

EXISTING KNOWLEDGE ASSESSMENT ON FAMILY PLANNING METHODS OF
ROAD SWEEPER'S

By

Amrita Thapa

Exam Roll No. 2180098/2069

T.U. Reg. No. 6-1-218-4-2005

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JANTA MULTIPLE CAMPUS

DEPARTMENT OF HEALTH EDUCATION

ITAHARI, SUNSARI 2017

DECLARATION

I, hereby, declare that this work has not been submitted for candidature of any other degree.

Amrita Thapa

Ph. No.: 025-580064,
581300

Tribhuvan University
Janta Multiple Campus
Itahari, Sunsari
Estd: 2045
(Science, Management, Humanities and Education)

Ref.

Date- 7th March 2017

RECOMMENDATION LETTER

This thesis entitled "**Existing Knowledge Assesment on Family Planning Methods of Road Sweeper's in Dharan Sub-Metropolitan City**" is submitted by **Amrita Thapa** in partial fulfillment of requirement for the Master's degree in Health Education under my supervision. Therefore, it is recommended for viva voice.

Mr. Sanjeev Kumar Yadav, Lecturer
(Head of Department of Health Education)
Janta Multiple Campus, Itahari, Sunsari
Tribhuvan University

.....
(Supervisor)

Date: 7th March 2017

Email: jmcith@gmail.com

Ph. No.: 025-580064,
581300

Tribhuvan University
Janta Multiple Campus
Itahari, Sunsari
Estd: 2045
(Science, Management, Humanities and Education)

Ref.

Date- 8th April 2017

APPROVAL SHEET

This thesis entitled "**Existing Knowledge Assesment on Family Planning Methods of Road Sweeper's in Dharan Sub-Metropolitan City**" submitted by Amrita Thapa in partial fulfillment of requirement for the Master's degree in Health Education has been approved.

Thesis Evaluation Committee

1. Mr. Sanjeev Kumar Yadav, Lecturer
Head of Department of Health Education (Chairman/ Supervisor)
Janta Multiple Campus, Itahari, Sunsari
Tribhuvan University
2. Mr. Manoj Kumar Chaudhary, Asst. Lecturer
Head of Department of Health Education (Member)
Janta Multiple Campus, Itahari, Sunsari
Tribhuvan University
3. Prof. Dr. Ashok Kumar Jha, Lecturer
HPE Department (External)
S.S.M.Y. Compus Siraha
Tribhuvan University

Date- 8th April 2017

Email: jmcith@gmail.com

ABSTRACT

This study entitled "**Existing Knowledge Assessment on Family Planning Methods of Road Sweeper's in Dharan Sub-Metropolitan City**" was carried out to examine the knowledge of road sweepers of childbearing age. A descriptive research design has been applied to the data where 60 currently married road sweepers aged 15 to 49 years were purposively sampled and interviewed mainly through structured questionnaire from different wards of the city.

Almost all the respondents (88%) were illiterate from the lower caste group like Dum/Mote etc. that indicates their traditional occupational role as not involving in other income generating activities. The demographic characteristic of the respondents regarding family planning was not encouraging. Majority of the respondents had adopted early marriage. (Median age at marriage: 16.05 years; premature pregnancy, and median age at first birth 18.2 years).

94% had knowledge about any one modern family planning methods, but few of them (6%) were familiar about traditional mode of family planning methods. More than two-thirds respondents were found conducting inter-spousal discussion about RH (reproductive health) matters especially about family planning but few of their husbands had negative attitude about the use of contraceptives as they thought contraception was not their responsibility. The contraceptive prevalence rate of the respondents was found very high (74%), but comparatively male participation was about three times lesser (19%) than that of their female counterparts (55%) and among them, temporary device (condom) users were negligible (3%). Respondents who practiced contraceptives were found having low fertility and child loss experiences with small-sized family in contrast to that of who never used contraceptives, who had all the three aspects high. It showed negative relationship between contraceptive use, fertility and child loss experiences.

Role of electronic media like television and radio for communicating family planning messages was found vital and almost all the respondents were found having easy access to the sources of contraception. (80% respondents were at the periphery of ≤ 30 minutes from the sources of contraception) mostly benefitted as being city dwellers. Although the government sector remains the major source of contraception, non-government sector is another remarkable

source. Nearly Ten respondents have faced any form of side effect while using contraceptives and the major reason for discontinuity of the present methods as well as never use of contraceptives was the matter of side effects.

By the end of this study, it is concluded that the currently married road sweepers (who adopted early marriage and premature pregnancy) in Dharan Sub-metropolitan city were found to be highly knowledge family planning methods and had high contraceptive prevalence rate despite their low literacy rate, self-dependency of the respondents of the respondents, in terms of the income, high accessibility to the family planning services and adequate exposure to the family planning messages through electronic media were found supporting factors for the high use of family planning methods to the respondents. It is requested to conduct similar type of studies in other urban areas with larger sample size and different methodology.

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Amrita Thapa
M.Ed Second Year
Janta Multiple Campus
Itahari, Sunsari

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ABBREVIATION

AIDS	:	Acquired Immune Deficiency Syndrome
CBR	:	Crude Birth Rate
CBS	:	Central Bureau of Statistics
CMR	:	Child Mortality Rate
CPR	:	Contraceptive Prevalence Rate
FP	:	Family Planning
FPAN	:	Family Planning Association of Nepal
FOE	:	Faculty of Education
GOs	:	Governmental Organizations
HIV	:	Human Immuno-deficiency Virus
HPPE	:	Health, Physical and Population Education
IEC	:	Information, Education and Communication
IMR	:	Infant Mortality Rate
INGOs	:	International Non-Governmental Organizations
IUDs	:	Intra-Uterine Device
KAP	:	Knowledge, attitude and Practice
LBs	:	Live Births
MMR	:	Maternal Mortality Rate
NDHS	:	Nepal Demography and Health Survey
NFHS	:	Nepal Family Health Survey
NGOs	:	Non-Governmental Organizations
PHC	:	Primary Health Care
RH	:	Reproductive Health

RTIs	:	Reproductive Tract Infection
STIs	:	Sexually Transmitted Infection
TFR	:	Total Fertility Rate
TU	:	Tribhuvan University
UN	:	United Nations
UNFPA	:	United Nations Fund for Population Activities
UNICEF	:	United Nations Children's Fund
WHO	:	World Health Organization

CHAPTER I

INTRODUCTION

1.1. Background of the Study

Health, the emergent concern of people should be an easy access for the people regardless of any caste, religion, economy and regional boundaries. Today, with the trend of rapid industrialization and modernization, the entire world is changing very fast. So, the gap between the haves and have not's is increasing. The direct impact of this gap between the rich and poor ones has severely affected the health of the people like that of our developing countries. The historic 'Alma-Ata' conference, organized by WHO in 1987 with main agenda "How to provide minimum/basic services to the maximum people?" was participated by most of the countries of the world, and made an ambitious commitment to a global strategy of "Health for all by the year 2004 A.D." and to principles of primary health care through the Alma-Ata declaration. All the member states were requested and also committed not to step back from the responsibilities of providing health services to their citizens.

In addition to other countries, Nepal, a landmark country itself of the Asia continent had launched the Primary Health Care (PHC) programs within the periphery of its own limitations. Now it is about 25 years right after the Alma-Ata declaration, but the expected outcomes of the conference could not be neglected in actual sense. New health problems are arising in addition to the previous ones throughout the world, especially in the developing countries. Malnutrition cycled with poverty, population explosion, environmental degradation, lifestyle related, antibiotic resistance, prevalence of communicable and non-communicable diseases and recently emerging and reemerging diseases have threatened the health care system of the world.

Out of several problems that the country has to face, reproductive health problem has become the major one in our society. Complication of pregnancy and child birth constitute to leading cause of women's death in the reproductive age. Teenage pregnancy, miscarriage, abortion, unwanted pregnancy, STD, HIV/AIDS, unmet sexual desires with broken homes have created a lot of disturbances upon individual, couples, and the entire family health.

Reproductive health, as defined by WHO and adopted by the programs of Action of the International Conference on Population and Development (ICPD) means, "A state of

complete physical, mental and social wellbeing and not merely the absence of disease of infirmity in all matters relating to the reproductive system and to its function and process” (ICPD, 1994). Reproductive health, therefore, implies that people are able to have satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide when and how often to do so.

Family planning, as one of the components of reproductive health, can be understood in a different way. An Expert Committee (1971) of the WHO defined family planning as a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individual and couples in order to promote the health and welfare of the family, group and thus contribute effectively to the social development of the country (Park and Park, (2000)

Another Expert Committee defined and described family planning as follows:

Family planning refers to practices that help individual or couples to attain certain objectives to avoid unwanted births, to bring about wanted births, to regulate the intervals between pregnancies, to control the time at which births occur in relation to the ages of the parent and to determine the number of children in the family (Park and Park, 2000)

It is clear from these definitions that though there are different aspects of reproductive health, family planning is the most crucial one as all the other matters are related to individual, couples and then of the family health are governed and determined by this. The International Conference on Population and Development states that the aim of family planning programs must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so to ensure informed choice and make available a full range of safe and effective methods (ICPD, 1994).

