

# **KNOWLEDGE AND USE OF FAMILY PLANNING DEVICES AMONG MARRIED WOMEN**

**Submitted By  
Surya Kumar Adhikari  
T.U. Registration: 9-3-0214-0367-2010  
Exam Roll No. 2140210  
Educational year: 2067/068**

**A Thesis Submitted to  
Health and population  
Education Department in partial  
Fulfillment of the Requirements for the masters  
Degree (Population Education code No: 598) in Education**

**Health and Population Department  
Sukuna Multiple Campus  
Indrapur, morang  
2073**

## **Recommendation Letter**

Surya Kumar Adhikari, who, is the registered admitted master degree second year student of Sukuna Multiple Campus in the Educational year 2067/068 and he submitted a thesis on entitled, " knowledge and use of family planning Devices among married women in Dharan Sub- Metropolitan city ward No - 16 ( Naulo Basti and Simana Tole ) of Sunsari district in order to fulfill the partial requirements for the master degree in population Education under my guidance. I am fully satisfied with his thesis writing and I would like to recommend for evaluation over the thesis evaluation committee.

Date : 2073-09-08

Thesis instructor

Balkrishna Khadka

## APPROVAL SHEET

The thesis entitled " Knowledge and use of Family planning Devices among Married Women in Dharan Sub- Metropolitan city ward No - 16 ( Naulo Basti and Simana Tole ) of Sunsari District" Submitted by Surya Kumar Adhikari in Partial fulfillment of the requirements for the degree of Master of Education ( Population Education) has been accepted.

Thesis Evaluation Committee:

signature

Mr.

Head, Health and Population

Education Department

Mr.

Lecture, Health and Population

Education Department, Sukuna

Multiple Campus, Indrapur, Morang

Mr.

Reader, Chairman, Health and

Population Education Subject

External Committee

Date : 073-08-

## ACKNOWLEDGEMENT

Respectfully I would like to heartily thanks to my guider lecturer Mr. Bal Krishna Khadka ( Sukuna Multiple Campus, Indrapur, Morang) Who gave me appropriate guidances and suggestions to develop this thesis.

I would like to express my heartly gratitude to Mr Janardan Guragain, HoD of health and population, chairman,Mr. Hari Bahadur Khatry,as well as all the health and Population Education teaching professors of Sukuna Multiple Campus for their behavioral education, active co-operation and significant suggestions.

I want to give heartly thanks to Mr. Khagendra Khatiwada, tax- officer of Dharan Sub- Metropolitan city, H.A. Rama Budhathoki,Subha Narayan Baneta,School management committee Tilak Rai, Bikash Acharya, Hari Shankar Upaddhyaya, Ajaya Shahi and Indra Devi Lama, Govinda prd. Niraula and all staffs of Chandra Sanskrit ma vi Dharan - 16 who assist me while data collection, typewriting and all respondent mothers and their family members for their time and co-operation.

Last but not least the researcher wishes to express their gratefulness and thanks to the campus chief Mr Pit Kumar Shrestha, vice-campus chiefs are Mr.Prem Prasad Bhattarai,Mr. laxmi kumar shrestha, Mr. Chandra Mani Rai ( sukuna multiple campus, Indrapur, Morang ) and their entire Health and Population committee members of campus for kindness and co-operation to me.

Date : 073-09-08

Surya Kumar Adhikari

## Abstract

The Thesis is entitled "Knowledge and use of family planning Devices among married women ( 15-49 years ) in Dharan- Sub Metropolitan city ward No - 16 ( Naulo Basti and Simana Tole ) of Sunsari District. The main objective of this study is to find out the knowledge and use of family planning devices and also to findout its using problems, its effects and its solution.

This study is totally mixed (qualitative and quantitative) designed and is based on descriptive type research method. There are more than 150 houses within Naulo Basti and Simana Tole and this study selected only 80 houses from both toles with taking only 80 married women from the houses. To complete this study, both primary and secondary sources of data are used by asking closed and opened questions. There are chart table, pie-chart, bar-chart which make complete the data analysis.

Healthworker, Rama Budhathoki and Shubhanarayan Baneta have provided informations about F.P.devices and using conditions of those communities. Through direct interview with married women, 75% women have known about family planning devices, 25% women are not known about devices, 50% women are used family planning devices, 50% women are not used any devices. While using devices, they reacted some side effects in the body like, 45% women responsed irregular bleeding high,12.5% answered not satistaction in sex,12.5% women responsed, abdomen problem, not digest well, not well seen and rigidness, headache, vomiting and other effects. About 45% of users women say the imbalancee of menstruation, and Depo-provera is febrile contraceptive among current users. 50% women are found by using F.P. devices.

Inorder to familiar with the family planning devices, there must be consciousness,orientation programs, free services of F.P. to those both communities and Dharan sub-metropolitan city should send expansion programs of NGOs and INGOs in these areas. There must be conducted skill-based programs for women to increase living standards, providing good suggestions, the proper age of their daughters marriage, controlling of high fertility programs, and demanding various vaccines and nutritious program from Dharan municipality to those areas.

RECOMMENDATION	i
APPROVAL SHEET	ii
ACKNOWLEDGEMENT	iii
ABSTRACT	iv
<b>TABLE OF CONTENTS</b>	
list of tables	viii
list of figures	ix
Abbreviations	x
<b>Chapter- One : Introduction</b>	<b>Page No.</b>
1.1 Background of the study	1
1.2 Statement of the problem	6
1.3 Objectives of the study	8
1.4 Research questions	8
1.5 Significances of the study	8
1.6 Delimitation of the study	9
1.7 Definitions of the terms used	9
<b>Chapter Two: Review of the Related literatures</b>	
2.1 Review of the related literatures	11
2.2 Theoretical frame work	15
2.3 Implications of the review for the research	17
<b>Chapter Three: Methods and procedures of the study</b>	
3.1 Design of the study	19
3.2 Population and sample	19
3.3 Sampling procedures	19
3.4 Sources of Data	20
3.5 Data collection tools	20
3.6 Data collection procedures	21

3.7	Data Analysis interpretation procedures	21
<b>Chapter Four: Results and Discussion</b>		
4.1	Age and gender population group	22
4.2	Population group according to religion	24
4.3	Occupational population group	24
4.4	Education	26
	4.4.1 Respodents by literacy status	26
	4.4.2 Educational situation	26
4.5	Age of woman at the marriage time	27
4.6	Age of woman in the first baby birth	28
4.7	Particular of birth spacing gap	29
4.8	Knowledge of family planning service	29
4.9	Knowledge of family planning devices	30
4.10	Attitude of women over F.P. Devices	31
4.11	Sources Particular information of family planning devices	32
4.12	Use of F.P. devices in current situation	32
4.13	Particulars of using various F.P. devices	33
4.14	Reasons for not using F.P. devices	34
4.15	Receiving places of F.P. devices	36
4.16	Facing problems of using F.P. devices	36
4.17	Remedy measures of problems in using F.P. devices by women	37
<b>Chapter Five: Summary, conclusions and implications</b>		
5.1	Summaries	40
5.2	Conclusions	40
5.3	Recommendation	42
	5.3.1 Policy level	42

5.3.2 Practice level	43
5.3.3 Further research level	43
References	45
Appendix	47

## List of Tables

	<b>Page No</b>
Table 1: Age and gender group population	18
Table 2: According to religion population group	19
Table 3: Occupational population group	19
Table 4.1: Respodents by literacy status	21
Table 4.2: Educational situation	21
Table 5: Age of women at the marriage time	22
Table 6: Age of women at the first baby birth	22
Table 7: Particular of birth spacing gap	23
Table 8: Knowledge of family planning service	24
Table 9: Knowledge of family planning Devices	24
Table 10: Attitude of women over F.P. Devices	25
Table 11: Information Particular of F.P. Devices	26
Table12: Use of F.P. device in current situation	26
Table13: Particular of using various F.P. devices	27
Table14: Reasons for not using F.P. devices	28
Table15: Receiving Places of F.P. devices	29
Table16: Facing problems of using F.P. devices	29
Table17: Remedy measures of problems in Using F.P. devices by women	30

## **List of Figures**

	<b>Page No</b>
Figure1: Population according to occupation	20
Figure 2: Particular of knowledge over F.P. Devices	25
Figure 3: Use of F.P. devices in current situation	27
Figure 4: Particular of problems facing while using F.P.Devices	30
Figure 5: Remedy measures of problems in using F.P. devices by women	31

## **Abbreviations**

ASRH -	Adolsense sex Reproductive Health
CBS -	Central Bureau of Statistics
FHD -	Family Health Division
FPAN -	Family Planning Association of Nepal
FP -	Family Planning
FPP -	Family Planning Program
HP -	Health Post
HA -	Health Assistant
IEC -	Information, Education, Communication
INGO -	International Non-Government Organisation
IUD -	Intra Utrine Device
MOHP -	Ministry Of Health and Population
MCH -	Maternal and Child Health
MMR -	Maternal Mortality Rate
NGO -	Non-Government Organisation
RH -	Reproductive Health
SHP -	Sub- Health Post
TFR -	Total Fertility Rate
TU -	Tribhuvan University
UNFPA -	United Nations Population Fund for PopulationActivities
VHW -	Village Health Workers
WHO -	World Health Organization

## **Chapter One**

### **Introduction**

#### **1.1 Background of the Study**

Population growth is a continuous natural phenomenon but it should be balanced according to the economic condition, available natural resources and materials of that country but nowadays we have heard and faced the increasing rate of people in Nepal and of the world. In the latest of 2016, The world population is 7 billion 13 core and 70 lakh and now it is also increasing. Developed countries have 17.5 % and developing countries have 82.5% population (UNFPA, July-11,2016).

