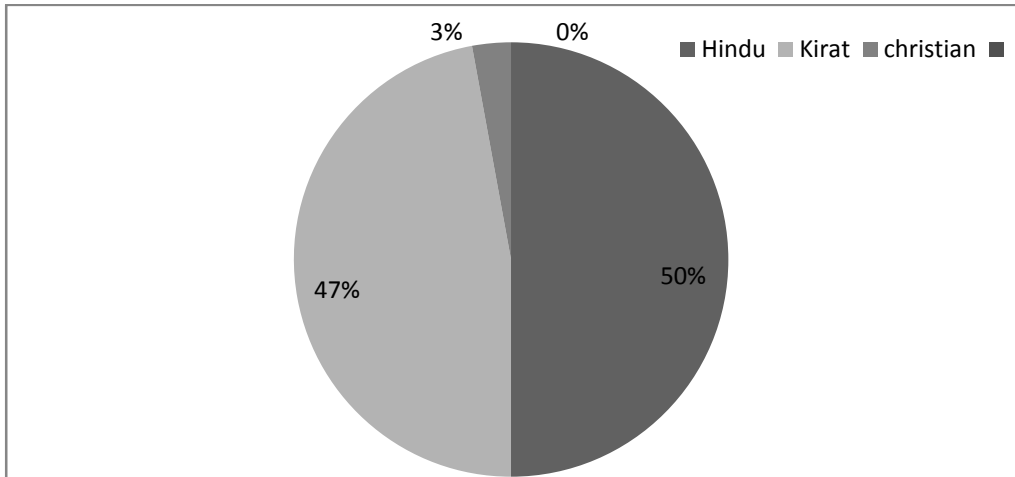
Occupation	Limbu		Chhetri	
	Number	Percent	Number	Percent
Household work	13	15.11	20	23.25
Agriculture	56	65.11	44	51.16
Job	8	9.30	7	8.13
Business	9	10.46	15	17.44
Total	86	100	86	100

According to the professional details of the respondents presented in the table 3, in the study area, 65.11 percent of Limbu respondents and 51.16 percent Chhetri respondents are engaged in agriculture. 15.11 percent of Limbu and 23.25 percent of Chhetri respondents are engaged in household work. 10.46 percent of Limbu respondents and 17.44 percent Chhetri respondents are engaged in business. And 9.30 percent of limbu and 8.13 percent of Chhetri respondents are engaged in job. The reason for this might their illiteracy. It was found that the Limbu respondents more involved in agriculture than chhetri respondents.

Chhetrirespondents were found to be more involved in household and business than Limbu respondents. On a professional basis, there is not much different between Limbu and Chhetri respondents.

Occupation is basic and fundamental foundation of human development indicator healthy life and family planning as well. Therefore, it is necessary to involve people is terms of to keep them foe from such types of anxieties. If people involve in occupational engagement, it is certain and sure that their anxiety would be cured up. In this regard in the study area all the respondents were found to be engaged in any kind of occupational engagement. It is assumed that people. Engaged in occupation and they are celebrating their lives interacting with the people from different field.

**Religionstatus** :Nepal is a secular country. It is a multi-lingual, multi-religious, multi-cultural country. Religion to be followed depends upon individual interest even it can be influenced by family society and friends as well as other section of social life. Religion is a component of culture.