Population of Nepal has been increasing rapidly during the past 4 decades primarily due to the continuous decline in death rates on one hand and high fertility rate on the other hand. Family planning program is the most powerful device for controlling population growth all over the world. It is quite obvious that fertility rate is decreasing in some of the developing nations by means of family planning programs. World fertility survey shows that family planning devices are perhaps the only most powerful instrument in reducing the fertility level.

Dharan Sub-metropolitan city is the proposed study site. It has a population of 137705 (with male population 64671 and female population 73034). The city is being more and more polluted, with a lot of waste materials and garbage from home, factories, hospitals, public places, etc. The solid wastes should be properly disposed for sanitation and health; otherwise, there may be transmission of epidemics. For this purpose, there are sweepers assigned by the Sub-metropolitan city office. Sweepers are those personnel who sweep courtyard, public places and roads. Out of 27 wards in the city, solid waste management section of environment department under the sub-metropolitan city office has managed different personnel for disposal of solid wastes throughout the total 19 wards of the city. They work every day on the market areas on the weekly basis in the residential area. They have about 50 member staffs in the solid waste management section. Out of 50, 19 are sweepers (*kuchikars*) including about 10 female sweepers. (Dharan Sub-metropolitan City Office, 2015)

1.2. Statement of the Problem

Population of the developing countries is increasing in such a way that it is unprecedented in the history of human beings. This is a challenging threat to the mankind, which stands as an obstacle to the human welfare. It is the most dangerous problem that threatens all of us in term of hunger, malnutrition, violence, pollution, lack of sanitation, problem of housing and absorbs large amount of resources needed for development and intensifies unemployment and underemployment.

Reproduction is mainly for the continuation of generation through giving birth as a natural process, but the phenomenon cannot be limited only upon this. Many abnormalities and difficulties regarding this process have been occurred. Complication of pregnancy and child birth constitute the leading cause of women's death in the reproductive age. Teenage pregnancy, miscarriage, unwanted pregnancy, STDs, HIV/AIDS, unmet sexual desires, etc. has created a lot of disturbance upon individual and to the family health. According to (UNFPA,2011) annual report 2015, over 65 million women in Africa-Asia and Latin America deliver their babies without medical personnel's presence. Some 514,000 women die during or after pregnancy because of lack of prompt treatment and at least 7 million women suffer from infections and injuries. More than 330 million women do not have access to a range of safe and effective contraception methods. Up to half of the nearly 175 million pregnancies each year are unwanted

or ill timed. Half of all, new HIV infections occur in young people under the age of 25 (UNFPA, 2011).

Controlling population growth has thus become an urgent issue necessarily by strengthening family planning services to secure decline in fertility rate. A strong political commitment is also required to integrate population with other development activities to motivate and to accept small family norms.

So, to fulfill the existing current demand for family planning services, and to create new demands for family planning services, to activate people to accept small family norms and to make the program more effective, widespread and more popular, it is essential to have an insight on the different aspects and activities concerned with the family planning programs. Contraception is no doubt central to the issues of fertility regulation. Contraception, either traditional or modern, should be practiced if sexually active couples are to reduce their fertility below its natural level. The level of contraceptive practice, ever use and current use are strongly related to both the level of socioeconomic development and strength of family planning efforts. (Pathak, 1988)

Family planning under the coverage of reproductive health is one of the prioritized area upon which a lot of research studies have been done by different demographers and social scientists. Though the country has invested significant amount of the total health expenditure in the family planning programs, keeping it in priority order, the expected outcomes couldn't be reflected in actual sense and various obstacles have rose in implementation level. Factors like education and occupation of couples, especially of women's economic status of the family, number of living children, religion, access to and quality of family planning and maternal care, etc. has the significant relationship to the practice on the family planning device. Keeping these points in mind, the researcher is trying to analyze the knowledge of currently married women of child bearing age (15-49 years) in family planning methods. Thus, this study is distinct in the sense that such type of research have been seldom found targeting this sort of population i.e. road sweepers. As already mentioned that knowledge of contraception depends on different variables, the proposed study is trying to correlate such possible variables as sweepers, who are mainly from distinct caste as *Dum* and similar other castes; and also, they are socially backward as road sweeper's existing practices on family planning methods in Dharan sub-metropolitan city.

1.3. Objectives of the Study

The general objective of this study was to examine the existing knowledge Assessment on family planning methods of currently married sweepers of child bearing age (15-49 years). The specific objectives of the study are as follows:

- i) To find the socio-economic characteristics of the road sweepers and its relation to knowledge and practice of family planning methods.
- ii) To analyse age at marriage fertility and child lost experiences of the female road sweepers.
- iii) To examine the knowledge Assessment of family planning methods of the road sweepers.

1.4. Significance of the Study

This study is mostly based on the Existing Knowledge Assessment on family planning methods problems effective in women aged 15-49 years.

Family planning is an important aspect of reproductive health and can play vital role to lead a happy life. As it is clear that the process of continuation of generation is through the reproduction seems to be natural, but different abnormalities and difficulties in the process can occur, especially to the women of child bearing age. Marital condition may be the turning point for every individual for his or her future life, and thus, good understanding between the couples is necessary about family planning programs.

The global scenario in reproductive health matter is threatening and the condition is more serious in developing countries. As population program has aimed to reduce TFR (Total Fertility Rate) to replacement level by the end of twelfth five-year plan i.e. up to 2017 A.D., this type of study is essential to make the program more effective and successful by revealing the various factors that hinder or promote the knowledge of contraception. Though there are different studies done by different scholars in this field, this study aims to assess the existing knowledge of road sweepers on family planning methods more concisely. The following points indicate the significance of the study.

- i) This study is based on the field including road sweepers as its population and it reveals the related variables that affect the use of family planning methods.
- ii) As the study is conducted in Dharan sub-metropolitan city with road sweepers from

socially backward community and caste group as its population, the findings from the study can be compared to the sweepers of other urban areas of the country to uplift the existing knowledge upon family planning.

- iii) It will be more helpful for the researcher and policy making program planner for the further study in this problem.
- iv) Dharan sub-metropolitan city can consider the findings of the study as an important asset to launch new programs targeting road sweepers through NGOs, INGOs and other agencies to uplift their reproductive health.

1.5. Delimitation of the Study

This study attempts to analyze the existing practices of road sweeper's upon family planning methods with the help of perception given by currently married women of child bearing age (15-49 years). Delimitation can be termed as boundaries of any study and here are the following points stated as the delimitations of the study:

- 1) This study was conducted in Dharan sub-metropolitan city.
- 2) The study delimited currently married road sweepers of the child bearing age (15-49 years).
- 3) The researcher tries to seek the Existing Knowledge Assessment upon family planning methods of road sweepers' correlating with certain variables.
- 4) The study was processed with purposive sampling method.
- 5) It is a descriptive study accomplished for academic purpose.
- 6) This study was only based on interview of male and female road sweepers.
- 7) Only 60 respondents were taken as sample.

1.6. Operational Definitions of the Important Terms Used

Contraceptive devices

It is a preventive method to help women avoid unwanted pregnancies. It includes all temporary and permanent methods to prevent pregnancies.

Contraceptive Prevalence Rate (%)

The number of currently married women aged 15-49 years using any method of contraception, modern or otherwise per 100 women of child bearing age.

Currently Married Women

Currently married comprises all those in consensual unions or married including those not currently living, but not divorced.

Family planning

Family planning refers to the practices that help individuals or couples to avoid unwanted births to bring about unwanted births, to regulate the intervals between pregnancies, to control the time at which births occur in relation to the ages of the parent and to determine the number of children in the family (WHO, 1998)

Population Growth Rate (%)

Reproductive health is a state in which people have ability to reproduce and regulate their fertility. Women are able to go through pregnancy and child birth safely. The outcome of pregnancy is successful in terms of maternal and infant survivals and wellbeing, and couples are able to have sexual relations free from the fear of pregnancy contacting disease. Key components of reproductive health include family planning, safe motherhood and prevention of STDs and HIV/AIDS.

Sweepers

Sweepers are those personnel who sweep courtyard, public places, roads, etc. They are also termed as “*Kuchikars*” in urban areas. Municipality manages such sweepers to dispose wastes.

Total Fertility Rate

The number of children that would be born to a woman if she were to live to the end of her child bearing years and bear children at each in accordance with prevailing specific fertility rates (UNICEF, 1992).

Pills

It is a temporary family planning method used by females. It comes in a pack of 28 pills, where 21 of them are white in color, made of oestrogen and progesterone hormone ; and other 7 are brown in color, made of iron. Women intending birth control should take one pill everyday regularly.

Depo-Provera

It is a temporary family planning method used by females in the form of injection, which is injected in every three months. Progesterone hormone (150 mg= 1ml) in liquid form is injected in this family planning method.

Copper-T

It is a temporary family planning method in which a T-shaped device made of copper and plastic with thread is inserted in women's uterus. The thread attached to the device can be touched and helps to examine whether the device is placed properly or not.

Norplant

It is a temporary family planning method used by female. It is in a capsule, in the shape of match sticks containing progesterone hormone in a dried form. A set of 6 capsules are inserted intradermal in the upper arm making an incision of one centimeter.