According to the First population census (1968) of Nepal, there were 56,38,749 population and now the eleventh population census (2068) report declared that Nepal has 2,64,94,504 population with 51.5% Female and 48.5% Male. The increasing rate of population 1.35% and, TFR 2.6 per women in Nepal. The central region has the highest growth of population. like 36.45%. If we only discuss the population in sunsari district, there are 7,63,487 population according to population census 2068 where we can find 48.62% male and 51.38% female. sunsari district has 1.99% population growth rate. The total family number is 162279 and each family has 4.7 members (CBS,July-11, 2011).

In the concern of population growth of the world, the major factors like high infant mortality rate, high fertility, poverty, uneducated, ignorance, and social and cultural cause high population growth . In the ancient time, people used to control the pregnancy by using different domestic devices what they found in their places like Chinese women chewed lead and metals pieces, Germany women used majoram thyme and parsley and women used honey, lemon and beetal leafsyruap in the vagina for killing sperm. They believed in jaifal, peepal roots, old sugar candy, chiraito, beetal root, clove flower and hing and ate them for controlling womb(kafle,2067).

In order to control the unnecessary rapid growth of population, people should give up old concepts and conservative thoughts over the getting birth of babies and must be followed the family planning programmes its temporary and permanent devices which are provided by the government. Family planning is the most essential modern concept of controlling rapid growth of population.

In the narrow sense, family planning, simply put, is the practice of controlling the number of children in of family and the intervals between their births, particularly by means of artificial contraception, or voluntary sterilization.

In the broader sense family planning refers to the use of modern contraception and other methods of birth control to regulate the number, timing and spacing of human births. It allows parents, particularly mothers to plan their lives without being overly subject to sexual and social imperatives. However, family planning is not seen by all as a humane or necessary intervention. It is an arena of contestation within broader social and political conflicts involving religious and cultural injunctions, patriarchal subordination of women, social class formation and global political and economic relations.(Encyclopedia.com)

Nepal is one of the least developed country and more than 65 % people who are engaged in farming and 86% people are settled in village. Nepalese people have the special characteristics like poverty, uneducated, ignorance, superstitious and total Nepalese society is affected by old concept and conservative. The world has changed by different scientific technology as a globalization but Nepalese people are in old concept and do not change their attitudes and always getting birth high and high and it causes social crime, poverty, unemployment, unplanned urbanization and always feel lack of every day needs. Due to the high population our health is getting weaker because of nutritious food and we seem to be old in a early age. Most of the Nepalese courageous manpower go to earn in the different countries every year and another side, we are destroying our Natural resources and environment pollution as well as social violence of crime, prostitution, rape case, theft, conflict. corruption, flood, landslide, famine, starvation and so on. In order to save from being different bad activities, we should control the rapid growth of population on time. The government should give the awareness programmes how to control unnecessary population to the Nepalese people. If we do not control population, we always become poorer and poorer, less developing country in the world (MOH, 2011).

The use of contraception in Nepal is very low in world terms and the Nepalese government, in keeping with its programme goals, is trying to increase the uptake throughout the country.

Increasing knowledge among the population about different forms of contraception can lead to and increase in their use. If the providers can be fully trained in the counseling and provision of the different forms of contraception then this has the potential to increase general knowledge and increase utilization and continuation of family planning methods. Increasing the accessibility of methods of contraception will also be likely to increase the uptake of those methods within a population but now only 47% married couples are using family planning devices as a whole in National statistics. ( MOHP, 2009)

At first in Nepal, medical Board advocated about family planning program in non-formal way in 1956. After then, Nepal family planning association (NFPA), as a NGO was established in 1958. This NGO only supported various family planning programmes within Kathmandu valley. Nepal government made the family planning strategy and included in the third five year plan (1965-70). This plan extended from 1968 and established as family planning and maternal child health (FP/MCH), (Kafle, 2067).

Currently, besides the government programmes, different NGOs and INGOs are also providing family planning services as well as information education and communication services related to the family planning. Some of these institutions are. Nepal family planning association, Plan international, Care Nepal, Nepal Red cross society, Mary stops etc. they provide different types of F.P. devices either permanent or temporary and they also conduct short-term camp in the rural area of Nepal over the orientation of health programmes especially F.P. devices, reducing population growth rate, encouraging to use F.P. devices for married couples and so on suggestions to the related groups.

The national health policy 1991 related to the National reproductive health and family planning (RH/FP) programme aims at increasing the coverage of the family planning services to the village level through health facilities and activities such as Hospital, Primary Health care (PHC) centers, Health posts (HP), Sub-Health posts (SHP), PHC out reach clinics, Mobile voluntary Surgical contraception (VSC) camps. These all the institutions are specially involved in the rural area and they inspire to the groups for using and follow up the family planning contraceptive devices who want to birth only one or two children to control unnecessary and unwilling children birth spacing gap between two children, marriage time and other suggestions to them.

The governmental family planning programmers' have trained and fielded community level volunteers for the promotion of condom distribution and the re-supply of oral pills, intensified IEC (information, Education, communication) activities are also being carried out utilizing different media to increase awareness on RH/FP in the community.

In the context of Dharan sub-Metropolitan city, there are 137705 population and 64671 people are male and 73034 people are female. Dharan covers 192.61 sq. km in area and the average family number is 4.31, sex ratio, 100 female equals to 92.3 male, the density of population is 1160 per sq. km and Dharan has 1-27 wards now, and total household is 32693. Dharan is a small beautiful city of eastern region but it has by then city of

population. The report of Dharan municipality 2069/070 declared the health services consumers 61227 in total population. Among them, only 1275 married couples use temporary family planning devices as like depo, pills, and condom. Most of the married couple's donot have the knowledge, practices of FP in their community. (Dharan- sub-Metropolitan report 2016).

In order to know the family planning devices information, use and attitude among married women in Dharan - ward- 16 ( Naulo Basti, and Simana Tole ), there are 11199 total population, in male and female are 5173 and 6026, and household is 2763 respectively. We have selected only Naulo Basti and Simana Tole of Dharan ward -16 and there are 50 houses in Simana Tole and 100 houses in Naulo Basti. Most of the families are under the poverty circle and they are unable to fulfill every day needs without doing any work. To complete the thesis, the selected 30 women from Simana Tole and 50 Women from Naulo Basti are included in the study. To know their views over family planning devices advantages, disadvantages, its problems in using concept over F.P. devices, using condition and so on.

## **1.2 statement of the problem**

The face of family planning in Nepal is changing with time. However, the populations have contraceptive needs that are still not being met. There are a number of factors encompassing religion, family, finance and social standing that influence the prevalence of contraceptive use. The government and other providers are slowly finding ways of addressing these issues but many remain deep-seated among the community. The challenge for the family planning services in Nepal is now to strengthen and expand the provision of good quality services on a regular basis to meet increasing demands currently or in the future.

The attitudes of the Nepalese people towards reproductive health and contraception have changed but behavior has not changed along with changing attitudes. Contraceptive use increasing but not quickly to keep fertility in the line with changing reproductive attitudes so despite there being a wide spread acceptance that a smaller family size would be idea, there still remain a substantial number of unplanned birth throughout the national community.

Throughout Nepal there are misconceptions about contraception that can be attributed to a serious lack of available information and education of the general population. This leads to a fear of modern methods of contraception which includes both

sterilization and temporary methods. This fear lends itself to an atmosphere of indecision and inaction with regard to the use of contraception.

Couples really want to limit their family size but the fear of side effects and their health consequences lead to the decision not to use contraception. The fear associated with family planning methods is that the side effects will have a negative effect on the ability of a family to sustain itself. This results in couples going beyond their desired family size and not using family planning facilities even when they are physically accessible. Even when individuals use the services, it is common that they will not return for additional services, advice or information if they have a perceived problem. At present, Nepal has one of the lower rates for contraceptive use in the world 99.5% of currently married women in Nepal know of at least one family planning method but only 53.1% of these women report that they have ever used one ( MOH, 2011).

Nepal's development plan has long been the promotion of a balanced population and development activities but population growth is still over 1.35% per annum, which is putting a great strain on limited resources. To complete development in Nepal, there should be reduced the rapid population growth. Some educated families have one or two babies but most of the uneducated and poor families have more than four babies. Rapid population growth is also a main health problem for Nepal (MOH, 2011).

In order to control the rapid growth of population, family planning devices are useful and it is the essential tool because higher use of FP lowers the fertility level. We should provide the knowledge, information, concept, about F.P. devices to those families who have high numbers of babies. Most of the families do not like using family planning devices because they are ignorant, uneducated, religious concept, socio-cultural tradition, and conservative over F.P. devices. By these reasons, they get babies in any times, without their will. We should get babies with our interest, desires, wants and according to our resources and should be familiar with F.P. devices. To study, we have seen high population growth in Sukumbasi Basti ( Simana Tole and Naulo Basti ) of Dharan ward- No. 16 where most of the married women have more than 2 babies, birth spacing is short-term and they have a few knowledge over F.P. devices. In these communities, nobody could investigate over them about using family planning devices, using conditions. Therefore, to know the various situation about FP, these two communities are selected in the study.