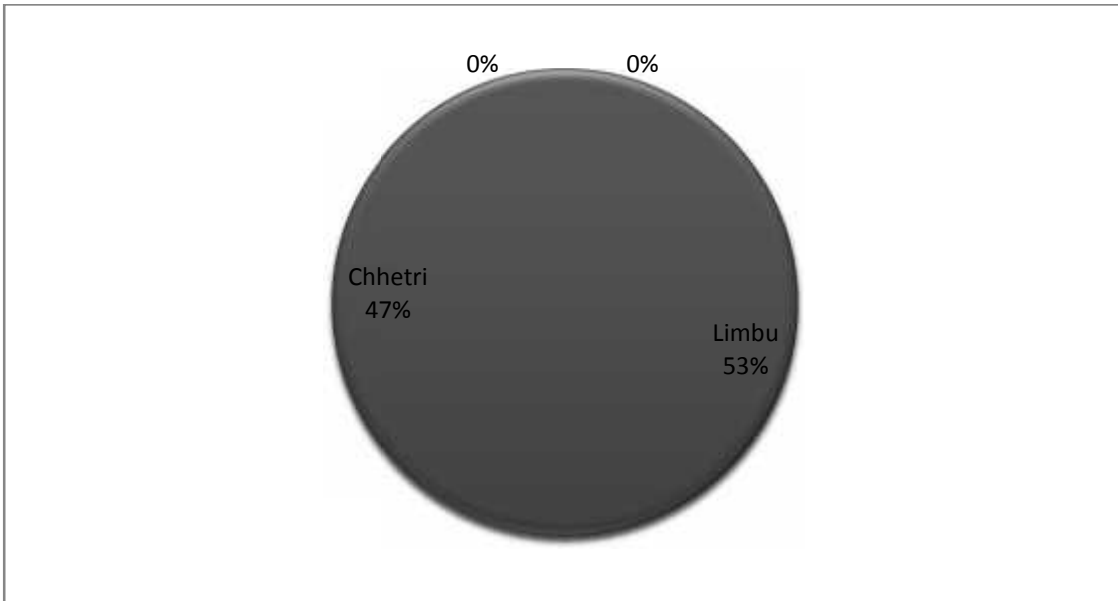
*Figure 1*

#### Religion status

The religion also determines daily habits as well as life style of person. In this study area, 100 percent Chhetri respondents are Hindu religion, 94.18 percent Kirat religion and 5.81 percent Christian religion of Limbu respondents.

#### **Knowledge about Family Planning Devices of the Respondents**

Family planning services are the ability of individuals and couples to anticipate and attain their desired number of children, the spacing and timing of their births. If sexually active, family planning may involve the use of contraception and other techniques to control the timing of reproduction. In this study area, Limbu and Chhetri respondents have studied the knowledge of family planning devices. Both respondents have a lots knowledge of family planning. Many have spoken openly about it details of the number of respondents who have knowledge about family planning devices. They are presented in the diagram below.



*Figure2*

Details of knowledge about family planning devices

According to the data presented in diagram at the knowledge details of family planning devices. Limbu respondents seem to have knowledge 53 percent family planning devices knowledge while Chhetri respondents appear to be knowledge 47percent. Compared to Limbu and Chhetri respondents, It is clear that Limbu respondents have more knowledge of family planning than Chhetri respondents.

**Details of information about family planning devices:** The Limbu and Chhetri respondents in this study area studied respondents who know about family planning. They are presented in the diagram below.

Table 4

*Details Of Information About Family Planning Devices*

Information about family planning devices	Limbu		Chhetri	
	Number	Percent	Number	Percent
aware of family planning devices	81	94.18	73	84.88
Not knowing about family planning devices	5	5.81	13	15.12
Total	86	100	86	100

According to the details study of respondents presented in the table 4, in the study area, 94.18 percent of Limbu respondents are aware of family planning devices and 5.81 percent Limbu respondents said they did not know about family planning devices. Similarly 84.88 percent of Chhetri respondents are aware of family planning devices and 15.12 percent of Chhetri respondents they did not know about family planning devices.

According to the statistics, both Limbu and Chhetri respondents know a lot about family planning devices while comparing the respondents. The more people know about family planning devices, the more family planning knowledge, awareness of users increasing. Therefore, birth rate maintenance, prevent pride control, family size, rapid population growth rate control and quality of life is determined.

**Respondents understanding family planning devices:** Family planning is an importance aspect of a women's health and life to her give birth any women according to desire up to her reproductive age. Family planning devices are used to maintain birth control, prevent pregnancy, avoid the risk of miscarriage and to avoid various sexually transmitted diseases. What does family planning mean to the respondents about family planning devices? the opinion of the respondents is presented in the table below.