CHAPTER II

REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK

2.1. Theoretical Review

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

The researcher studied the knowledge Assessment of contraception in Dharan of the 10 eligible women. This study found that over 90 percent of currently worried women recognized a method of family planning practices of family planning ranged from 68 percent among aged. 15-49 to the 100 percent in the 20-24 age groups. Two thirds of married women of all ages had ever used a contraceptive method and almost 56 percent of them were current using some kind of contraception. This study suggests that couple be interested in controlling their fertility after a certain number of children. This research concludes that the impact of family planning at the national level is minimal. Family planning programs are lowering the cost of obtaining contraceptive services in Dharan resulting high use of contraception.

Further Challenges

The focus as road sweepers knowledge Assessment of family planning methods has been mainly on the women in the reproductive years of life to the timing, spacing and number of births and to the reproductive health of mothers-early late numerals and closely spaced pregnancies are major contribution to high infant and child mortality and morbidity rates especially where health care facilities are secure.

Health Promotional programs

Steps should be taken to educate the primary health care personal, in order to educate women to changes that occur in family planning methods and available management modalities studied a decade of Nepal's Family planning program achievement, and prospects. He concluded that those engaged in nonfarm employment used contraceptives nearly five times more than those who worked on farms. The report further states that women in the Terai region had higher contraceptive use than those who lived in the other two regions that is hill and mountain. Women in the Terai hand the highest level of awareness and use, which consistent with this regions much better transportation and communication facilities. Also urban dwellers were two three times likely to currently use a contraceptive than these who lived in rural areas.

2.2. Empirical Review

The utilization of reproductive health services in Rural Vietnam. According to the report there are equal opportunities to plan and protect pregnancies during a five year period (1987-1992). They conclude that two percent of the women used contraceptive methods with the IUDs being the most common the use of IUDs was positively associated with the IUDs being the most common. The use of IUDs was positively associated with the number of children alone but not with others socio-demographic factors in methods. Kamlei studies sex preference and the value of sons and daughters in Nepal. He concluded that preference for sons over daughter is slightly stronger among rural respondents, but the mean number of daughters desired is about one and the mean number of sons desired in both groups is about two (1988). Nepal Family Planning And Maternal Child Health Project conducted a survey in 1986 entitled "Nepal Fertility and Family planning survey mentioned that the knowledge assessment of contraceptive shows strong and positive relationship with level of education of women and level of education of husband but the effect of the level of husbands education is less important than her own education." (1987) There is higher practice of family planning methods among urban women than the rural women."

According to UNICEF, birth spacing is one of the most powerful ways of improving the health of women and children. Brothers that are too many or two close or two late to women who's are before 18 years and past 35 years old are responsible for approximately one third of all infant deaths worldwide. Children born closer together as well as two years apart do not usually develop mentally and physically (UNFPA, 1992). Family planning encourages better

reproductive health and broader choices in life. But 20-25 percent of couples in developing countries need better access to contraceptives. There are still 120 million couples who want to space the births of their children or stop having children but are not using contraception, and this number does not include unmarried individuals (UNFPA, 2011). In addition to efforts aimed at women, UNFPA undertakes many innovative projects with men to increase male responsibility for family planning and improve women's status and health.

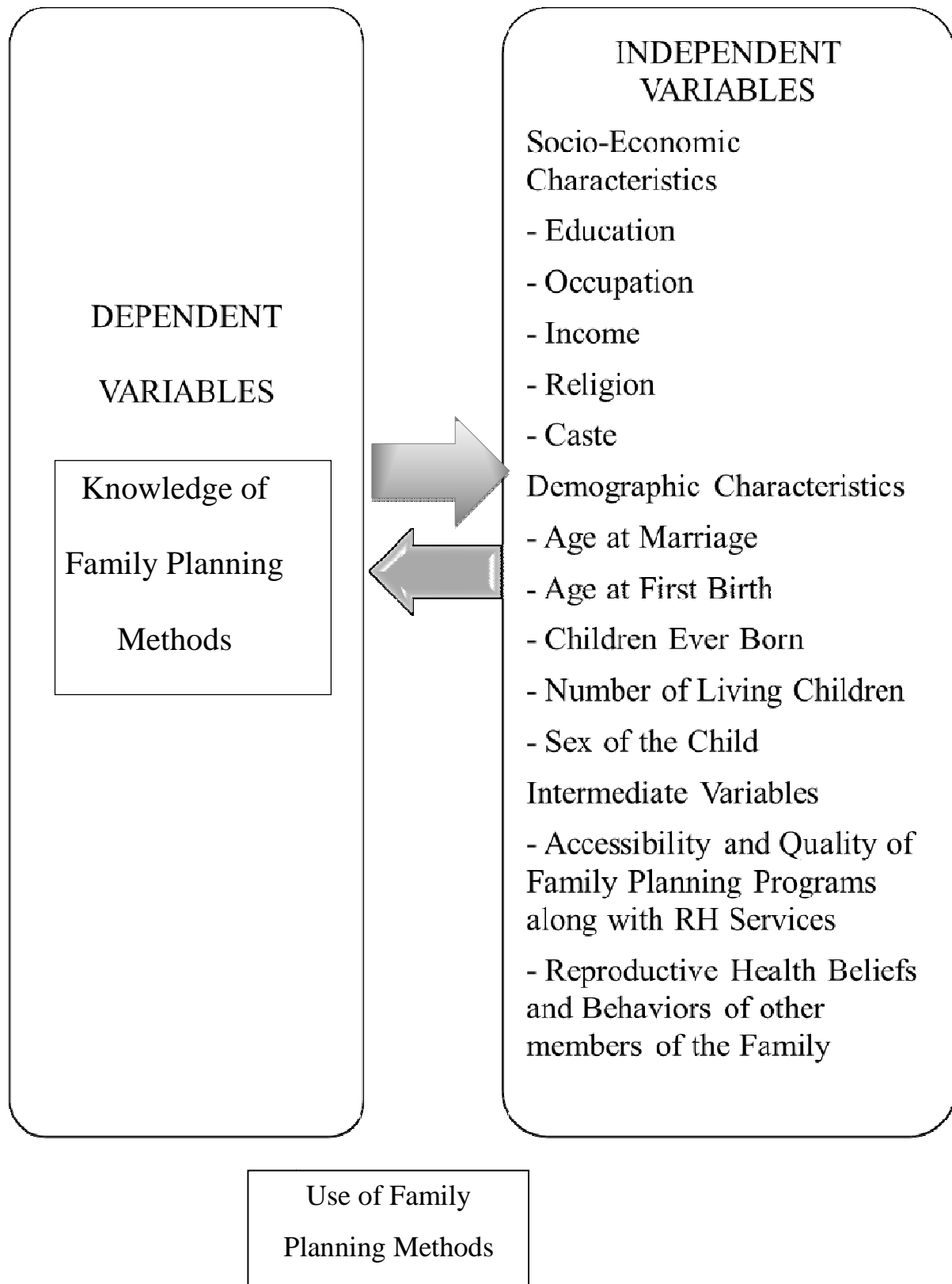
2.3. Implication of Literature Review

Literature review can direct the researcher to accomplish the research work. Since the research is a scientific process, related literature gives the idea to the researcher to conduct the assignment. The present work also had the review of related literature. Theoretical literature review has its implication to guide the research to the right direction. It has provided the theoretical guidelines to the research. The cited theoretical review has presented, to some extent, the theoretical idea to the study field. After theoretical review, it had provided the guideline to develop the conceptual framework for the study. Similarly, empirical literature review has illustrated the practice related to the research area. It also has provided the idea and has shared the experience to conduct the research work in a scientific manner. So reviewed literature, both theoretical and empirical, has the implication to carry out the research work and complete it in a right and scientific way.

2.4. Conceptual Framework

People's health-related behavior is multi-sectional and thus can be influenced by different factors. People's health-related behaviors or actions are influenced by different factors like socio-economic characteristics, demographic characteristics, perceived threats, and other intermediate variables in the person. Here, considering these aforementioned variables, the researcher examined the Existing Knowledge Assessment of family planning methods of road sweepers that is further classified by the following framework.

CONCEPTUAL FRAMEWORK FOR DETERMINING THE PRACTICE OF FAMILY PLANNING METHODS



CHAPTER III

METHODOLOGY

This chapter presents the research design area and population sampling procedure tools and instruments, data collection procedure and data analysis and interpretation procedure in details.

3.1. Research Design

The study was based on descriptive and analytical research design where logical analysis was applied to interpret the results.

3.2. Study Area and Population

Dharan sub-metropolitan city was the proposed study site. There are altogether 27 wards and sub-metropolitan office has its separate waste management section under the environment department that has the responsibility to dispose waste in 19 wards. Wastes and litters that are produced from different activities from different areas in the road sides, courtyards and public places should be disposed properly. For this purpose, according to solid waste management section under environment department, there are altogether about 90 member staffs administered in the environment department where Shree Shishir Shrestha is the chairman. Out of them, 60 are sweepers (*kuchikars*) including about 10 females and 50 males (Dharan sub-metropolitan office, 2015). These women road sweepers, who are currently married and are of child bearing age (15-49 years), are the real population of the study.