### **1.3 Objectives of the study**

The general objective of this study is to analyze the knowledge and use of family planning devices among married women in Dharan-16( Naulo Basti and Simana Tole) . The specific objectives are below which are proposed to provide the structure and direction for this study. These objectives are:-

- a) To find out knowledge and use of family planning devices.
- b) To identify the use of different F.P. devices among married women.

### **1.4 Research Questions**

- a) What are the family planning devices?
- b) What are the using situations of F.P. devices?
- c) What are the problems and effects of using F.P. devices ?
- d) How can the problems and effects of F.P. devices be solved ?

### **1.5 Significances of the study**

This report is helpful for various groups like

- a) The findings and recommendation as well as result of this study can contribute to formulate health programmers in this area.
- b) The issues of this study could be useful guidelines for health educators, health planners, information, education, communication and personals.
- c) This study is also contributable to further researchers, readers in related fields and issues.
- d) The study is helpful to the persons who are working in the concerned field.

### **1.6 Delimitations of the study**

Due to the time and budgetary constraints the study is limited like:-

- a) The study is limited only 30 married women (15-49 years) from Simana Tole and 50 married women ( 15-49 years) from Naulo Basti of Dharan Sub-Metropolitancy ward No-16, to know the knowledge and use of family planning devices among them.
- b) The study is based on sample survey rather than studying whole population. There are 150 houses ( 50 houses are in Simana Tole and 100 houses are in Naulo Basti) and is confined only 80 houses altogether to selected married women ( 15-49 years) from is house are taken in the study.
- c) Due to the above -mentioned limitations only interview method by using interview schedule is the main tool of collecting information.

## 1.7 Definition of the terms used

### **Family planning**

- it is a plan where a person or married couple makes in order to promote the health, future bright life.

### **Family planning devices**

- method or component which avoids making pregnant. F.P. devices may be temporary or permanent method.

### **Side effect**

- unwanted effect of drug or substances

### **Total fertility rate**

- TFR is defined an average number of children a women will bear by the end of her reproductive life under prevailing fertility conditions.

Contraceptives:	devices
appropriate :	proper /suitable
opinion :	Thought / idea
boon :	blessing
signal :	indicator / sign
provide :	available
bleeding :	blood flowing
laproscopy :	female permanent planning
remove :	avoid
implication :	application
orientation :	instruction clearly

## **Chapter Two**

### **Review of the related literatures**

#### **2.1 Review of related literatures**

The report of WHO which is published in 1971 showed that Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their birth. It is achieved through use of contraceptive methods and treatment of involuntary infertility. A woman'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.

According to Kafle (2067), study of Family planning which is the entire plan which a couple makes for getting birth babies, health care and attention over the time management of pregnancy.

The central bureau of statistic CBS of Nepal has published the data of family planning devices users in 2011 AD. According to CBS 2011 report, 49.7% married couples use all the available methods of family planning and only 43.2% couples use modern methods of FP devices. In the urban area, 59.6% married couples follow the various methods of family planning devices, only 49.8% follow modern methods but in the rural area, FP devices users' are 48.2% and 42.1% all methods and modern methods respectively. In the concern of geographical population of Nepal, Himalaya people use 43.1%, mountaineous people use 40.7% and Terai people use 45% of modern family planning devices respectively (CBS, 2011).

According to Gautam, (2006) study of family planning which was conducted in Bara district, he found out that people did not get family planning devices, they did not have the knowledge of family planning devices. and even though they did not know the advantages of F.P. devices. The people who were poor, uneducated, ignorance, without family agreement and conservative used 57.18% by force and 42.82% did not use any family planning devices.

According to Khadka (2005), who studied the family planning devices knowledge, and using conditions in Nawalparasi report, 53.75% people found using devices and 46.25% people did not like to use any devices. Most of the people said that due to the lack of awareness programmes of F.P. devices, uneducated, poverty and feeling shy, they did not like to use devices.

From the above mentioning the references subject matters prove that to manage the appropriate family, there must be the opportunity of education, employment management, proper knowledge of using F.P. devices, advertisement and available places etc.

According to Kshetry (2004), who studied the need and distribution of family planning in Kapilvastu district among married women, high percentage of 16-20 years women got married, 21% of women did not have the knowledge of F.P. devices and just only 20% married women used F.P. devices, 80% women did not like to use F.P. devices. Most of the people follow Muslim religion, they depend on farming, even they do not have the enough information over family planning, they are uneducated, and health services of government could not provide all the requirements of family planning devices except condom, pills, depo-provera. From the above statistics of Kapilvastu show that lack of the knowledge of different factors like education, proper age of marriage, proper age of pregnancy time, size of family, birth spacing, maternal care and how to use and what time to use of F.P. make them different obstacles in their quality of life and they get birth high numbers without their willing and interest. So, there must be sex-education, awareness programs of F.P. devices, it helps to increase the rate of using F.P. devices in the community.

According to Niure (2006), who discussed about the family planning devices using among couples in Chitwan district report said that 21.14% couples did not use contraceptive devices because of low economic, depending on farming, wages - workers, and socio-cultural factors. They had the willingness of son, lack of enough information about F.P. devices, not get much sex-satisfaction and feeling of effects while using. He found the next data that 40.43% couples did not discuss over F.P. devices and only 59.57% couple discussed on F.P. devices. By this reason, they never discussed how to reduce the family numbers and became high fertility rate.

According to Kuikel (2006), who studied on "Role of local health organisation to promote family planning health service" in Kavre district showed that there was a high number of joint families, high rate of agriculture, only educated family was 42.85%, uneducated family was 50.85% and most of people did not know the knowledge of F.P. devices, and 75.71% couples were not participated in any health programmes and there was weakness in using of F.P. devices. This report prove that in the community, couples did not take part in different health programmes as well as they ignored consuming health services. By these reasons, they developed joint families rather than nuclear families and

their family size became greater as a result, they could not fulfill the everyday needs properly.

According to Ghimire (2004), the report over the title, Female road sweepers existing knowledge and practices on F.P.methods in Kathmandu that 84 women used F.P. devices in the past but now 74 women only use the devices and 16 women do not like to use F.P. devices. There were 88 women and 70 male, and they were uneducated. Only there were 12 women and 30 male educated. Most of them know only pills and Depo-provera and use them much. The above report reflects that uneducated and ignorance of women are the major factors to reduce the use of family planning devices. Some families discuss how to use devices and it makes them well-balanced in the family size as well as to divide the resources equally and also it increases to use family planning device in high quantity.

In a study performed in Turkey (1998), lack of knowledge about effective methods was not found to be an important problem for using modern methods .In the study, 10.1% of women did not seek family planning services because their husbands or families did not allow them to do so , and mostly due to their husband's attitude, that is against family planning . Therefore, the reason why this incidence happen may have been affected by factors such the low educational level of women living in this region, which increase in socio-economic difficulties related to it and the difficultties that women face in gettieng access to family planning services, and the result of the study showed that 50.8% of women used oral polls.(www.ijasrjournal.org).

According to the total fertility rate report which was collected by Dove press journal in 2014 that 1996-2011, the total fertility rate in Nepal decreased from 4.6 to 2.6 birth per women during the same time , the use of modern contraceptive method increased by 66%. In 2011, the contraceptive prevalence rate was 50% among married women and 38% among all women.

family planning services in Nepal are provided by government run health care facilities as well as non-governmental organization, private facilities and pharmacies contraceptive methods are financially supported by the government and in 2006 about 70% of women obtained their contraceptive free of charge ( Dove press journal, 2014).

## **2.2 Theoretical Framework**

The educationist Bongaterse presented his fertility theory in 1978 and 1982 by joining four factors with fertility. First, he showed marriage or sex relation which shows the beginning of reproductive age. The Person who is widow or widower and first

marriage time as well as changing in the marital status always reduce the fertility rate. He mentioned family planning in the second factor where the family planning is managed by the government such as F.P. management, execution, knowledge and practices of couples determine the fertility condition. Third, he said about abortion which directly effects and it helps to control the rapid growth of population. At last, he mentioned breast feeding in the fourth factor. Breast feeding determines the pregnancy situation. If breast feeding is long, it reduces fertility capacity and there is low possibility of pregnant.