Table 5

*Respondents Understanding Family Planning Devices*

Respondents Understanding FPDs	Limbu		Chhetri	
	Number	Percent	Number	Percent
To preventing pregnancy	19	23.45	23	31.50
Birth control and preventing pregnancy	27	33.33	29	39.72
Birth control, prevent pregnancy, population growth rate and sexually transmitted	35	43.20	21	28.76
	81	100	73	100

Looking at table 5, understanding the means of family planning as a means of preventing pregnancy the number of Limbu respondents is 23.45 percent and 31.50 percent are Chhetri respondents. There are 33.33 percent Limbu respondents and Chhetri 39.72 percent Chhetri respondents who understand that birth control and preventing pregnancy is mean of family planning devices. There are 43.20 percent Limbu and 28.76 percent Chhetri respondents understanding that birth control prevent pregnancy, control population growth rate and sexually transmitted diseases control is mean of family planning devices.

Looking at the understanding details of family planning devices, Limbu respondents seem to have information 94.18 percent family planning devices information while Chhetri respondents appear to be informed in only 84.88 percent. Therefore, it is clear that Limbu respondents have more knowledge of family planning methods than Chhetri respondents.

**Details of the name of the family planning devices.** There are many types of family planning devices method. The kind of birth control that work the best to prevent pregnancy are the implant and Iucds they are also the most convenient use, and the most foolproof. Other birth control methods, like the pill, ring, patch. Shot, are also really good at preventing pregnancy condom, Depo-Provera, Norplant, pills, diaphragm, kapart, minilab, implants etc are among the means of family planning devices. While studying the names of family

planning tools in the study are the following details of family planning tools have been obtained from the respondents. They are presented in the table below.

Table 6

*Details Of The Name Of The Family Planning Devices*

Details of Name of Family Planning Devices	Limbu		Chhetri	
	Number	Percent	Number	Percent
condom, pill and Depo-Provera	47	54.65%	39	45.34%
Condom, pill, Depo-Provera, minilab, implant, kaport ring, diaphragm, Iucd	34	39.53%	34	39.53
all above know				
FPDs name unknown	5	5.81	13	15.12%
Total		100		100

In this study area most of the respondents were found to know the name of family planning devices, condom, pills and Depo-Provera. 54.65 percent of Limbu respondents and 45.34 percent of Chhetri respondents who know the name of family planning devices condom, pills and Depo-Provera. 39.53 percent of Limbu and Chhetri respondents know the name of almost all family planning devices like condom, pills, Depo-Provera, minilab, implant, kapart, ring, diaphragm, iucd etc. 5.81percent of Limbu respondents and 15.12 percent Chhetri respondents who do not know the knowledge of family planning devices name.

**The details of places to get family planning devices.**At presented those who want to get family planning devices tools can get if from anywhere. Family planning devices can be easily obtained from various places like clinic, health posts, health worker and hospitals. People can be easily get a family planning devices through online net internet if you want to get it. Respondents from the study area asked the user who used the family planning devices where to get. They are presented in the table below.

Table 7

*The Details Of Places To Get Family Planning Devices*

Family Planning devices available center	Limbu		Chhetri	
	Number	Percent	Number	Percent
Health post	8	9.87%	20	27.39%
Health post , health worker and Clinic	5	6.17%	53	72.60%
clinic, health post, hospital	68	83.95%	-	-
Total	81	100	73	100

According to the details of places to get family planning tools in table the place where respondents receive the most family planning materials is health post 9.87 percent of Limbu and 27.39 percent of Chhetri respondents get from health post. 6.17 percent of Limbu and 72.60 percent Chhetri respondents get from health post, clinic and health worker. 83.95 percent of Limbu respondents get from hospital.

**Details of source of knowledge about family planning devices.** Everyone need to know about family planning devices. various organizations have conducted public awareness programs directly and indirectly to impart knowledge information about family planning devices. There are planning of ways to gain knowledge about family planning devices. Knowledge about family planning can be obtained from various websites at anytime. Knowledge about family planning devices can be obtained from health posts, health workers, hospital, clinic, radio, t.v, website, book, newspaper, friends etc. Respondents from the study area, following are the responses of the respondents about the source for gaining knowledge of family planning devices. They are presented in the table below.