3.3. Sample Size and Sampling Procedure

According to solid waste management section under the environment department of sub-metropolitan city office, there are altogether about 60 sweepers including 10 female road sweepers. As already discussed, currently married male and female road sweepers of child bearing age (15-49 years) are the real population of this study and taken as sample unit via purposive sampling method.

3.4. Data Collection Tools and Instruments

To get the required information for the study, the interview schedule was developed on

the basis of road sweeper's knowledge Assessment on family planning methods. The interview questionnaire and next section individual questionnaire is mainly concentrated to the study topic. The attention had been given while formulating questionnaire to maintain high reliability and for this purpose, standard questions from the similar previous studies were made taking proper suggestions from the research supervisor as well.

3.5. Data Collection Procedure

The researcher took a recommendation letter from Janta Multiple College and went to Dharan Sub-Metropolitan city. The environment department under the sub-metropolitan city office had responded to the study. They also suggested the respondents (currently married male and female road sweepers of child bearing age) to help the interviewer. Then the researcher met the respondents. Generally, the road sweepers sweep the road and other public places in 2 shifts per day, morning 6 am to 10 am and in the afternoon 1 pm to 5 pm. The required information were collected by the researcher herself taking the interview with the road sweepers at different ward offices and at working site where they were sweeping at working hour and at sub-metropolitan city offices also. Before filling up the interview schedule, the investigator assured the respondents about the purpose of the study and requests them to give the information regarding study without any hesitation.

3.6. Methods of Data Analysis and Interpretation

After collecting the data from the respondents, the computer entry was carried out and analyzed with the help of Ms-Excel software. After collecting the data, they were presented on the table, chart and bar diagram were other means of data analysis. Interpretation of the study was made on the basis of the respondent's use of family planning methods correlated and influenced as per the different variables like education, caste, religion, age at marriage, age at birth delivery, sex of the child, accessibility and quality of reproductive health (RH) services, etc. finally, conclusion was drawn and the recommendations were made.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF RESULTS

Introduction

This chapter presents the discussion and results of the study in three main parts with respect to the objectives. The first part deals with socio-economic characteristics and its relation with contraceptive use. The second part deals with demographic characteristics. The third is mainly concentrated to the information regarding the knowledge and use of family planning methods of respondents. At the last, summary of the major findings is listed.

4.1 Socio-Economic Characteristics

As noted above, this part deals with distribution of the respondents according to their socio-economic characteristics. This is one of the factors that influence family planning programs. Here, occupation, household income, caste and literacy of couples are discussed.

4.1.1 Occupation of the Couples and Use of Family Planning Methods

Knowledge and Assessment of family planning methods is also influenced by the occupation of the couples. Past studies have shown that those engaged in non-farming activities used contraceptives nearly five times more than those who worked in farms (Thapa, 1989).

As it is already said that this study is distinct in the sense that it includes only those respondents who are married women road sweepers. So the occupation of the respondents is sweeping and their husband's occupation as reported by the respondents is given in table 1.

Table 1: Respondent's Husband's Occupation And Use Of Family Planning Methods

S. No.	Husband's Occupation	No. of Respondents	Use of Family Planning Methods by the Couples					
			Ever Users		Current Users		Never Users	
			No.	%	No.	%	No.	%
1.	Sweeper	45	39	86.67	33	73.33	6	13.13
2.	Non Agro-based labor	7	5	71.67	5	71.43	2	28.57
3.	Driver	5	4	80	4	80	1	20
4.	Household Worker	3	2	66.67	2	66.67	1	33.33
Total		60	50		44		10	

Table 1 presents that among 60 respondents, 45 of the husbands were found sweepers; followed by 7 labors (non agro-based), 5 drivers and 3 household workers out of 10 contraceptives never users. The highest never users (40%) are household workers followed by labors (25%) and sweepers (13.33%). Comparatively drivers have higher use of contraceptives (80%).

4.1.2 Household Income per Month

Economic status of the family has great concern to the couples activities and behaviors. Here, in this context, the respondents were asked their household income per month and their responses is categorized in table 2.

Table 2: Household income per month

S. No.	Income Per Month	Number of Families	Percentage (%)
1.	Rs. 6-7 thousands	6	10%
2.	Rs. 7-8 thousands	3	5%
3.	Rs. 8-9 thousands	6	10%
4.	Rs. 9-10 thousands	42	70%
5.	Rs, 10-11 thousands	3	5%
Total		60	100%

Table 2 shows that each 6 families have their income Rs. 6-7 thousands and Rs. 7-8 thousands per month. Forty-two families have their per month income of Rs. 9-10 thousands and each 3 families have their income Rs. 7-8 thousands and Rs. 9-10 thousands per month. Thus, it is seen from above table that most of the respondent's family (35 families) have income more than Rs. 6-7 thousands per month. This is because the respondents themselves are engaged in sweeping job in Dharan Sub-metropolitan city and most of their husbands are also engaged in similar occupation in different offices, hostels, hospitals etc. This economic status may have positive effect to the respondents' contraceptive use as three fourths of them are using any contraceptive devices.

4.1.3 Caste Structure of the Respondents and Use of Family Planning Methods

There are different castes in our country and each caste has its own values and norms that may have some influence to the family planning programs .As the study is concerned to the road sweepers and most of them are from similar caste structure called 'Dums', and others like it, which the researcher had found is given in the table 3.

Table 3: Respondents by Their Caste Structure and Contraceptive Use

S. No.	Caste	Number of Respondents'	Use of Contraceptives by the Couples					
			Ever Use		Current Use		Never Use	
			No.	%	No.	%	No.	%
1.	Dum/Mote	53	43	71.66	38	63.33	10	16.66
2.	Nepali	2	2	3.33	2	3.33	-	-
3.	B.K.	1	1	1.66	1	1.66	-	-
4.	Chamar	1	1	1.66	1	1.66	-	-
5.	Bhujel	1	1	1.66	1	1.66	-	-
6.	Sunuwar	1	1	1.66	1	1.66	-	-
7.	Mehata	1	1	1.66	1	1.66	-	-
Total		60	50		45		10	

As the Table 3 reveals, almost 53% respondents are Dum/Mote and the major caste structure in the study area among the road sweepers. Similarly, 2% respondents are Nepali, followed by each 1% from the caste group B.K, Chamar, Bhujel and Sunuwar. Data also shows 71% Dum/Mote respondents are currently using any contraceptive devices and about 10% are

never users from the same caste. All the other respondents from their respective caste are fully practicing contraceptives as current users.

Caste comparison and contraceptive use from the table thus reveals that almost all road sweepers, about 53%, are from Dum/Mote caste and they have comparatively less contraceptive prevalence rate than other castes (Nepali, B.K., Bhujel, etc.).

4.1.4 Literacy of the Couples and Use of Family Planning Methods

Education, the source of revolution and means of awareness, plays vital role in transmission of knowledge and hence, is the foundation of all-round development of a person. Past studies have revealed that both contraceptive use and continuity appear to be positively associated with education (1976). Generally, educated person has low fertility as they prefer late marriage, are aware of big family since and use of family planning methods. Keeping these points in mind, the respondents were asked about their men and their husband's educational status that is given in table 4 and 5.

Table 4: Literacy of the couples

Gender	Literacy	Total Number of Respondents	
		No.	%
Female	Illiterate	53	88.33
	Literate	7	11.67
Total		60	100
Male	Illiterate	42	70.00
	Literate	18	30.00
Total		60	100

Table 4 indicates very poor educational level of the respondent. 7% literacy rate of the respondents is sharply low in comparison to the national literacy rate of female (42.40%) (NDHS, 2011). The situation of the husband is also poor which lacks 35% to the average national literacy rate of male (65%).

Table 5: Use of family planning methods

Use of Contraceptives by the Couples					
Self		Partner		Total	
No.	%	No.	%	No.	%
28	52.83	11	20.75	39	73.58
5	71.43	1	14.86	6	85.71
33		12		45	
8	19.05	21	50	35	88.33
3	27.77	12	66.67	15	83.83
11		35			

Table 5 presents the distribution of couples who practice contraceptives by their literacy. Among 52 illiterate respondents, about 70% use contraceptives, 52% by themselves and about 20% through their partner (husband); whereas, contraceptive use rate is 83% among literate respondents: 75% by self-participation and 8% through their husband. On the other hand, 70% illiterate husbands use contraceptives: 20% by themselves and 50% through their partner (wife); whereas, out of 18 illiterate husbands, 83% use any contraceptives, 65% by themselves and 66.6% by their wives.

Thus, the above information reveals that the contraceptive use among illiterate couples seems to be lacking by 10-13% than that of literate couples. At the same time, data further indicates that female participation in contraceptive use is about three fold greater than that of the males regardless the couples' literacy (literate wives use about 90% contraceptives by themselves but literate husbands use only 20% contraceptives by themselves). This clearly reveals that male involvement in family planning is inadequate reflecting the possible cause that of traditional gender roles where women seem to be a machine for reproduction and husbands thought that family planning is not their business.

Here, the large proportion of illiteracy of the couples may have led them towards early marriage, teenage pregnancy with high fertility. So, there is urgent need of educating these people who are involving in sweeping (*Kuchikar*) job for all round development and to make the better understanding between the couples about the RH matter. Women road sweepers, who are mainly of childbearing age, can be benefitted by adult education programs that can be supported

by sub-metropolitan city office.