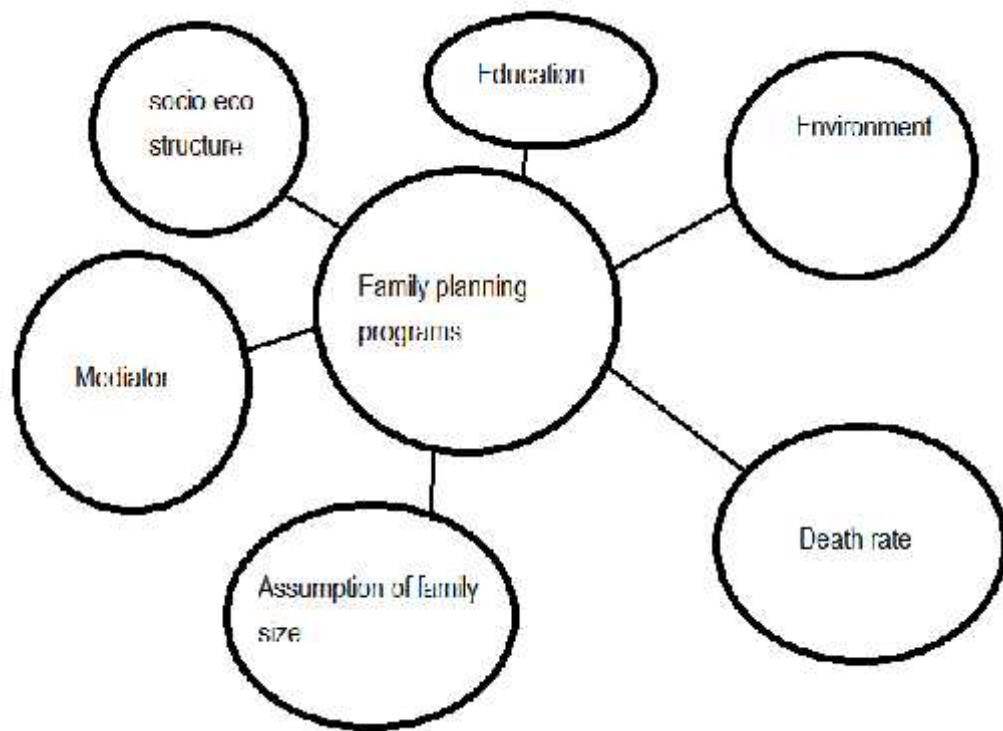
Bongatarse explained to keep the limitation of population, birth spacing time, condition of widow of widower, delay marriage, knowledge and practices of family planning devices, miscarriage, breast feeding and so on are the major factors of natural and artificial means of family planning ( Gyawali, 2067) .

Thomas Robert Malthus, who published a book " An essay on the principle of population" in 1798 and was written about the population increased by Geometric mean like the rate 1,2,4,8,16 .....but the food increasing rate only like 1,2,3,4,5 .....as a arithmatic mean. He compared the population with food. If population goes by Geometric mean it is doubled within 25 years but the increasing rate of food as the slow speed of arithmatic mean, it will multiply only by 9 times after 200 years. He encouraged, population should be balance with production of goods. If there is imbalance between population and food, it shows the critical situation in economic sector.

Malthus also explained to control the rapid growth of population by two ways like preventive and positive checks. The nature manages the uncontrol population by famine, wars, earthquake, calamities, volcano and so on and the person self controls like delayed marriage, self-restraint, celebacy and so on methods are used as preventive checks. Malthus introduced population theory first in the world by looking the increasing population in Europe in the ancient time. This theory also helps to determine the proper family size and birth spacing gap( Bhande, 2003).

Friedman, who, is the intellectual scholars of America, has presented the subject of fertility on the sociological basis. He gave more validity of family planning programmers'

to determine the fertility. He sketched the theoretical framework which is mentioned



below.

From the above theoretical framework of Friedman, he showed that all the variables factors like socio-economic, death rate determine the fertility rate which are dependent on the environment of society, it causes high and low fertility. So, to keep the equal balance of fertility rate, family planning programs help to all the mediator of variables and these variables factors reduce the fertility rate (Friedman's journal, 2011).

### **2.3 Implication of the Review For the study**

To study the knowledge, practices of family planning devices among married women in the community, different articles, journals, textbooks, theories of scholars and so on are supported to know the subject matters of population deeply. It helps to complete the thesis with validity and reliability.

The world is dynamic and various types of scientific technology have been discovered and these technologies also support to know the knowledge and practices of family planning devices. All the related literatures and theoretical articles and various journals what are used in the study supported to promote searching programs on family planning devices. It encourages for those women who are selected by random survey method give proper knowledge, practices to use as an applied execution of family planning devices.

The various literatures review which are studied for completing the study, they support many benefits to the researcher. They promote and make the research effective and they help to complete the study with validity and reliability. They are the road maps guideline of writing new study. They also develop and make creative to the researcher as well as to conduct the research , to expand the new places, community, persons and so on, in the society. They are supported the extra references materials for researcher, updating data and encouraging to practice for writing any types of articles.

All the literatures which studied and mentioned above in the study and the new research have the gap between old and new statistics of certain topics. There were old ideas, thoughts, old materials in the previous literatures but new research is purified by new ideas, curriculum content, guideline according to the dynamic change of the world. The new research is scientific with using new technology but most of the previous literatures are found secondary data from others copy but the new research is totally based on field base practical survey and is guided by instructors and collecting updating data of primary sources from the field survey.

In the conclusion of the related literature and theoretical study, there must be the knowledge and use of family planning devices to the married women. If they are familiar with devices , they can control birth, they can say the name of temporary and permanent devices, receiving places, using methods, effectiveness, effects, and react positive or negative response. Therefore, in order to promote and effective research of family planning devices, it is necessary to study the related literatures and theoretical framework of concerned subject matter.

## **Chapter Three**

### **Methods and procedure of the study**

This thesis is prepared by the study of the family planning devices among married women ( 15-49 years) of Dharan-16 ( Naulo Basti and Simana Tole). The thesis is based on qualitative and quantitative design and is totally based on descriptive type of research method. Its main objective is to find out the knowledge, practices situation of family planning devices, and to find out the solution way of its problems and effects in that area.

#### **3.1 Design of the study**

To complete the research of this study, there should be clearly designed of the study. Therefore, this study has taken qualitative and quantitative or mixed based and has analysed the receiving all the statistics by descriptive method.

#### **3.2 Population and sample**

To complete this study, the certain population has been selected from Dharan Sub-Metropolitan city ward No- 16 ( Naulo Basti and Simana Tole). There are 100 houses in Naulo Basti and 50 houses are in Simana Tole. Only 80 houses ( 50 married women, 15-49 years) from Naulo Basti and 30 married women from Simana Tole, altogether 80 married women 15-49 years) are selected as a sample in the study.

#### **3.3 Sampling Procedures**

After determination of sampling population size, there should be certain sample survey method. The respondent married women are selected on the basis of random sampling method. To complete the objectives of this study, Naulo Basti (50 married women) and Simana Tole ( 30 married women ) have been selected. On the basis of sampling procedures, different castes, religion, profession, languages, family status and geographic are taken the major factors on married women ( 15-49 years) in the sample survey.

#### **3.4 Sources of Data**

To complete this study, the following primary and secondary sources are used.

a) Primary sources: Applying interview schedule in the field survey, is used collecting data and information. So, the study is based mainly on primary source of data. The information is collected from field survey at Dharan-16 ( Naulo Basti and Simana Tole) by selected married women ( 15-49 years).

b) Secondary sources: Some studies, report, books in relevant areas are also used as a guide in the preparation of this study.

### **3.5 Data Collection tools**

The Interview questions are opened and closed which are used in the selected groups of women in the study area. Questionnaire is the main tool, that is applied in the study interview schedule is formulated for collect information of respondents regarding knowledge, practices of family planning devices. Above tool is used in the study area and focus group which is kept in appendix. Focus group discussion in depth interview with the selected women who are included for obtaining more reliable, practicable and valid table information about knowledge, practices of family planning devices.

Before the data collection, there were used sample of questionnaire among 10 married women in the study area. After then, improving the questionnaire, making more practicable, targetable questionnaire interview schedule were constructed which were applied in the data collection.

### **3.6 Data Collection Procedures**

First time, social workers, School staffs of Chandra Sanskrit H.School, ward No-16 Health Asistants are Rama Budhathoki, Shuva Narayan Baneta, and tax-officer of Dharan- Sub-Metropolitan city Mr.Khagendra Khatiwada are contacted to explain the objectives and significance of the study to accumulate the list of mentioned primary data and secondary sources of data. The researcher is taken an assistance that is the local person, the information is collected with the help of interview schedule. The interview is conducted in a family manner and questions are asked in simple Nepalese language.

### **3.7 Data Analysis and interpretation procedure**

Simple description statistics tool is used to analyses the obtained data. In other words , percentage, ratio is calculated accordingly. Table, chart, diagram, graphs are formulated to present the informations more effectively. The content analysis is another major tool to analyse and represent the data interpretation and recommendation is also formulated.

## **Chapter Four**

### **Results and Discussion**

All the informations what obtained from the selected married women of Dharan - 16 ( Naulo Basti and Simana Tole ) are analysed and explained by various tables, figure, pie- chart, barchart and so on with descriptive method. The interview questions are only related to knowledge and practices of family planning devices, its advantages and disadvantages and also its effects as well as measures to solve the problems to meet the objectives of this study. The following aspects are analyzed by receiving information from the study area.

#### **4.1 Age and gender population group**

The selected married women ( 15-49 years) from Dharan- 16 ( Naulo Basti- 50 houses and Simana Tole - 30 houses ) are randomly chosen in the study. There are 100 houses in Naulo Basti and 50 houses are in Simana Tole. These both communities have low economic people and their living standard and quality of life is very low but families numbers are high. The following table shows the total population of 80 houses have 325 members which are taken from Simana Tole 30 houses and 50 houses from Naulo Basti according to Age and gender group population.