Table 8

*Details Of Source Of Knowledge About Family Planning Devices*

FPDS Source	Limbu		Chhetri	
	Number	Percent	Number	Percent
Health worker and friends	6	7.40	4	5.47
Health post, health worker, Clinic and hospital	35	43.20	33	45.20
Health post, health worker, Clinic, hospital, book, website, tv and friends etc.	40	49.38	36	49.31
Total	81	100	73	100

In table 8, presented, 7.40 percent of Limbu and 5.47 percent of Chhetri respondents received knowledge about family planning devices from health work and friends. 43.20 percent of Limbu and 45.20 percent of Chhetri respondents received knowledge about family planning from health posts, health works and hospital. About 49.38 percent of Limbu and 49.31 percent of Chhetri respondents get knowledge about family planning from almost all source health post, health workers, clinic, book, tv, website and friends.

### **The Use of Family Planning Tools**

Anyone needs knowledge to use the methods of family planning. Family planning works is used to maintain the birth rate, control of rapid population growth, to prevent pride, spacing of birth, familysize help to improved health outcomes for infants, children, women and families. It can also prevent pregnancy for older people who face pregnancy related risks. Family planning devices use reduces the need for abortion by preventing unwanted pregnancies. It therefore reduce cases of unsafe abortion, one of leading causes of mental death worldwide. By reducing unintended pregnancies and abortions and facilitating family planning spacing of birth, effective contraception provides both health and social benefits to mother and their children. At presented most people have knowledge about family planning devices.

The following are the responses of the respondents to the questions regarding the use of family planning devices in the study are, they are presented in the table below.

Table 9

*Details of Use and Not Use Of Family Planning Devices*

Details of Use and not use of FPDs	Limbu		Chhetri	
	Number	Percent	Number	Percent
Use of family Planning device	66	76.74	56	65.11
Not use of family planning device	20	23.25	30	34.88
total	86	100	86	100

In table 9 presented, 76.74 percent of Limbu and 65.11 percent Chhetri respondents using family planning devices. And 23.25 percent of Limbu and 34.88 percent of Chhetri respondent do not use of family planning devices.

Comparing the above data on Limbu and Chhetri respondents, more Limbu respondents than Chhetri respondents used family planning devices. Family planning helps nations to reach social and economic goals, beginning at the community level. Family planning is an important and cost-effective investment for governments and contributes to multiple economic and health priorities, including reducing poverty.

**Details of using family planning method according to age group:** Those who use family planning methods are also given details according to their age. Which age group used the most family planning method? about it, the table below presents the age group statistics of Limbu respondents and Chhetri respondents.

Tabel 10

*Details of Using Family Planning Method According to Age Group*

Age Group	Details of Using Family Planning Method According to Age Group			
	Limbu		Chhetri	
	Number	Percent	Number	Percent
15-20	4	6.06	7	12.5
21-25	12	18.18	11	19.64
26-30	26	39.39	15	26.78
31-35	12	18.18	13	23.21
36-40	10	15.15	6	10.71
41-49	2	3.03	4	7.14
Total	66	100	56	100

The study found that most respondents in the 26-30 age group used family planning devices. The highest number of Limbu respondents using contraceptives was in the age group of 26-30 years which is 39.39 percent and the lowest was found in the age group of 41-49 years at 3.03 percent. Similarly, the highest number of Chhetri respondents using family planning devices was in the age group of 26-30 years which is 26.78 percent and the lowest was found in the age group of 41-49 years at 7.14 percent.

Looking at the age group uses rates of Limbu and Chhetri respondents based on age group, it was found that the age group of 26-30 years of Limbu respondents used largely.

**Details of the name used in the family planning devices.** They are different types of family planning devices such as condom, pills, Norplantdepot, diaphragm, iucd, minilab, kaparti etc. Birth control also know as contraception, anti-conception and fertility control, is a method or device used to prevent pregnancy. The study site respondents found the most Depo-Provera and pills when they studied the use of family planning tools. They are presented in the table.

Table 11

*Details of the Name Used in the Family Planning Devices*

Details of The Name Used in the Family Planning Devices	Limbu		Chhetri	
	Number	Percent	Number	percent
Depot	49	74.24	33	58.92
Pills	17	25.75	21	37.5
Diaphragm	-	-	1	1.78
Kaparti	-	-	1	1.78
Total	66	100	56	100

The family planning tools Depo-Provera Limbu used by 74.24 percent and Chhetri used 58.92 percent of the respondents is presented in the table above. Similarly, 25.75 of Limbu respondents and 37.5 percent of Chhetri respondents use pills and 1.78 percent kaparti and 1.78 diaphragm used by of Chhetri respondents. Respondents found the most use of depot sand pill of family planning devices. The reason for this is that there is a health post close to the area of the respondents and it is easy to use.