4.2 Demographic Characteristics

This part deals with the distribution of the respondents according to their demographic characteristics that has close relationship to the family planning programs. Here, respondent's age at first marriage, age at first birth, their children's number in an ideal family is given. In addition, number of living children, child loss experiences and child ever born is discussed.

4.2.1 Age of Sample Population

Women of fertile age (15-49 years) are the target groups of family planning programs. In Nepalese context, marriage and fertility outcome is entirely related that is only married women can give birth. Thus, marital age has significant effect upon fertility outcome and consequently to the family planning programs.

Keeping this fact in mind, the respondents were asked about their marital age (age at marriage) and responses from them is tabulated below

Table 6: Age of Sample Population

Respondents			Respondent's Age at Marriage (Years)								Median Age at Marriage (Years)
Current Age Group (Years)	No.	Literate	13	14	15	16	17	18	19	20	
20-24	6	-	-		2	1		1(L ₁)	2(L ₁)	3(L ₂)	16.6
25-29	18	4	-			4(L ₁)	6(L ₁)	5(L ₂)		1(L ₁)	17.6
30-34	8	1	-			3		4		1(L ₁)	17.42
35-39	13	1	-		5	6(L ₁)	1				15.95
40-44	9	1	-		5		1				15.06
45-49	6	-	3	2	1						13.7
Total 20-49 years	60	7	3	4	12	16	7	10	3	5	16.05

Note: the sign inside the parenthesis indicates number of literate respondents that is: L₁=1 literate and L₂= 2 literate

Table 6 presents the distribution of respondents by their age at marriage. The median age at marriage is 16 years across all age cohorts which is less than that of the national data of 17.1 years (NDHS, 2011). The marital age of respondents ranges from 13 years to 20 years. Table shows that respondents of later forties have comparatively low median age at marriage (13.7 years and 15 years) respectively of age group 45-40 and 40-44 than that of the respondent of around thirties (17.42 years and 17.6 years respectively of age group 30-34 and 25-29 which indicates that current generation is being some more aware about the marital age.

On the other hand, literate respondents were found having comparatively higher age at marriage (18 years) than that of the illiterate. Out of 7 literate respondents, two-thirds were married after age 18 and one-third before age 18 years.

Previously mentioned information reveals that almost all respondents had early marriage practice (about 90% by age 18) that may lead the respondents to premature pregnancy, higher fertility and child loss experience. Thus, there is need of educating the respondents about the adverse effects of early marriage.

4.2.2 Age at First Birth

Age at the onset of child bearing is an important demographic indicator since early child bearing adversely affects the health of mother and child. The proportion of women who become mothers before age 20 is a measure of the magnitude of adolescent (teenage) fertility, which is major health and social concern. In this context, researcher had asked the respondents about their age at first birth and the result is shown in table 6.

Table 7: Respondents by Their Age at First Birth

Respondents			Respondent's Age at Marriage (Years)									Median
Current Age Group (Years)	No.	Literate	15	16	17	18	19	20	21	22	23	Age at First Birth (Years)
20-24	6	-			4			2(L ₁)				18.1
25-29	18	4			2(L ₁)	6	3(L ₁)	5(L ₁)		1(L ₁)	1(L ₁)	19.51
30-34	8	1			1	2	2	2	3		1(L ₁)	19
35-39	13	1			4	3(L ₁)	2			1(L ₁)		19.95
40-44	9	1	1	2	3(L ₁)	2				1		17.26
45-49	6	-	2	3	1							15.9
Total 20-49 years	60	7	3	5	15	13	7	9	3	3	2	18.12

Note: the sign inside the parenthesis indicates number of literate respondents that is: $L_1=1$ literate and $L_2=2$ literate

Distribution of respondents by age at first birth is given in table 6. The median age at first birth is 18.12 years across all age cohorts 5% respondents gave birth by age and more than 50%, (56.57%) have had a birth by age 18. More than few in five (84.85%) have had a birth by age 20. About one in six (15.15%) women had felt the first child bearing experience after age 21 in the study population. Table at the same time also presents median age at first birth of six sub groups having highest (11.71 years) of age group 25-29 followed by 19 years and 18.95 years respectively of age group 30-34 and 35-39. The age group 45-49 has the least median age at birth that is 15.9 years. Data also shows that literate women have higher age at first birth (20.18 years) than others. Among 7 literate respondents about 55% gave first birth at or after age 20 and about 45% gave first birth between ages 17-19 years. Women who have low age at marriage also have felt early child bearing.

4.3 Information Regarding the Knowledge and Use of Family Planning Methods

4.3.1 Knowledge of Family Planning Methods

The present study mainly focuses its concern to the knowledge and use of family planning methods of women road sweepers and different factors which influence it. In this context, acquiring knowledge of contraceptive devices is an important precondition towards gaining access to and then using a suitable contraceptive method in a timely and effective manner. The ability to name or recognize a family planning method here is a nominal test of the respondents' knowledge and not a measure of how much they might know about the method. Keeping this fact in mind, the respondents were asked whether they have heard about different family planning methods that are given in table 8.

Table 8: Knowledge of Family Planning Methods

Respondents		Known Methods								
Current Age Group (Years)	No.	Pills	Depo-Provera	Norplant	IUD	Condom	Female Sterilization	Male Sterilization	Foam Tablet	Safe Period
20-24	6	5	6	4	3	5	6	6	2	1
25-29	18	15	18	12	11	17	18	18	5	2
30-34	8	5	7	5	4	6	8	8	2	-
35-39	13	9	11	5	6	7	12	12	2	1
40-44	9	6	8	2	2	1	8	8	-	
45-49	6	3	5	2	-	-	5	8	-	
Total	60	7	43	55	30	26	57	57	11	4
20-29 years										

Table 8 presents knowledge of family planning methods for currently married male and female of child bearing age by scientific methods and age group. The most widely known modern contraceptive methods are female and male sterilization (each being 57% injectable), 7% pills, 43% Depo-Provera and 26% condoms. Similarly, in about half of the respondents, 55% have heard about Norplant, more than 2 in 5 know about IUD. The least heard in modern contraceptives are related to foam method that is 11 percent.

Result from the table has showed that knowledge of at least one modern contraceptive is

very high, 57%, in contrary to the least hearers of traditional methods where only 4% are familiar with safe period (but no one in withdrawal). Data also indicate that who know various contraceptive methods are f younger age group whereas, respondents of later forties are more familiar to the permanent method of contraception and to the than other temporary methods.

The low familiarity of the respondents towards traditional method reflects the lack of advocacy of program planners and service providers to the general public. Though most of the respondents are illiterate, the high level of knowledge of modern contraceptives could be attributed to the successful dissemination of family planning through mass media and easy access to the sources of contraceptives. Launching new programs targeting the traditional methods is helpful to make it more popular.

4.3.2 Sources of Information of Family Planning Methods

To be informed in any matter has its own importance. Effective information is helpful to achieve the goal set by any program. Family planning is such program where exposure to family planning messages by any source provides for practical knowledge and then prepares for practical use. The electronic media such as radio and television are important for communicating messages about family planning. This context to access the extent to which media or agent serves as a source of family planning messages. 60 respondents who had heard about family planning methods were asked during the survey and have reported that is shown in figure 1.

Figure 1: Respondents by Source of Information of Family Planning Methods

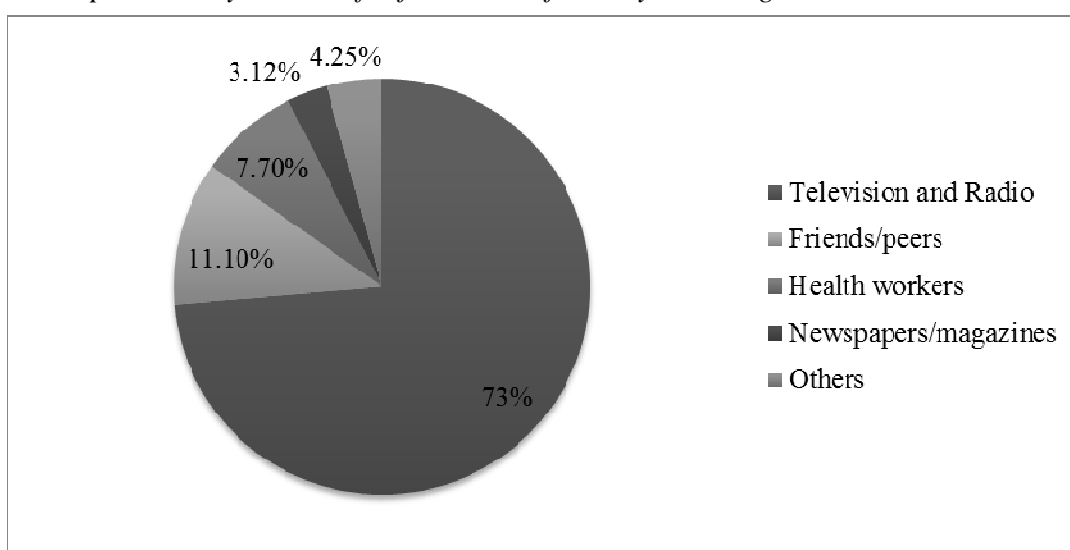


Figure 1 shows that out of 60 respondents who have heard about family planning methods, the information gained by the respondents through electronic media (mainly television and radio) is the highest (73%) followed by friends (7.7). Similarly, only 3% respondents got information through print media and 5% knew about family planning methods through trainings conducted by metropolitan city office.

