

CHAPTER I

INTRODUCTION

1.1 Background of the Study

Reproduction is a function that all living creatures perform, but it is not always something they can control in terms of timing or prevention. Like any species, human beings are motivated by an innate need and desire to produce, but unlike other species, modern humans have gained the ability to control if and when we reproduce to a very high degree through the use of various contraceptive methods. Some more basic forms of contraception, such as condom, have provided humans with the ability to prevent unwanted pregnancies by creating a mechanical barrier between male and female reproductive cells. But science and medicine have advanced, humans have now reached a point at which women are able to influence the reproductive secretions of their bodies by chemical means-by disrupting the natural fluctuation of hormones within their bodies to harness the timing of a natural menstrual cycle. The result of this; women now simply can take pills to dictate whether they ovulate or not as well as to interrupt and tame their natural menstrual cycles as per their will.

Contraception is the deliberate use of artificial methods or techniques to prevent pregnancy at the time of sexual intercourse. The major forms of artificial contraceptions are: barrier method, among which condom or sheath; the contraceptive pill, which contains synthetic sex hormones which prevent ovulation in the female.

“The truth is women use contraception not only as a way to prevent unintended pregnancies, but also to improve their health and health of their families. Increased access to contraception is directly linked to reduce in maternal and infant mortality.” (www.cdc.gov/reproductivehealth/contraception)

The level of awareness of contraception provides adequate knowledge of it to the users. Education and communication activities and help to identify the areas that need to be strengthened. Involvement of men regarding use of family planning is a must for consistent and effective result. Men are considered to be a neglected potential consumer of family planning method. Their involvement is found very low.

Contraception Prevalence between 15 to 49 was reported at 52.6 percentages to the World Bank collection of development indicators 2016, compiled from officially recognizes sources. Demand for modern family planning method 56 percentages users are satisfied. 42.8 percentage of women found satisfied with modern methods. (www.ncbi.nlm.nih.gov)

Although there is an abundance of literature on women's SRH throughout the life-course, less is known about young men's sexual health concerns and needs (UNFA, 2017). Despite efforts made on an international level, a majority of young people today still lack adequate information about sex, relationship and sexual responsibilities and access to SRH care services (UNFA, 2017). Globally, the use of modern contraception has marginally increased over the last two decades, from 54% in 1990 to 57.7% in 2015 (WHO, 2017).

In the latest Swedish National study UngKAB15, it was determined that among those aged (15-29 years), 50% of people used a hormone-based method and 25% used a condom with a previous sexual encounter (Folkhalsomyndigheten, 2017).

In the UngKAB study, young people were most likely to consider condoms for protection (88%) followed by contraceptive pills (47%). However, the most common contraceptive device used during their most recent sexual encounter was the opposite, namely hormonal contraceptives (50%) followed by condoms at throughout sexual intercourse (Folkhalsomyndigheten, 2017). Furthermore, the study pointed to the age decline in condom use among young male respondents, from nearly 40% for 16-19 age groups down to 25% among the age group between 25 and 29 (Ibid).

Research and public health interventions have often relied on the studies aimed at women's use of contraceptives; however it is important to consider men's attitudes and behaviors (UNFA, 2017).

Among the 1.9 billion women of productive age (15-49 years) living in the world in 2019, 1.1 billion have a need for family planning, that is, they are either current users of contraceptives 842 million use modern method of contraception and

80 million use traditional method or have an unmet need for family planning 190 million women want to avoid pregnancy and do not use any contraceptive method. The promotion of women who have their need for family planning satisfied by modern methods (Sustainable Development Goals indicator 3.7.1) is 76 percent in 2019.