**Details of the reason for using the family planning devices.** Family planning services support people decision about when, or if, they would like to have children by offering education, counseling and birth control devices. Family planning for a child will help you avoid the social, health and financial problem you face if an unplanned pregnancy happens, The main reason for using family planning devices in Nepal is to control pregnancy and also to control the size of family, to maintain the birth rate, after the birth of the child, to avoid the disease that is transmitted through physical contract. The reason given by the respondents for using family planning tools as follow. They are presented in the table.

Table 12

*Details of the Reason for Using the Family Planning Devices*

the reason for using the family planning devices	Limbu		Chhetri	
	Number	Percent	Number	Percent
children's interest has been fulfilled	10	15.15	19	33.92
to maintain the birth rate	11	16.66	8	14.28
to maintain a prevent pride because they did not want a child right now	17	25.75	14	25
children's interest has been fulfilled and to maintain the birth rate.	28	42.42	15	26.78
Total	66	100	56	100

Due to the use of family planning devices, 15.15 percent Limbu and 33.92 percent Chhetri respondents said that their children's interest has been fulfilled. 16.66 percent of Limbu and 14.28 percent of Chhetri respondents reported using family planning devices to maintain the birth rate. 25.75 percent Limbu and 25 percent of chhetri respondents said that they used family planning devices to maintain a prevent pride because they did not want a child right now. 42.42 percent Limbu respondents and 26.78 percent Chhetri respondents used to family planning devices, children's interest has been fulfilled and to maintain the birth rate.

The importance of family planning tools increasing in our society. The more people understand about family planning tools, the more they are used. The more people in the society are aware of this, the more the social sector, economic sector and the health sector etc are developing. Helps in the development of the country.

**Details of the current use of family planning devices.** Nepal FP 2020 commitment  
The Nepalese government commits to enabling equitable access to voluntary family planning services based on informed choice for all individuals and couples, in particular, those within vulnerable and marginalized population (net). The five Nepal Demographic and Health surveys (DHS) conducted in the country between 1996 and 2016 have shown the progress accomplished by the family planning program in Nepal. The modern contraceptive

prevalence rate, increased from 26 percent in 1996 to 43 percent in 2016. Despite progress over the past 10 years in Nepal, 24 percent of married women still have an unmet need for family planning. Only 15 percent of married women or girls aged 15-49 use a modern form of contraception. Women in rural areas have an average of 2.9 children compared to 2.0 children among women in urban area. The following data has been obtained from the study research on the current use of family planning devices among the respondents in the study area, There are 37 Limbu respondents and 40 Chhetri respondents using family planning devices in the study area, the number of users of family planning tools has decreased compared to the past. Respondent husbands have moved away from their areas for foreign employment and wages, which has led to decline in contraceptive use.

### **The respondents who know the benefits of the family planning**

**devices.** Contraception allows them to put off having children until their bodies are fully able to support a pregnancy for older people who face pregnancy related risks. Contraceptive use reduces the need for abortion by preventing unwanted pregnancies. Family planning creates benefits in areas such as, gender quality, women's health, access to sexual education, higher education and improvements in material and child health. Family planning provides many benefits to mother, children and the family. Enables her to regain her health after delivery gives enough time and opportunity to love and provide attention to her husband and children gives more time for her family and own personal advancement.

Table 13

*The Respondents Who Know the Benefits of the Family Planning Devices*

the benefits of the family planning devices	Limbu		Chhetri	
	Number	Percent	Number	Percent
unwanted pregnancy and pride control	19	23.45	20	27.39
to maintain the birth rate and spacing birth	18	22.22	17	23.28
control rapid population growth rate, maintained birth rate, control the size of family, spacing of birth.	43	53.08	36	49.31
total	81	100	73	100

23.45 percent of the Limbu and 27.39 percent of the Chhetri respondents understood that the benefits of using family planning devices unwanted pregnancy and pride control the situation. 22.22 percent of the Limbu and 23.28 percent of the Chhetri respondents understood that the benefits of using family planning method are to maintain the birth rate and spacing birth. 53.08 percent of Limbu and 49.31 percent of Chhetri respondents understood that the benefits of using family planning tools control rapid population growth rate, maintained birth rate, control the size of family, spacing of birth.