Hence, it is obvious from the above result that electronic media has played vital role to provide messages of family planning methods which is also due to the fact that the respondents are the residents of Kathmandu valley and reported that 95% of them have television and radio. Comparatively, the message gained by the respondents through health a worker is low (6%) and through print media is negligible (2%) which is directly related to the level of illiteracy of the respondents.

4.3.3 Discussion of Family Planning Between Spouses

Interspousal discussion is an important intermediate step along the path to eventual adoption and especially continuation of contraceptive use of sustained use of contraception. To get a sense of their practice, the respondents were asked whether they have held spousal discussion at any time and what was their husband's attitude towards the use of contraceptives and the result was found as following.

Out of 60 respondents, 44 had discussed about family planning matters with their husband whereas, 30 spouses didn't discuss at all. Among 44 spouses who had held discussion about family planning, 32 husbands have positive attitude towards the use of contraceptive devices and 8 had negative attitude as they thought it was not their business. Data indicates that more than two-third spouse had made spousal discussion which is good aspect but one-third had not discussed and about 12% husbands who had discussed on family planning have misunderstanding about it. Hence, there is need of educating them about the role of husbands in reproductive health matters of their wives.

4.3.4 Ever Use and Current Use of Contraceptive Devices

One of the major objectives of the present study is to access the use of family planning methods. Use of contraceptives can be viewed in two ways as ever use and current use. Data in ever use has special significance since it reveals the cumulative success of programs promoting

the use of family planning among couples whereas, the level of current use is the most widely used and valuable measure of the success of family planning programs. On the other hand, the difference between ever use and current use provides some information about the trend of continuation and shifting pattern. The findings on ever use and current use of family planning methods in the study population is given in table 9.

Table 9: Current Contraceptive Users by Specific methods, Age group and Literacy

Respondents			Specific methods users						
Current age groups (years)	No.	Literacy	OP	NP	Cd	DP	F.St	M.St	Total
20-24	6	1	-	1	2	3(L ₁)	-	-	6
25-29	18	4	1(L ₂)	1	-	11(L ₄)	1	2	16
30-34	8	1	1	-	-	2	-	2	5
35-39	13	1	-	-	-	6(L ₁)	4	1	11
40-44	9	-	-	-	-	1	2(L ₁)	2	5
45-49	6	-	-	-	-			2	2
Total 20-49 years	60	7	2	2	2	23	7	9	45

Note: OP= oral pills, NP= Norplant, Cd= condom, DP=Depo-Provera, F. St= female sterilization, M. St= male sterilization, L₁= 1 literate, L₂= 2 literates, L₄= 4 literates

Table 9 clearly shows that contraception use varies with age. While analyzing contraceptive use by age group, it is highest in the age group 25-29 among all age cohorts whereas, use is lower (70%) among younger women (age group 20-24) and sharply low (20%) among older women (age group 45-40) than among those at intermediate ages (78% and 80% of age group 30-34 years and 35-39 years respectively). This may be due to younger women who have low use as they are in the early stage of family building and women of later forties are less literate becoming unaware about contraception and also some of whom are no longer fecund.

Similarly, most of the younger respondents (below 30 years) have highly used temporary methods (66.66%) and low permanent methods (23%) in contrast to their older counterparts low participation ($18/48=37.5\%$) in temporary method and high use ($20/26=77\%$) in permanent methods. It may be due to the reason of younger respondents' birth spacing purpose whereas, older one's birth controlling.

On the other hand, out of 7 literate respondents 10 were found using any form of family planning methods. Most of them used temporary devices and illiterate ones have low contraceptive use and among users, almost all are permanent device users showing low familiarity of the literate respondent to the temporary devices of family planning. Use of family planning methods was also influenced by the number of living children women have. Data from the survey showed that 10% respondents use contraceptives with one child, the % increase to 54% among women with 2-3 children and falls to 13% among those who have 4 or more children.

4.3.5 Sources of Family Planning Methods

There are different sectors involving to provide family planning services to the people. In this regard, respondents who are current users of modern contraceptive methods were asked the most recent source of their methods and the response reported by them is categorized in the table 11.

Table 10: Sources of Contraception

S. No.	Source of contraception	Contraceptive users	
		Number	Percentage
Government sector		20	44.6
1.	Government hospitals	11	25.7
2.	Health posts/health centers	8	16.2
3.	Mobile camps	1	2.7
Non-governmental sector		15	33.8
4.	Family Planning Association of Nepal (FPAN)	13	28.4
5.	Marie Stopes/Nepal Red Cross	1	2.7
6.	Clubs	1	2.7
Private sector		5	10.8
7.	Nearby clinics/pharmacies	5	10.8
Other sources		5	10.8
8.	Ward office	3	6.8
9.	Don't know/husband didn't inform	2	4.0
Total		45	100.0

Data from the table show that government sector remains the major source of contraceptives, providing its service to 44% users where government hospitals comprise the highest proportion (26% user among all current user), followed by health post/health centers (16%). Another major source of contraceptives is non-governmental sector (34%) mostly the FPAN from where 28% user gets their contraceptives. Similarly, about 11% from other sources like ward office with 4% users didn't report the source as their husband didn't tell them.

According to the respondents, those who used permanent methods got their service mainly from government hospitals and FPAN whereas, temporary users got their services from health centers, clinics, clubs, ward office, etc.

4.3.6 Time Taken to Reach the Source of Contraception

Knowledge and use of contraceptives is also influenced by the accessibility of family planning services, one of the important indicators of accessibility of contraceptives. Studies show the improvement in accessibility can have a positive effect on contraceptives prevalence (NDHS, 2011). During the field survey, respondents who were currently using any contraceptives were asked to estimate the time taken to reach the source and the response by them is given in table 11.

Table 11: Time Taken to Reach the Source of Contraception

S. No.	Time (in minutes)	No. of respondents	Percentage
1.	60	9	20
2.	30	13	28
3.	>15-<30	15	34
4.	<15	6	14
5.	Don't know/husband didn't tell	2	4
Total		45	100.0

Table 11 shows that 20% user should travel one hour (60 minutes) to get the contraceptives whereas, 28% user are at the distance of half an hour (30 min) from the source of contraceptives. Similarly, about half of the all users 48% are at the periphery of less than 30 minutes from the source of contraceptives. Most of the temporary contraceptive users are closer to the source than that of permanent method users.

As the respondents are city dwellers, the easy access of source of contraceptives may be one leading factor for better contraceptive prevalence rate (74%) despite their low literacy rate (7%).

4.4 Side Effects Faced by the Current Contraceptive Users

Qualitative service is vital for the long lasting success of any program and this holds a special meaning in case of family planning programs. Side effects faced by the contraceptive users should be listened and then solved by the service providers (program planners and implementers) for effective participation of contraceptives users. In this context, the current users of contraceptive devices in the study area were asked whether they are facing any side effects or not and the responses are presented by specific methods in table 12.

Table 12: Side Effects Faced by the Current Contraceptive Users by Specific Methods

S. No.	Side Effects	Specific Family Planning Method User							
		OP (2)	NP(2)	Cd (2)	DP (23)	F. St (7)	M. St (9)	Total (45)	%
1.	Irregular Menstruation	-	1	-	2	-	-	1	5
2.	Heavy Bleeding During Menstruation	-	-	-	1	-	-	1	1.67
3.	Too Much Weight Gained	-	-	-	2	-	-	2	5
4.	Headache	1	-	-	6	-	-	1	5
5.	Weakness	1	-	-	-	1	1	3	3.33
6.	Back Pain	-	-	-	-	-	2	2	5
Total		1	1	-	9	1	3	10	25

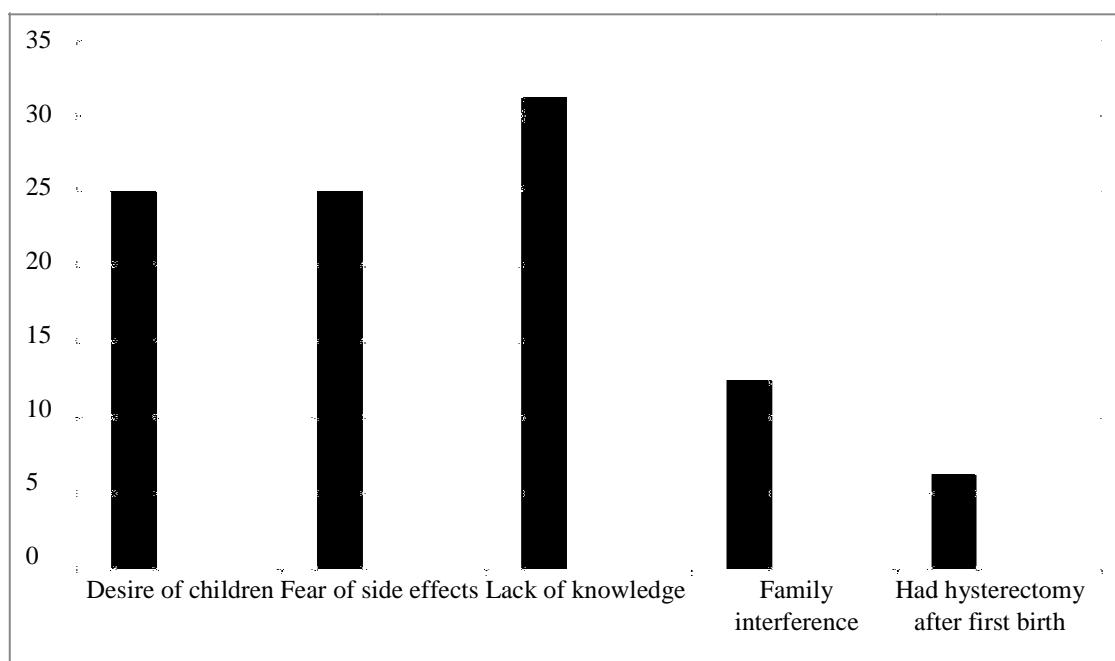
Note: OP= oral pills, NP= Norplant, Cd= condom, DP= , F. St= female sterilization, M. St= male sterilization