Female sterilization is the most common contraceptive method use worldwide. In 2019, 23.7 per cent of women who are currently using contraception that is 219 million women rely on female sterilization. 189 million male use condom. Overall, 45.2 per cent of contraceptive users rely on permanent or long-acting methods (female and male sterilization, IUD implant), 46.1 percent on a short-acting method (such as male condom, the pill, injectables and other modern methods) and 8.7 percent on traditional methods (withdrawal, rhythm methods and other traditional methods). (PubMed)

In Eastern and South-Eastern Asia, IUD is the most common contraceptive method. In Europe and North America, the pill and male condom are the most commonly used methods while in Latin America and the Caribbean female sterilization and the pill is used 16.0 and 14.9 percent, respectively. In Oceania, the dominant method is the pill that is used by 16.9 percent and in Central and Southern Asia it is female sterilization which is used by 21.8 percent of women rely on this method. In Northern Africa and Western Asia, the most common methods are the pill (10.5 percent) and IUD (9.5 percent). Sub-Saharan Africa is the only region in which injectables are the dominant method with a prevalence of 9.6 percent among women of reproductive age.

Out of every five countries or areas, a single method accounts for 50 percent or more of all contraceptive use. In the 37 countries or areas where one method constitutes half or more of all use in 2019, the dominant methods include the pill (13 countries), IUD, injectables and male condom (6 countries each), female sterilization (4 countries) and a traditional method (3 countries). In an additional 113 countries, the most common contraceptive method accounts for between 30 and 49 percent of total use. Countries where contraceptive practice is heavily concentrated on one or two methods can be found in all regions and at all level of overall contraceptive prevalence.

1.2 Statement of the Problem

Nepal is an under developed country and 83% people are living in rural area of Nepal. Health is more precious than the money. To develop positive health attitude and behavior on them is indispensable to successful life. Maternal mortality ratio for Nepal is high as 239 deaths per 100,000 live births (Nepal demographic and Health Survey 2016). In the effort to reduce maternal deaths helps to develop the nation. Family planning can be an important and effective tools. Unwanted pregnancies mean pregnancy without the desire of married couple and no planning of a child. Unmet need for contraception has been one of the most widely discussed family planning concept in recent years. It is a disparity between women's fertility preferences and her family planning practices. It has been found that most of the women of reproductive age those who do not want to have a child soon they do not prefer to use contraception tools.

In this context this proposed study would try to answer the following research;

1. What is the socio-demographic situation of on married women in Miklajung Rural Municipality ward no 7 Morang District?
2. What is the existing level of knowledge on contraceptive devices among the married women?
3. What is the attitude and practices on contraceptive devices among the married women?

At the UN High Level Meeting on Universal Health Coverage In September 2019, government adopted the world's first-ever Political Declaration on UHC, pledging to "accelerate efforts towards the achievement of universal health coverage by 2030 to ensure healthy lives and promote well-being for all throughout the life course." The political Declaration also includes a commitment to "ensure, by 2030 universal access to sexual and reproductive health care services, including for family planning information and education."

1.3 Objectives of the Study

The objectives of the study are as follows:

- a. To identify the level of knowledge on contraception device on married women.
- b. To find out the current condition of contraceptive device on married women.
- c. To find out the effects of Contraceptive devices on women.

1.4 Significance of the Study

This study depends upon the need of contraceptive devices and its practices in married women are very important to improve the existing situation. Very few studies have been conducted with regarding knowledge of contraceptive method and practices of it effectively. There is absence of data regarding competency of knowledge, contraceptive method and practice. Therefore this study had concern instituting to identify the realities of married women and their problem, situation and provide ideas for the improvement of the family planning. Family planning is one of the direct methods of control of population growth. The CPR in our country is comparatively low with other Asian countries. So there are conducting many programmed through GON, INGOs and local leaders for many districts. Different types of temporary and permanent family planning means are used to reduce fertility rate and control population.

So, this study would be helpful to concerned in the following ways.

- a. This study would be helpful the concerning for government. Private sector and health Personal to create a sound physical facility for family planning.
- b. This study would give the real picture about physical facility and contraceptive Method practice in existing time in the community under study area.
- c. This study would be used as base line data to those people who want to make a detailed study on the various aspect of contraceptive method.
- d. It would help to motivate the concerning agencies to formulate the plan and policies to conduct and family planning and health education program in particular area.