Looking at the details of the respondents understanding of the benefits of using family planning methods that it would be benefits to control to prevent pride, maintained birth rate, control the size of family planning, spacing of birth and control of population growth rate the overall.

**Description of the problem of using family planning devices.** When people use family planning methods, they face various social, mental and physical problem. Problem such as stressful menstruation, irregular, obesity, headache, nausea and weakness. The

following details were obtained when the respondents in this study area asked about the family of intimacy with the use of family planning tools.

Table 14

*Description of the Problem of Using Family Planning Devices*

the problem of using family planning devices	Limbu		Chhetri	
	Number	Percent	Number	Percent
Problem of Obesity	7	38.88	9	45
Menstrual irregularities and Hemorrhage	4	22.22	2	10
Obesity and Vomiting	3	16.66	6	30
Having all the above problems	4	22.22	3	15
Total	18	100	20	100

**Summary of the Finding**

This research was mainly tried to find out the 15 to 49 years married Limbu and Chhetri respondents women in Dhankuta district, Chaubise Rural Municipality ward no. 8. This study of knowledge and use of family planning tools has the following facts. The main objective of this study was explore the knowledge and use on family planning among the married women (15-49 year) of Limbu and Chhetri community and to identify the problem of using family planning devices. In the this study area, total population of married Limbu and Chhetri women were 172 the respondents was selected by census method, altogether 86 Limbu respondents and 86 Chhetri respondents were selected for the purpose of the study . Respondents were interviewed in order, to find out the knowledge and use of family planning devices. This study was mainly based on descriptive type of research design. For the completion of the study, the researcher was reviewed different literatures propounded by different scholars though the world regarding family planning.

The interview schedule was used to get necessary information about knowledge and problem of using family planning devices, On the process of information collection, the wards were surveyed by visiting door to door. After collecting the necessary information,

they were checked, corrected and presented in different table, percentage and figure.

Descriptive and simple mathematical interpretation procedure was applied in this study. From the analysis and interpretation of the collected data from field survey and interview, the major finding of the study had been summarized following ways:

- ) From educational of the target married Limbu and Chhetri women(15-49 age group) in the study area, Limbu respondents were found to be 95.33 percent literate and 4.65 percent illiterate and Chhetri respondents were found to be 90.7 percent literate and 9.3 percent illiterate.
- ) Respond by occupation, the Limbu respondents were found to be 65.11 percent engaged in agriculture, 8 percent in employment, 13 percent in household and 9 percent in business. Chhetri respondents were found to be engaged in agriculture 51.16 percent, 8.13 percent in employment, 23.25 percent in household and 17.44 percent in business.
- ) In this study area, 100 percent Chhetri respondents are Hindu religion, 94.18 percent Kirat religion and 5.81 percent Christian religion of Limbu respondents.
- ) 94.18 percent of Limbu respondents were aware and unknown 5.18 percent of family planning devices and 84.88 percent of Chhetri respondents were also aware and uninformed 15.12 percent of family planning devices.
- ) 94.18 percent limbu respondents and 84.48 percent chhetri respondents were found to have knowledge about family planning tools.
- ) understanding the means of family planning as a means of preventing pregnancy the number of Limbu respondents is 23.45 percent and 31.50 percent are Chhetri respondents. There are 33.33 percent Limbu respondents and Chhetri 39.72 percent Chhetri respondents who understand that birth control and preventing pregnancy is mean of family planning devices. There are 43.20 percent Limbu and 28.76 percent Chhetri respondents understanding that birth control prevent pregnancy, control population growth rate and sexually transmitted diseases control is mean of family planning devices.
- ) The known Limbu respondents named condom, pill, Depo-Provera was 58.0 percent and Chhetri respondents was 45.3 percents. 39.53 percent of the respondents (Limbu and Chhetri) were known to have known contraceptives like condom , pill, Depo-

Provera , kaparti ring, minilab, implant iuce and diaphragm. In all the above family planning devices, known Limbu respondents were 5.1 percent and Chhetri respondents were 15.12 percent