Table 12 presents the different forms of side effects by specific methods. Among the 45 current contraceptives users, 15 were not found with any form of side effects (35%). Out of 15% who are facing any form of side effects, the highest was irregular menstruation (23%) followed by headache and too much weight gain. Similarly, 15% user reported as they are

suffering from back pain and each about 12% was facing heavy bleeding during menstruation and weakness. On the other hand, among the 15 respondents who are facing side effects, about three-fourths are related to temporary methods where almost all are users. With multiple side effects, permanent contraceptives user had faced fewer side effects (27%) with weakness and back pain as major side effects. Analyzing the side effects through specific methods, the highest side effect was observed in pill users (50%), followed by (42%), Norplant (33%), female sterilization (30%) and then male sterilization (25%).

As above results show almost all temporary device users have faced any form of side effects, and it is also true that most contraceptive users in the early stage of their fecund period will use temporary devices. Hence, it is necessary to make these devices less problematic. On contrary, users need proper guidance and counseling.

Figure 2: Reasons for non-use of contraception



4.5 Summary and Finding of the Study

The currently married female road sweepers of child bearing age (15-49 years) in Dharan sub-metropolitan city had different socio-economic and demographic characteristics. Additionally, they had different responses about the knowledge and usage of family planning methods and factors related to it. The major findings of the study are as follows:

1) As the study population is currently married road sweepers of child bearing age by

occupation all the respondents are sweepers (*kuchikars*) whereas, most of their husband are sweepers (60%) followed by labors (7%), drivers and household workers (5%). By contraceptive use, the respondents with their husband's occupation as driver had the highest contraceptive prevalence rate (87.5%) followed by sweepers (60%), labors (67%) and household workers (60%).

- 2) More than five-sixths (85%) respondents' monthly household income is equal to or exceeds Rs. 8000 and about 15% respondents' monthly household income falls below Rs. 8000 (<8000>6000).
- 3) Nearly 53% respondents were 'Dums/Mote', 7% by caste structure Sunuwar, Nepali, B.K., Chamar and Bhujel whereas, 4% were from caste Bhujel and Sunuwar, and it showed that about 95% sweepers were from the lower caste group.
- 4) In terms of education, the study population is found very backwards. Only 7% respondents are literate whereas, their husbands are 30% literate. Literate couples have had about 15% more contraceptive use than that of illiterate. Literate respondents (wives) had highly (75%) self-practiced contraceptive in contrast to literate husband who only 17% had half practiced.
- 5) Peoples of the study area had adopted early marriage (median age at marriage=9.63 years) that us followed by premature pregnancy (median age at birth = 10.87 years) and teenage child bearing.
- 6) Majority of the respondents had their attitude as appropriate birth intervals to be 5 years or more (53%) and appropriate number of children in an ideal family to be two (58%).
- 7) A great majority (57%) of the respondents had knowledge of any one modern method of family planning in contrast to that of the very low familiarity (4%) with traditional methods.
- 8) Almost all the respondents were found highly exposed to the family planning messages, about three-fourths (73%) by television and radio, 12% by friends, 7% by health workers, 5% by training and least respondents (3%) got the information about family planning through print media.
- 9) The most widely known modern family planning method by respondents was female and male sterilization.
- 10) The most widely known modern family planning method by the respondents was female and male sterilization each being 94% followed by injectable (92%), pills (71%), and condom (60%). Similarly, nearly half of the respondents (49%) had known about Norplant and 44%

were familiar with IUD. The least hearers (18%) in modern contraceptives were related to foam/jelly method.

- 11) More than two-thirds (60%) respondents were found conducting interpersonal discussion about reproductive health matters especially in family planning.
- 12) The contraceptive prevalence rate of the respondents was found very high (44%). Among the current contraceptive users, the proportion of female using planning methods was about three folds greater (35%) than that of their male counterparts.
- 13) Respondents in terms of current use of specific family planning methods, the users were the highest (23%) followed by male sterilization (9%), female sterilization (7%), pills (2%) and each Norplant and condom users were equal to 2%.
- 14) The major sources of family planning methods as cited by the current contraceptive user was government sector (44%) whereas, non-government sector is another remarkable source of contraceptive (33%) for the delivery of family planning services.
- 15) Current contraceptive users were found having easy access to the sources of family planning methods in terms of travel time to reach the source as more than three-fourth (45%) current users were at the periphery of 30 minutes from the source and 9% were at the distance of less than 15 minutes.
- 16) Out of all current contraceptive users, 35% users were found facing any form of side effects where three-fourths were related to temporary devices. 50% pill users, 42% users, 33% Norplant users, 30% female sterilization users had reported facing with one or more side effects. The users had reported facing multiple side effects.

CHAPTER V

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1. Summary

The present study entitled "Road Sweepers' Existing Knowledge and Practices on Family Planning Methods in Dharan Sub-metropolitan City" is based upon the 60 sample population (currently married and are of child bearing age) out of total 110 female road sweepers. A descriptive research design based on purposive sampling method has been adopted in this study.

Dharan sub-metropolitan city consists of 27 wards, 137,705 population to that of the city has established solid waste management and environment department for proper disposal of wastes. According to the sub-metropolitan city office record, there are altogether 60 sweepers out of these road sweepers 10 are currently married females of child bearing age (15-49 years) (2016). They were taken as sample for present study by using purposive sampling method. About half of the respondents were from sub-metropolitan city office to get the required data for accomplishing the whole study effectively. The pre-tested and revised interview schedule dealing household questionnaire and individual questionnaire were developed and administered to the sample population. The duration of field survey was about 5 weeks.

Due attention had given while preparing interview schedule that gathered socio-economic, demographic and other individual information necessary to analyze and interpret the respondents' knowledge of family planning methods. In this regard, To find out the socio-economic characteristics of the road sweepers and its relation to knowledge and practice of family planning methods To access the problems for not using contraceptive devices by the sweepers in the study area To find out the effect of use of family planning methods upon road sweepers To find the socio-economic characteristics of the road sweepers and its relation to knowledge and practice of family planning methods. To analyse age at marriage fertility and child lost experiences of the female road sweepers. To examine the knowledge Assessment of family planning methods of the road sweepers.

In addition, the following research questions were raised and taken into consideration during the research work

1. How does the socio-economic and demographic status of the road sweepers in Dharan sub-

metropolitan city influence the use of family planning methods?

2. To what extent the relationship exists among age at marriage, fertility and child loss experiences in the road sweepers?
3. What is the existing knowledge assessment of road sweepers about family planning methods?
4. To what extent the factors are responsible for not knowledge contraceptive devices among the study population?

To examine the knowledge and practices of family planning methods in road sweepers, certain variables were specified like education, occupation, income, caste, age at marriage, age at first birth, number of living children as independent variables. Accessibility and quality of family planning programs along with RH services, reproductive health beliefs and behaviors of other members of the family as intermediate variables whereas, knowledge of family planning methods as dependent variables were taken. To examine the relationship among aforementioned variables, the available data were managed by using Ms-Excel software. The data were analyzed by using frequency counts, percentage, cross and figures and so on whereas, interpretation of the study had been made as per different variables mentioned earlier and comparing with the national level data. Thus, on the basis of the findings, the conclusion and appropriate recommendations were made and so in totality a descriptive report had been prepared.

5.2. Conclusion

It is concluded that the road sweepers in Dharan sub-metropolitan city were found knowledgeable about family planning methods and had high use of family planning methods despite their literacy rate. Self-dependency of the respondents in terms of income, high accessibility to the family planning services and adequate exposure to the family planning messages through electronic media were found as supporting factors for high use of family planning methods. Almost all the respondents were from the lower caste group that is 'Dum/Mote' and others similar to it, which indicates their traditional occupational role as not involving in other income generating activities. Furthermore, they had certain variables which have positive as well as adverse effects to the practices of family planning methods.