**Table 1: Age and gender population group**

Age-group	Male		Female		Total	
	Number of male	percentage	Number of female	Percentage	Number	Percentage
0-4	15	4.61	20	6.15	35	10.76
5-9	13	4	21	6.46	34	10.46
10-14	15	4.61	24	7.38	39	12
15-19	10	3.07	16	4.92	26	8
20-24	14	4.3	18	5.53	32	9.83
25-29	17	5.23	19	5.84	36	11.07
30-34	15	4.61	17	5.23	32	9.84
35-39	10	3.07	13	4	23	7.07
40-44	13	4	12	3.69	25	7.69
45-49	7	2.15	5	1.54	12	3.69
50-54	3	0.9	4	1.23	7	2.13
55-59	2	0.61	1	0.31	3	0.92
60-64	6	1.85	4	1.23	1	3.07
65+	6	1.85	5	1.54	11	3.39
Total	146	44.86	179	54.14	325	100

source: field survey, 2073

According to Table No-1, the highest distribution of population is 12% at the age group of 10-14 and lowest distribution of population is 0.92% at the age of 55-59, below the age 15 year, there are 108 total population, 15- 64 years age group there are 206 total population, and above 65 years, there are 11 members in total population. The economically, active population is 63.38% and dependency population is 36.62% . The female population is higher than male by 33 below 15 years, there is high percentage of

population because most of the couples are uneducated, ignorance, willingness of son and ignore the used of family planning devices.

#### 4.2 Population according to religion

The selected houses of Dharan - 16 ( Naulo Basti and Simana Tole) have 325 population with 146 male and 179 female. They follow the following religion.

**Table 2: Particular of population according to religion**

Religions	Numbers of population	percentage %
Hindu	252	77.54
Buddha	30	9.23
kirat	25	7.69
Christian	18	5.54
Total	325	100%

Source: field survey, 2073

The above data shows that 77.54% people of this community follow hindu religion,9.23% people follow Buddha, 7.69% people follow kirat and 5.54% people follow Christian in the community.

there are Rai, Limbu, Tamang, Bhujel, B.k., Kshetry, Brahman people.

#### 4.3 Occupational population group

The following occupational population group has been found in the selected women in 80 houses of Naulo Basti and Simana Tole .

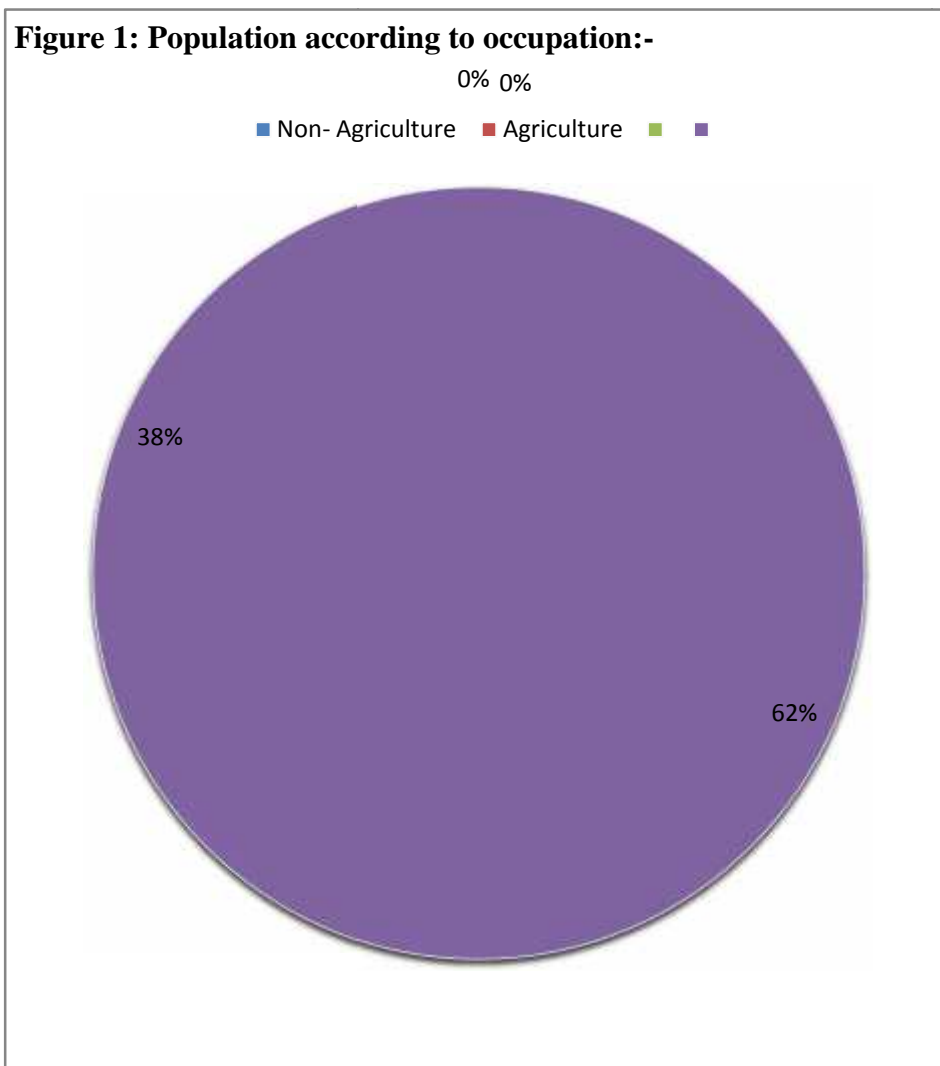
**Table 3 : Occupational Population group**

Occupation	Numbers	percentage %
Non-Agriculture	50	62
Agriculture	30	38
Total	80	100%

Source: field survey, 2073

Above table No 3 shows that 62% women involve in Non - agriculture sector like they conduct small business, house making labour work, washing clothes to the rich people, porter and so on what they find and 38% women involve agricultural works like

they keep domestic animals, they go to the others field to do the farming, cutting grass and so on. To clear the table list, the figure is given below:-



## 4.4 Education

### 4.4.1. Respondents by literacy status

Naulo Basti is situated at Sardu river where more than 100 houses as well as Simana Tole is situated at Khahare khola where 50 houses. Most of them are economically poor family like as sukumbasi. They know the importance of education but they ignore learning even they hardly send their children to the community school. the literacy condition of selected 80 women are given below.

**Table 4.1: condition of literacy**

particular	Numbers of women	percentage %
Illiteracy	65	81.25
Literacy	15	18.75
Total	80	100

Source: field survey, 2073

According to 4.1 table, due to poverty, early marriage, ignorance, social custom, they do not get education and 81.25% women are illiterate, even they do not write and read any things only 18.75% women can write and read their name and address and so on articles and they have passed primary, secondary, slc, +2 from school.

#### 4.4.2 Educational Situation

The following table shows the educational situation of 80 women who are selected from both communities.

**Table 4.2: Educational situation**

particulars	Number of womem	percentage %
Illiterate	65	81.25
Primary	5	6.25
Secondary	3	3.75
s l c and +2	7	8.75
Total	80	100

Source: field survey, 2073

According to 4.2 table, 81.25% women have not got education even they do not write their name and address, 6.25% women only passed primary level, 3.75% passed class - 10, 5% passed SLC and hardly 3.75% women passed 10+2 level out of 80 women.

#### 4.5 Age of women at the marriage time

To complete this study, the selected married women are found early marriage below 20 years of age high rate. The given table shows their age at the marriage time.

**Table 5 : Age of women at marriage time**

Age at marriage	Number of women	percentage %
15-17	15	18.75
18-20	50	62.50
21-23	10	12.50
24+	5	6.25
Total	80	100

Source: field survey, 2073

The above table shows that 62.50% of women have got at the age of 18-20 and 18.75% women are married in less than 17 years but above 20 years only 18.75% women are married. Due to lack of education, traditional concept , parents negligence , women are married in less than 20 years and early marriage causes high fertility rate can increase and may be harmful to health.

#### 4.6 Age of women in the first baby birth

Due to the lack of education and ignorant as well as backward level of community, 81.25% of the women have got marriage below the age of 20 years as a result they have a high fertility rate and get many babies below the age of 35 years. The given table shows the age of women in the first baby birth.

**Table 6: Age of Women at the first baby**

Age group	Number of women	percentage %
15-19	37	46.25
20-24	40	50
25+	3	3.75
Total	80	100

Source: field survey, 2073

According to Table No: 6 shows that 50% of women got the first baby birth at the age of 20-24 and below 20 years of age, 46.25% women got the first baby and only 3.75%

women got the first baby after crossing the age of 25 years. It is better to get married after 20 years of age but 81.25% women are found married in 15 to 20 years of age in those communities.

#### **4.7 Particular of birth spacing gap**

The following table indicates the birth spacing gap between the two children:-

**Table 7: birth spacing gap**

Gaping years	Number of women	percentage %
1 year gap	45	64.29
2 years gap	20	28.57
3 years gap	5	7.14
Total	70	100

Source: field survey, 2073

According to the above table, 64.29% of women have kept only one year birth spacing gap and it is the highest rate . Similarly, 28.57% of women have 2 years, 7.14% of 3 years birth spacing gap. If they used family planning devices properly, they could control the birth and success to keep long gap between two children and only they could get birth what they wish and desire of children numbers.