- ) 9.87 percent of Limbu respondents and 27.39 percent of Chhetri respondents had taken family planning tools from health post. 6.17 of percent Limbu respondents and 70.60 percent of Chhetri respondents taken from the clinic and 83.95 percent of Limbu respondents were found to have taken family planning equipment from health post, clinic and hospitals.
- ) 7.40 percent of Limbu respondents and 5.48 percent of Chhetri respondents were found to be gaining knowledge through health workers and friends, and 43.20 percent of Limbu respondents and 45.20 percent of Chhetri respondents were found to be knowledge through health worker, friend, clinic and hospital. 49.31 percent of Chhetri respondents were found to have knowledge about family planning devices through all the above means.
- ) Out of the total respondents, it was found that 76.74 percent of Limbu respondents and 65.11 percent of Chhetri respondents used family planning tools but currently, 43.02 percent Limbu respondents and 46.51 percent of Chhetri respondents are using family planning methods.
- ) 74.24 percent of Limbu respondents and 58.92 percent of chhetri respondents used depots, 25.75 percent of Limbu respondents and 37.3 percent Chhetri respondents used pill, and Chhetri respondents were found to have used 1/1 percent diaphragm and kaparti ring.
- ) 16.66 percent of Limbu respondents and 14.28 percent of chhetri respondents to maintain the birth rate, 15.15 percent of Limbu respondents and 33.92 percent of Chhetri respondents due to child fulfillment, 42.42 percent Limbu respondents and 26.73 percent of Chhetri respondents were found to have used family planning tools to maintain the birth rate and fulfill the child's desire. 25.75 percent of Limbu respondents and 25 percent of Chhetri respondents did not want to have children immediately after marriage so they used family planning tools.
- ) Respondents well were of the benefits of using family planning tools, 23.45 percent of Limbu respondents and 27.39 percent of Chhetri respondents know that pride can stop

the situation and control of unwanted pregnancy 22.22 percent of Limbu respondents and 23.28 percent of Chhetri respondents understood that birth rate and spacing birth rate and it was found that 53.08 percent of Limbu respondents and 49.31 percent of Chhetri respondents understood that it control rapid population growth rate, maintained birth rate, control the size of family and spacing birth rate.

) Found to be appeared from used of family planning device. The major health problem which were found in more respondents were obesity (38.88 percent Limbu and 15 percent Chhetri), irregular menstruation and bleeding 22.2 percent Limbu respondents and 10 percent Chhetri respondents, obesity and vomiting 16.66 percent Limbu respondents and 30 percent of Chhetri respondents and having all the above problems 22.22 percent of Limbu respondents and 15 percent of Chhetri respondents.

## **ChapterV: Conclusion and Recommendation**

### **Conclusions**

Respondents in the 26-30 age group in this study, It was found to be in large numbers. Compared to Limbu and Chhetri respondents, Limbu respondents were found to be more literate. Although the respondents of this study are involved in various occupation it has been found that the main occupation is agriculture. It was found that Limbu was more involved in agriculture than Chhetri. Among the respondents, Chhetri was found to be all Hindu and Limbu respondents were found to be Kirat and Christian. There were more Limbu respondents than Chhetri who had knowledge and awareness about the means and uses of family planning. Comparing the statistics of Limbu and regional respondents, it was found that more Limbu respondents used family planning tools than chhetri respondents. Most of the respondents here used depot and pills. After using the family planning method, some users were found to have problems like obesity, vomiting etc. Such problems were found to be more in the Chhetri respondents than in the Limbu respondents. Overall, the respondents in this study were found to have a lot of knowledge and informed about the use and knowledge of family planning tools.

### **Recommendations**

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

**General recommendations:** The general recommendations of this research are as follows.

- ) Targeted respondents appear to be more involved only in housework and traditional agriculture. In order to change in this modern agricultural training and skill-based training should be conducted at the local to enhance.
- ) Health education and awareness programs on the use and knowledge of family planning tools should be conducted to bring about positive change in the respondents
- ) Respondents should be aware of the benefit and implications of family planning devices.