The demographic characteristics of the respondents regarding family planning were not encouraging. People of study area had adopted early marriage median age at marriage that was

followed by premature pregnancy (median age at first birth, teenage pregnancy, child bearing and child loss experiences that reflected their low awareness regarding fertility related matters. Respondents who knowledge assessment in contraception were found low in fertility and child loss experiences with small sized family in contrast to that of contraceptive never users who had all three aspects viz. fertility, child loss experience and family size high. It showed negative relationship between contraceptive use, fertility and child loss experiences. The fact that about 1/4th respondents who had felt child loss experience also showed couples were less informed about child rearing practices whereas, nearly 3/4th respondents were found conducting interspousal discussion about RH matters but as cited by the respondents.

A great majority of the respondents had practice of modern methods but least respondents were familiar with traditional mode of family planning reflecting low dissemination of family planning information regarding traditional methods. Similarly, most of the respondents were found practicing sterilization, injections and comparatively male participation was three times lesser than female counterparts. Among them, temporary device (condom) users were negligible.

Role of electronic media like TV and radio for communicating messages about family planning methods were found vital and almost all respondents were found having access to the sources of family planning services. Governmental sector remain the major source of contraception, non-governmental sector also has found its remarkable position for delivering family planning services.

More than 1/3rd respondents were facing any form of side effects. Most of them were temporary uses (Depo-Provera with multiple side effects) and this reason was found mainly responsible for discontinuity of the present methods by respondent. This indicates insufficient guidance and counseling through the service providers. Lack of knowledge was the leading reason for never use of contraceptives, followed by fear of side effects, desire for children and family interference.

5.3. Recommendations

As Nepal is experiencing high population growth rate with total fertility rate, there is emergent need to launch special programs targeting mainly fertile couples to motivate them towards the small sized family norms that is with 2 children. To reflect the target of reducing

TFR to the replacement level by the end of the 12th 5 yearlong plan (2017 AD) into reality, it is high time to implement population related programs integrating with other developmental activities. On the basis of the principle findings of the study, following recommendations are made regarding various educational, managerial aspects and to the program planners, policy makers and future areas of researches for higher practices of family planning methods.

Socio-economic intervention is necessary to uplift status of sweepers who are mainly from lower caste groups (Dum/Mote). An alternative way of income generation should be implemented for them as always all couples are engaged in traditional sweeping occupation.

The demographic characteristics of the sweepers are not encouraging type that is they adopted early marriage followed by premature pregnancy and child loss experiences. Hence, they should be educated about the adverse effects of early marriage and teenage pregnancy (early marriage and teenage pregnancy/child bearing practices should be discouraged.

As about 1/4th respondents have had child loss experiences, couples should be properly informed about child bearing practices. Road sweepers with fewer than 5 years children can be benefitted by the provision of establishing child care centers.

The low literacy rate (7%) of the respondents has various known or unknown impacts on RH matters that can be minimized by providing them special adult education and for this Dharan sub-metropolitan can manage itself or initiate to coordinate through other NGOs and INGOs.

It is better to provide special trainings to the sweepers about different matters related to RH and other skill based programs throughout sub-metropolitan.

Comparatively, very few respondents are familiar with traditional methods of family planning and hence there is need of proper advocacy and exposure of messages regarding these methods.

As per the findings, males' proportion of using family planning methods is about 3 fold lesser than that of females. So, to increase better participation of husbands in family planning methods, husbands' role in RH of their wives should be identified and then emphasized. Rumors and misinformation regarding condom use should be corrected. Couples need to be informed about multiple benefits of the family planning methods.

As nearly 2/5th respondents are facing any form of side effects and the principle reason for the discontinuity of the present methods (temporary methods) as well as never use of contraceptives is the matter of side effects. Hence, there is need of improvement in advocacy, quality of family planning services (mainly temporary methods per information), guidance as well as counseling to the family planning device users. stepped up information and educational activities should be forwarded in dispelling fears and misconceptions about specific methods of family planning.

As the findings, related to knowledge and use of family planning methods prevailed by the present study, interesting type that is despite their low literacy rate, the respondents have high knowledge and use of contraceptives. So, considering that fact to be educated is not only and all thing, the population policy makers and program planners are requested to launch such programs that has high dissemination of family planning messages and easy access to the sources of contraceptives with taking risk throughout the country to raise overall contraceptive use.

Information, education and communication (IEC) strategy should be prepared and implemented especially to popularize the concept of 2 children to raise age at marriage and contraceptive prevalence rate consequently to reduce TFR and improve the social status of women.

Suggestions for Further Researchers

This research, as accomplished by a student, is strictly limited to analyze, interpret and draw conclusion to the responses from 60 currently married road sweepers of child bearing age and also limited to the Dharan sub-metropolitan city. Therefore, for those researchers in days to come, it is heartily requested to conduct similar type of study that would explore the following:-

1. Many socio-economic characteristics other than in this study can be included to examine the knowledge and practices of family planning methods.
2. Similar type of study could be conducted in other urban areas.
3. The methodology other than that used in this study could be applied with larger sample size and coverage.

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APPENDIX

Tribhuvan University

Janta Multiple Campus

Itahari, Sunsari

Interview Schedule for the Survey on:

Road sweeper's existing knowledge and practices on Family planning methods in Dharan sub-Metropolitan city

A. Household Questionnaire

1. Respondent's Name:
2. Age:
3. Permanent Address:
4. Sex:
5. Marital Status: Currently Married
6. Religion:
7. No. Of Family Members:
8. Caste:
9. Do you have your own house or living on rent?
 - a. Own house—*kachi/pakki*
 - b. On rent
10. What kind of facilities or properties is available in your house?
 - a. Electricity
 - b. Transport vehicles
 - c. Radio
 - d. Television

B. Individual Interview Schedule

Personal/couples Information

1. Are you a literate person?
 - a. Yes
 - b. No
2. If you are a literate person which grade/level has you completed?
 - a. Only can read and write
 - b. Primary
 - c. Lower Secondary
 - d. Secondary
3. Besides this sweeping job, have you any other occupation?
 - a. Yes
 - b. No
4. If Yes, then what else?
 - a. Agriculture
 - b. Business
 - c. Agro-based labor
 - d. Non agro-based labor
5. What is the education of your husband?
 - a. Literate
 - b. Primary Level Education
 - c. Lower secondary Education
 - d. Higher Secondary Level
 - e. Graduate
 - f. Post Graduate

6. What is your husband's occupation
 - a. Agriculture
 - b. Business
 - c. Service
 - d. Others
7. What is the total per month income of your family?
Rs.....
8. What are the average monthly expenses of your family?
Rs.....

C. Information regarding Fertility/Demographic Characteristics

1. How old were you, when you got first married? Age?
2. In your opinion is it appropriate age for marriage?
 - a. Yes
 - b. No
3. Have you given birth to any children yet?
At age years.
4. If yes at which age did you born your first born baby? Age?
5. In your opinion, is it appropriate age for bearing a baby?
 - a. Yes
 - b. No
6. In total, how many children were born alive to you?
 - a. No. of sons
 - b. No. of daughters
7. Have your children born alive but died within a while or later?
 - a. Yes
 - b. No
 If yes, died son; died daughter
8. Are you pregnant now?
 - a. Yes
 - b. No
9. In your opinion, what should be the interval between two succeeding births?
Time of interval:years.
10. According to you, what should be the number of children in an ideal family?
No. of children.....

D. Information regarding the Practices of Family Planning Methods

1. Do you know about family planning methods?
 - a. Yes
 - b. No
2. If yes, which of the following methods of contraceptives do you know?
 - a. Pills
 - b. Norplant
 - c. IUD
 - d. Depo-Provera
 - e. Condoms
3. If you have the knowledge about it, from where did you get the information?
 - a. Radio/TV/FM
 - b. Friends/neighbors
 - c. Health workers
 - d. School/college teachers
4. Have you ever discussed about the family planning methods with your husband?
 - a. Yes
 - b. No

5. If yes, what is/was your husband's attitude about the use of methods?
 - a. Positive
 - b. Negative
6. Have you/your husband ever used any family planning methods?
 - a. Yes
 - b. No
7. Which method did you use?
 - a. Pills
 - b. Norplant
 - c. IUD
 - d. Depo-Provera
 - e. Condoms
8. Are you/your husband currently using such family planning methods?
 - a. Yes
 - b. No
9. Why did you use family planning methods?
 - a. Spacing birth
 - b. Safe sex
 - c. Maintaining health
 - d. Controlling child birth
10. From where does your husband get contraceptives?
 - a. Government health post
 - b. Hospitals
 - c. Clinics
 - d. Health posts
11. How many hours/minutes does it take to reach the source of contraceptives?
 - a. 1 hour
 - b. 30 minutes
 - c. 15 minutes
12. Is your husband facing any side effects due to the use of contraceptive devices?
 - a. Yes
 - b. No
13. Do you intend to practice current contraceptives continuously? (Only for temporary device users)
 - a. Yes
 - b. No
14. (If no), Why don't you intend to practice current contraceptives continuously?
 - a. Leads to side effects
 - b. Desire for children
 - c. Want to use permanent devices
 - d. Age factor
15. What is the main reason that you are not using any contraceptive devices?
 - a. Desire for children
 - b. Fear of side effects
 - c. Family interference
 - d. Sterility
16. Do you know a place where you can obtain family planning services?
 - a. Yes
 - b. No
17. If yes, where is that?

- a. Government sector
- b. Non-government sector
- c. Private sector

Clinic