#### **4.8 Knowledge of Family Planning Services**

During the asking questions about the family planning services to the selected married women, they answered by the following ways.

**Table 8: Knowledge of F.P. services**

particulars	Number of women	percentage %
knowable	40	50
Not knowable	40	50
Total	80	100

Source: field survey, 2073

The above data shows that 50% of married women knew the service of family planning and similar 50% did not know the service of F.P. services. The H.A. of Dharan - 16 Rama Budhathoki also said,

Most of the married women do not know and practices of family planning services. She informed them but they ignored taking the services of family planning about the knowledge of FP services but they do not show the interest over it."

#### 4.9 Knowledge of Family Planning Devices

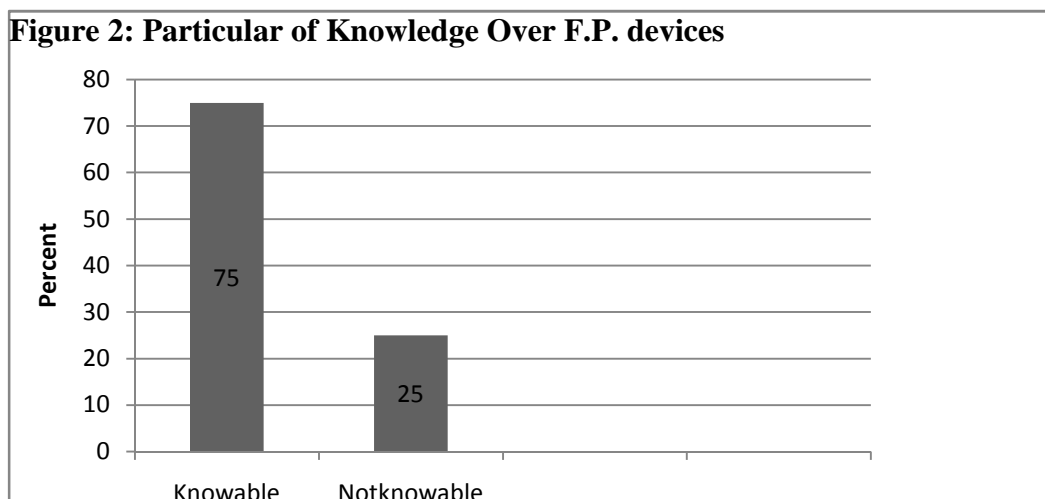
To complete the objectives of this study, the following reactions have been found from the selected married women about the knowledge and practices of family planning devices:-

**Table 9 : Knowledge of Family Planning Devices**

particular	Number women	percentage %
Knowable	60	75
Not Knowable	20	25
Total	80	100

Source: field survey, 2073

According to Table No: 9, 75% of the married women have known family planning devices through the various Medias and, only 25% do not know the knowledge of family planning devices. To clear the table, the bar chart is given below:-

**Figure 2: Particular of Knowledge Over F.P. devices**

#### 4.10 Attitude of Women over F.P. devices

While studying at the field survey, the following attitudes are found from the selected women over family planning devices:-

**Table 10 : Attitude of women over F.P. devices**

particulars	Number of women	percentage %
positive attitudes of F.P. devices	60	75
Negative attitudes of F.P. devices	15	18.75
positive and negative attitudes of FP devices	5	6.25
Total	80	100

Source: field survey, 2073

From the table No 10, it is clear that 75% of married thought is positive over F.P. devices, 18.75% of women have negative and only 6.25% of women have mixed attitudes ( positive and negative) towards F.P. devices. Although they have a few knowledge over F.P. devices, the highest percentage of positive attitudes on F.P. devices.

#### 4.11 Sources of Particular information of F.P. devices

The selected married women have received the information of F.P. devices through the following medias.

**Table 11 : Information Particular of F.P. devices**

Particular	Number of women	percentage %
Radio	25	41.67
Television	15	25
HA/Volunteers	10	16.67
Friends	5	8.33
Ama samuh	5	8.33
Total	60	100

Source: field survey, 2073

According to survey report that 25% of married women have heard about F.P. devices through Television because they have a small television. Similarly, 41.67% heard from Radio, 16.67% from health assistants, 8.33% from friends and remaining 8.33% heard from Ama samuh.

#### **4.12 Use of F.P. devices in current situation**

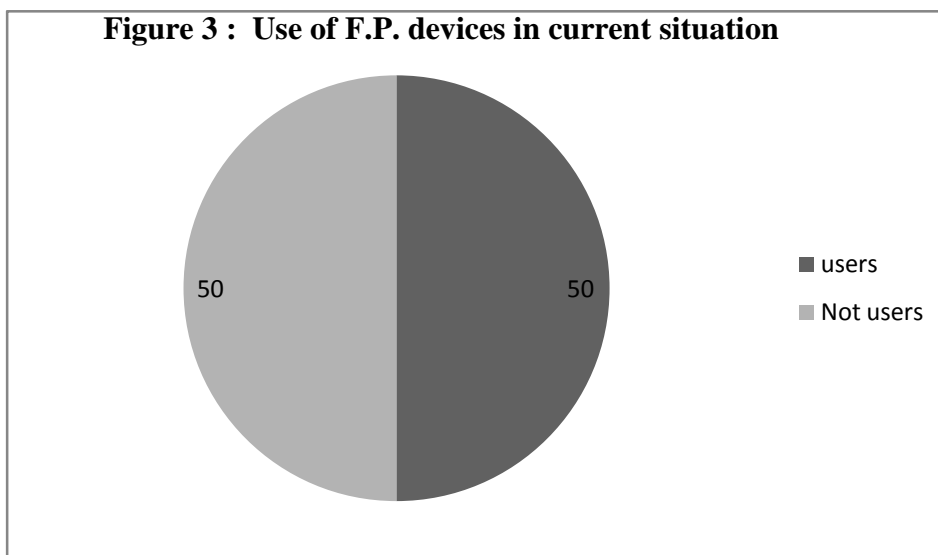
The field survey report showed that most of the married women knew about the information through different Medias but their old concept, uneducated, ignorance made them reduce the using of family planning devices. The given table shows the current situation of using F.P. devices.

**Table 12 : use of F.P. devices in current situation**

particulars	Number of women	percentage %
users of F.P.	40	50
Not Users of F.P.	40	50
Total	80	100

Source: field survey, 2073

According to the above table shows that 50% women are using the various types of available family planning devices and similar 50% women are not using any devices even, they have the knowledge of family planning devices. Some women said it is not necessary to use devices because their husbands have been out to go to abroad for employment, some women said that their husbands use condoms themselves. To clear this study, the figure is given below.



#### 4.13 Particulars of Using various F.P. devices

The given various types of family planning devices which are being used by selected married women of Naulo Basti and Simana Tole in Dharan - 16.

**Table 13 : Particulars of using Various F.P. devices**

particulars	Number of women	percentage %
Dipo- provera	20	50
Nerplant	4	10
IUD( copper T)	8	20
Pills	2	5
Foam Tablets	2	5
Operation ( mini lab)	2	5
Female condom	2	5
Total	40	100

Source: field survey, 2073

The above Particulars of using various F.P. devices show that 50% of married women 3 month Dipo- provera vaccine. The H.A. of Saroj Bastola also said,

most of the married women are familiar with Dipo Vaccine and Come to here for demanding this device only 10% women use Nerplant, 20% women use IUD for 12 years, only 5% women use pills, foam tablets ( kamal chakki), female condom and two literate women have done minilab as a permanent family planning.

#### 4.14 Reasons For not Using F.P. devices

There are various reasons for not using all the available family planning devices by the married women. Some reasons are mentioned below in the table.

**Table 14: Reasons for not using F.P. devices**

particulars	Number of women	percentage %
Interest to children	15	37.5
Ignorance	8	20
Opposed of husband	3	7.5
side effects	5	12.5
shyness	2	5
husband's job	5	12.5
meno pause	2	5
Total	40	100

Source: field survey, 2073

According to the above table, we can say that 37.5% of women are seen to interest getting children, 20% women are unknown over family planning devices. 7.5% women say it is the opposed of husband and they do not take permission to use F.P. devices. 12.5% women reacted side effects, 5% women felt shyness while demanding and using and 12.5% women said their husband go to job for a long time and it is not necessary using of family planning devices.

The HA of Dharan Shuva Narayan Baneta said,

married women do not like F.P. devices using, the main reasons, she found out from the women's opinion, irregular menstruation, very fatty, very thin, headache, much bleeding, abdomen problem, not get sex satisfaction are the reasons, they ignored F.P. devices, some women are interested to get many children because of poverty if they have many children, there will be many hands and earn money. Some women's husbands do not give permission and some said they do not get the information about F.P. devices on time.

#### 4.15 Receiving places of F.P. devices

The following married women who are used F.P. devices answered the given places names where they received F.P. devices.