- ) In this study area, only depot and pills family planning tools were found to be used in large quantities, therefore after the use of other means to inform about the benefits and effects and increase the use rate.
- ) Although most of the respondents were aware of the use of family planning tools, it was that there were no public awareness programs on the knowledge and use of family planning tools, therefore awareness should be created about the use and knowledge of family planning tools in dramas, programs, talks and seminars.

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

- ) Local bodies should be conduct growth oriented programs on knowledge and use of family planning tools.
- ) The government of Nepal should formulate a clear policy on family planning and implement it effectively.
- ) To formulated policy for effective implementation of national level programs.

**Recommendation for the future study:**

- ) This type of study can be carried out in other cast / ethic groups of people.
- ) To study use of family planning tools and effects in this area.
- ) To study the impact of family planning tools on social and economic sectors.

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## APPENDIX-A

### Interview schedule

Knowledge and Use of family planning devices among married women on Limbu and Chhetri community at Chaubise Rural Municipality ward no.8, in Dhankuta District

#### A. General Information of the respondents.

Name:.....

Age:.....

Religion:.....

Caste:.....

Occupation:.....

Education:.....

#### B. Knowledge and Using Family planning devices in Limbu and Chhetri community.

1. Do you know about FPDs?
  - a) Yes
  - b) No
2. If yes, what is FPDs?
  - a) Its means to prevent unwanted pregnancy
  - b) It's is STDs prevention means
  - c) It's is necessary for enjoying at the time of sexual intercourse.
  - d) other
3. Does your cultural belief affect you to use of FPDs?
  - a) Yes
  - b) No
  - c) Some time
4. How do you find out about family planning device?
  - a) Health post
  - b) T.V/Internet
  - c) Peer
  - d)Others
5. What devices do you know for family planning?
  - a)Norplant
  - b) Condom
  - c) pills
  - d) Diaphragm
  - e) IUD
  - f) Implants
  - g) Minilab
  - h) All the above
6. Have you used the family planning devices?
  - a) Yes
  - b) No
7. If yes, what type of means do you use on family planning?
  - a) pill
  - b)Norplant
  - c) Diaphragm
  - e)Implants
  - e) Mililabarotomy

8. When do you use family planning device?
  - a) Every time Before Sexual intercourse
  - b) At the time of necessity
  - c) Others
9. Need permission from your husband when using a family planning device?
  - a) Yes
  - b) No
10. Does any FPDs give you any kind of side effects?
  - a) Yes
  - b) No
11. Why used family planning devices?  
 .....
12. Do you know the advantages and disadvantages of FPDs that you are using currently?
  - a) Yes
  - b) No
  - c) Somehow
13. Who can use FPDs ?
  - a) Anyone
  - b) Married people
  - c) male only
  - d) female only
14. Have you got information education and communication about family planning devices?
  - a) Yes
  - b) No
  - c) Sometimes
15. If yes, what do you get IEC about?
  - a) Advantages and disadvantages of family planning devices
  - b) Hoe to use family planning devices
  - c) Side effects and its minimizing way
  - d) Others.....
16. Do you think that IEC encourage you to use family planning device?
  - a) Yes
  - b) NO
  - c) Somehow
17. Is family planning devices is available in your community?
  - a) Yes
  - b) No
  - c) Somehow
18. If yes, where is it available?
  - a) ORC/SHP/HP
  - b) Hospital
  - c) Clinic
  - d) Others
19. Do you have access to family planning device?
  - a) Yes
  - b) No
  - c) Sometimes
20. If no, why do not have access to family planning device?

- a) Health center is far
  - b) I'm too busy to my work
  - c) Service providers do not behave well
  - d) Others.....
21. Do you buy family planning devices or get it free?
- a) Buy                      b) Free
22. If you get it free, where do you get it from?
- a) health post              b) Hospital              c) Clinics              d) Others
23. Are you currently used in family planning devices?
- a) Yes                      b) No
24. How long has it been using family planning devices?
- a) One month              b) Six month              c) One year above
25. If you have any side effect due to FPDs, what are they?
- .....
26. What are the reasons for using family planning devices?
- .....
27. Forced or interested in using family planning devices?
- .....
28. Satisfied with family planning devices use?
- a) Yes                      b) No
29. If yes, what message do you want to convey to women in the community about family planning devices?
- .....