**Table 15: Receiving places of F.P. devices**

places	Number of women	percentage %
Health post	20	50
Hospital	15	37.5
Medicine shops	5	12.5
Total	40	100

Source: field survey, 2073

According to table, 50% of married women go to health post to take family planning devices, 37.5% women go to hospital to take Dipo-provera, Nerplant, IUD but 12.5% women go to nearest medicine shops of Dharan city to buy pills, foam tablets and female condoms.

#### 4.16 Facing Problems of using F.P. devices

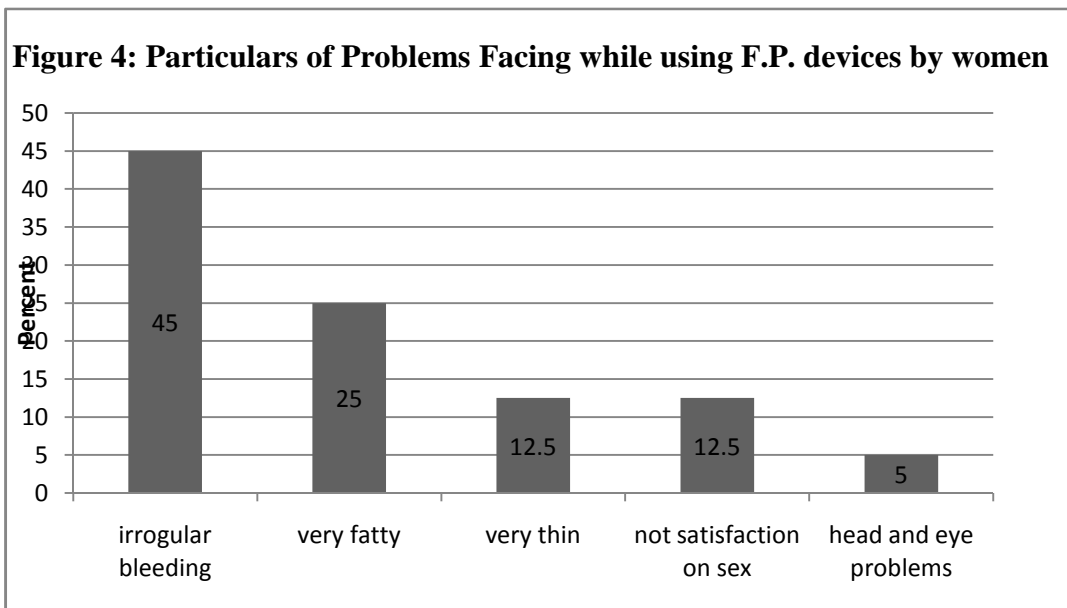
The women who use FP devices have faced the various problems which are given in the table below.

**Table 16: Facing Problems of using F.P. devices**

Problems	Number of women	percentage %
irregular bleeding	18	45
very fatty	10	25
very thin	5	12.5
not satisfaction on sex	5	12.5
Head and eye problems	2	5
Total	40	100

Source: field survey, 2073

According to the table, 45% of women felt irregular bleeding problems, 25% of women felt and seemed to be fatty, 12.5% women seemed very thin, 12.5% women reacted not get sex-satisfaction and 5% women thought head and eyes pain. It can be showed by the following figure.



#### 4.17 Remedy measures of problems in using F.P. devices by women

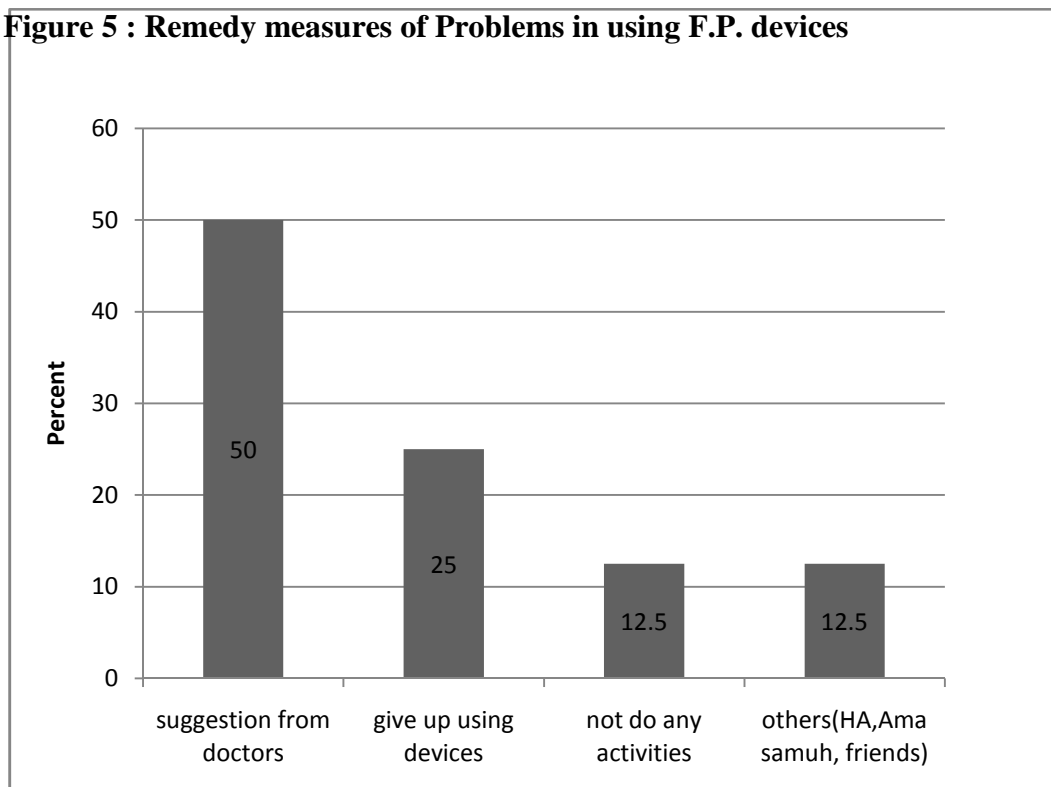
While using F.P. devices, the user's women face various in their physical and mental problems. The selected 40 women who face problems they contact to solve those problems by the following solutions ways:-

**Table 17: Remedy measures of problems in using F.P.devices by women**

particulars	Number of women	percentage %
suggestion from doctors	20	50
give up using devices	10	25
not do any activities	5	12.5
others(friends, Ama samuh, HA)	5	12.5
Total	40	100

Source: field survey, 2073

According to table, the major problems are faced by 40 women who are selected in the study. 50% women, who faced various problems went to the doctors for taking suggestions, 25% women left using F.P. devices and 12.5% women not to do any activities and 12.5% remained women contacted with HA, Ama samuh and friends. It can be showed by the following figure.

**Figure 5 : Remedy measures of Problems in using F.P. devices**

From the above remedy measures of problems in using FP devices by 40 women's. To solve Those Problems what married women face, Ama Samuhof Dharan ward No;-16 gave the following ideas.

Family planning devices are the most importance to control unwilling birth. gaping two children as well as to make the quality of life but women do not like to use it. There are various reasons not like easily so all the concern persons of health should conduct the orientation programmes of family planning in those areas where high fertility rate and unnecessary growth of population. we must give awareness programmes for those who can change their mind and remedy the problems way and they can independently use F.P. devices without hesitation. Dharan Sub-Metropolitan city must provide health programmes in each wards so that married women can get the knowledge practices of F.P. devices in their own places and if the users have faced any problems, the health workers must solve their problems."

## **Chapter Five**

### **Summary, Conclusions and Implications**

#### **5.1 Summaries**

After a week field survey of Dharan ward NO -16 ( Naulo Basti - 50 houses from 50 married women and Simana Tole 30 houses from 30 women ) among married women at the specific age of 15-49 years found that the current situation of knowledge and use of family planning devices. It was conducted by using 30 opened and closed interview questions by descriptive method.

Such study helps to control rapid growth of population, how to keep birth spacing, how to use F.P. devices, where to get F.P. planning devices, how to get devices. how to solve the using problems and so on to the related married women who want to know the knowledge and use of F.P.devices in the community. From the study we found various castes, religions, conditions, occupation, literacy and education, condition, marriage time, child bearing time, information about F.P. devices, problems, solution ways etc.

While studying and analyzing the collecting data from field survey, we found that there is highest distribution of population group at the age of 10-14, most of the people are Hindu, 62% of selected women are engaged in non-agriculture, illiteracy rate is higher than literacy, 62 % women found early marriage between the age of 18-20 and birth spacing gap is only one year has been found high percentage. Most of the women have knowledge of F.P.devices. they are informed about F.P. by Radio.

#### **5.2 Conclusions**

To know the situation of knowledge and use of family planning devices among married women ( 15-49 years) of Dharan 16 ( Naulo Basti and Simana Tole), the study has selected 80 women from 80 houses where there are 150 houses. By using Random sampling method, the women are selected and analyzed the data with descriptive method.

Before collecting data, first preparing 30 questions for interview to the related women and data collection has been completed within 7 days from 2073-06-10 upto 2073-06-16 and started to writing as a report in the thesis. To know the current situation of knowledge, use, its using problems, advantages, effects and so on have been found out. The following conditions are found from the field survey of Naulo Basti and Simana Tole of Dharan 16.

According to the distribution of age and gender population, 12% of 10-14 age was the high est population and lowest population was 0.92% at the age of 55-59, there was 77.54% Hindu religion which was the highest religion and lowest was Christian only.

5.54% According to occupational population, Non-agricultural was highest 62.5% and 37.5% was only engaged in agriculture. To glance the education status, there was 81.25% illiteracy and there was 5% women passed the SLC and 3.75% women passed 10+2 from those communities. Due to the lack of education and ignorance, 18.75% women got early marriage before 17 years of age and they got the first baby before 19 years by 46.25% married women, 56.25% women kept the birth spacing 2 years between two children. 50% of married women are knowable and similar 50% women are also not knowable of F.P. devices. Only 75% women who have the knowledge of family planning devices.

The selected women have positive attitudes by 75% and they are familiar about family planning devices with much 62.5% from television and 18.75% from HA or health workers. The current users of family planning devices were 50% and not users 50% have been found. Most of the women were used family planning devices like 50% women used Dipo- provera, 10% Norplant, 20% IUD, 5% Pills and 5% female condom from Health post, hospital and medical clinic. Some women are not used frankly family planning devices by ignorance interested to children, opposed of family and shyness reasons.

From the selected women, 45% of 40 women they have some problems of using F.P. devices like high irregular bleeding in the means time. Some said fatty problem, thin problem, not satisfaction in sex- course, and 5% women felt head, rigidity and eye pain frequently. In order to solve the problem, what they faced by using FP devices 50% women could go to the doctors for suggestions, 25% intended to leave the devices, and 12.5% did not say any activities and 12.5% could take ideas from HA, Ama Samuh and their friends over family planning devices.

### **5.3 Recommendation**

By interpreting the research under the selected married women of Dharan 16 ( Naulo Basti and Simana Tole), the following are the main suggestions presented.

#### **5.3.1 For policy level**

Policy is the formulation of plan and applied in future. In the concern of this study, to know the knowledge and practices of F.P. devices among married women, this thesis is prepared for completing the objective goal of this topic. All the concerned NGOs and INGOs with health and population sectors should conduct the programs of consciousness in those areas where population is high, poverty, economic backward community for managing population size. The educated group of society should conduct about the knowledge, uses, and problems solutions of F.P. devices in those areas. Dharan

Sub-Metropolitan city should extend its health and population programmers in those areas time to time. To raise the living standard of poor women, there should be conducted skillful training for them. To reduce the high fertility, there should be informed about family planning devices, it's using method, advantages and so on to the couples by Nepal government.

### **5.3.2 For Practice level**

The educated people who are lived in that community should operate various programs of family planning and so on to the uneducated and ignorance people. Community schools like Chandra Sanskrit and Balika School should encourage the guardians of children to send school to learn knowledge. Dharan Sub-Metropolitan city should provide free services of family planning orientation programmes aswell as free family planning devices to the poverty groups in that community.

Different NGOs and INGOs which are concerned with health and population should provide free immunization programmes to reduce the rate of high infant mortality rate. The volunteers or Health Assistant who are employed by Dharan municipality should visit the community time to time so that all the married women can freely keep their problems and can be familiar with the various family planning devices.

### **5.3.3 for further research level**

Nepal government has announced free primary medical services to all the poor people by municipalities as well as sub-Health post should be investigated whether it is free or not. How to remove the traditional concept, religious concept and socioeconomic attitudes should take the research on time and encourage them by applying positive attitudes over family planning devices.

At last, there should be conducted case study who is the most responsible for not using family planning devices either husbands or wives in the community.

## References

- Bhende, A. A. and Kanitkar, T. (2003). *Principle of Population studies*, Mumbai: Himalaya Publishing House.
- CBS (2011). *Summaries result of kathmandu in 2011*. Kathmandu : Author.
- Chhetry, B. B. (2004). *Need and distribution of family planning devices Among Married women*. Patthardeiya VDC, Kapilvastu District An unpublished Masteral Thesis , Faculty of Education Dept., T.U. Kirtipur.
- Dharan submetropolitan city ( 2071). *The Health survey the report of Dharan*. wardwise (2071), Dharan, sunsari : Author.
- Dharan Sub-Metropolitan City ( 2069/070), *Annual Report of Urbanization Health centre*, Pregnancy home and maternal Health care. Dharan: Author.
- Dharan Sub-Metropolitan City (2072), *Population Breakdown ward wise report (2072)*, Dharan, Sunsari : Author.
- Dharan Resource Centre (2073), *The Secondary training of teachers. Adolescence Sex Reproductive Health ( ASRH) for 3days Orientation training* Dharan: Author.
- Dove press journal international journal of women's health 19 march, 2014.
- Gautam, P. B. ( 2006). *Effectiveness of family planning devices in Bara District*. An unpublished Mastoral Thesis, Faculty of Education, T.U. Kirtipur.
- Ghimire, D. (2004). *Female road Sweepers existing Knowledge and practices on Family planning Methods in Kathmandu Metropolitan city*. An Unpublished Masteral Thesis, Faculty of Education, T.U. Kirtipur.
- Gyawali, D. (2067). *Philosophy and Principle of population*, Kathmandu: Sunlight publication, Kirtipur.
- Friedman's journal, 2011
- Kafle, R. (2067). *Community and Fertility Health Education*. Kathmandu : Jupiter publication and Distributors Pvt.Ltd.
- Kuikel, B. P. (2006). *Utilization of Health Services of family planning provided by public health institution in kavre District*. An unpublished Masteral Thesis, Faculty of Education, T.U. Kirtipur.
- Khadka, Surya Bahadur (2005). *Knowledge and use of family planning devices in Nawalparasi district*, An unpublished Masteral Thesis, Faculty of Education, T.U. Kirtipur.

Nihure, K. R. ( 2006). *Role of Discussion in use of contraceptive Devices Between Husband and wife, in Parbatipur VDC, Chitwan District*. An unpublished Masteral Thesis T.U. Kirtipur.

UNFPA(2016). *World population activities survey report of 2016*, United Nation Fund for population Activities. office Kathmandu Nepal.

MOHP(2009). Annual report 2007/08, KTM: DOHs.

Ministry of Health (2001). Nepal fertility, family planning and health survey, Kathmandhu, Nepal.

[www.ijasrjournal.org](http://www.ijasrjournal.org)



Occupation
Agriculture-1
Non-Agriculture-2

Gender
Male-1
Female-2

Marrital status
married-1
unmarried-2
Divorce-3
separated- 4
widow-5
widower-6
Religion
Hindu-1
Buddha-2
Muslim-3
christian-4
Kirat-5
Others-6
Education
Educated-1
unEducated-2
Primary-3
Secondary-4
SLC-5
10+2- 6
Bachelor-7
Post graduate-8

## Questions For Family planning

### Knowledge and its Uses conditions

- 1) Name, Please: .....
- 2) What was the age yours while marriage?:-  
.....
- 3) Do you have children?.....
- 4) If you have, how many have you got birth now?.....
- 5) How many living babies do you have?.....
- 6) What is your opinion, on getting the birth of babies suitable time?  
a) 15-20      b) 20-25      c) 25-30      d) above 30
- 7) What was the age yours while you got the first baby?  
.....
- 8) How many years did you keep birth spacing between two children?  
.....
- 9) Do you have wish to interest for getting next baby?  
a) interest      b) uninterestedc) mistakely      d) unknowingly
- 10) How many babies are suitable for Happy family?  
a) 1      b) 2      c) 3      d) more than 3
- 11) Have you heard about family planning contraceptives?  
a) yes      b) No
- 12) If yes how?  
a) Health worker      b) Radio      c) paper      d) Television
- 13) Do you know the definition of family planning ?  
.....
- 14) Are you using family planning contraceptives now?  
a) yes      b) No
- 15) If you are using which of the following devices are using ?

Temporary devices	use	knowledge
pills condoms Norplant IUD Dipo-provera Kamal chakki		
Permanent		
Minilab laparoscopy operation		

16) If you are not using, what is the main reasons are you not wanted to use F.P. contraceptives?

- a) interest of child                      b) Religion  
c) having no information                d) not easily available

17) where can you get F.P. devices?

- a) Health post                              b) Private clinic  
c) Hospital                                    d) General store

18) Have you found any institutions which provide F.P. devices?

- a) yes                                        b) No

19) Do you have any problems for getting F.P. devices?

- a) yes                                        b) No

20) If you have problems, what is.....

- a) not getting on time                      b) expensive  
c) far away                                      d) others

21) Are you facing any problems while using family planning devices?

- a) bleeding high                      b) not satisfaction in sex-course  
c) burning vagina                      d) others

22) What are the effecting signals have you seen while using devices?

- a) abdomen pain                      b) headache  
c) imbalance in means                      d) vomiting

23) How could you solve the problems while using devices?

.....

24) Is there necessary to use F.P. contraceptive for well managed family?

- a) yes                      b) No

25) Are you using problematic devices now?

- a) yes                      b) No

26) If you left using devices why do you leave?

- a) pregnancy                      b) interest to child  
c) imbalance bleeding                      d)not satisfaction to sex

27) Are you agree, two children are the boon of god?

- a) yes                      b) No

28) In your opinion, is it appropriate to use family planning devices?

- a) yes                      b) No

29) If appropriate or if not appropriate give reasons?

.....

30) Do you have any curious to know F.P. devices?

1. ....