1.5 Delimitations of the Study

Each and every study has its own limitations. This study too is no exception. The main limitations of this proposed study are as follow;

- a. This study was in delimited to every small regions i.e.ChhattishBigaha, Miklajung Rural Municipality ward no-7, Morang,Province no.1.
- b. It was further limited to married women aged between 15-49 year only.
- c.The sample was limited to 82 married women among 153 household.
- d. There was random sampling methodfor the married women based on descriptive study design.

1.6 Definition of the Terms Used

The following terminologies are used as the key terms throughout the study;

Health	: A state of complete physical, mental, social, well-being and not merely the absence of disease or infirmity.
Health problem	:Health problem is a condition, which has an adverse effect on people's health or well-being.
Birth control	: Any method that can prevent a pregnancy can result.
Knowledge	:Information, understanding, and skill gained through learning or experience.
Attitude	:Way of feeling or thinking about anything.
Unintended Pregnancy	:The act of becoming pregnant without planning or wanting to become pregnant.
Emergency Contraception	: Hormonal pills give to women and used within 72 hours after unprotected intercourse.
Family Planning	:To enable couples and individuals to decide freely and make responsible for the no and spacing of their children.
Contraceptive device	:The preventive method of help women avoid unwanted including all temporary and permanent method to prevent pregnancies.

CHAPTER II

REVIEW OF LITERATURE

This chapter highlights the literature that is available in concerned subject as to my knowledge, research work and relevant study on this topic; review of journals and articles, newspapers, annual reports, internets and review of this work. There is limited number of previous studies in this field. The literature survey thus previous studies cannot be ignored as they provide the foundation of the present study. Main objective of this chapter is to find out the earlier designs, methods findings to enlarge the depth and breadth of knowledge practices and effect on contraceptive device.

2.1 Review of Theoretical Literature

Family planning is one of the most effective means of the promoting child survival and development. It is also one of the most effective. Its effectiveness increase when one considers its impact on women's health and wealth. Contraceptive tools prevent the meeting of ovum for the fertilization. Actually, the use of contraceptive devices dose not give the chance to meet the discharge of sperm of male into ovum of female. This situation eliminates the chance of fertilization.

The most important factors that change the shape of and structure of population are birth rate, death rate and migration. Out of these, birth rate dominates other two. The fertility rate of Nepal is 1.35 as per census 2011. Population growth rate is greater than the economic growth rate due to which all the development effects have been failed.

As of 2019, there are an estimated 926 million women of reproductive age in the 69 FP 2020 focus countries, compared to 822 million in 2012 an increase of more than 100 million women. Just keeping up with population growth means that even with no change in contraceptive prevalence, many more women and girls will need contraceptive services each year. In India, for example, the population of women of reproductive age increases by almost 4 million women each year. If contraceptive prevalence were to remain steady, this would still require providing contraceptive services to an additional 1.5 million women each year.

In Nepal, 53% of currently married women are using a method of contraception and 69% of the potential demand for family planning is being met. In Nepal, 1% point increase in MCPR (all women) in 2016 equates to 80,905 additional users of modern contraception. In Nepal although multiple family planning methods are offered, female sterilization accounts for over one third of contraceptive use, followed by injectable contraceptives. More than half of the modern contraceptive users (injectable, implant, pill, female sterilization, and IUD) were provided with counseling on both side effects and other methods. (Nepal Family Planning Program Profile, UNFPA 2016).

The study examined use and determinants of contraceptive methods among currently married young women of aged 15-24 years in Nepal. The level of contraceptive use among young married women in Nepal have been increasing over time. However, the study showed that the contraceptive prevalence rate of young women is only 34.1 percent which is much lower than the current national level of 52 percent among all women of reproductive age according to the NDHS 2016 report.

According to the theory of demographic transition, the reduction in the birth rate is a by-product of industrialization and modernization. Notestein pointed out that the rapid growth of population during the past three centuries was mainly due to the decline in the death rate, resulting from the process of modernization which involved rising standards of living, rising income and advances in sanitation and in medical knowledge, fertility also registered a decline though this response to modernization was not as spectacular. Throughout the modern west birth rates reached very low levels by the middle of the 1930s. This decline was achieved because of the new idea of the small family, so common in any urban industrialized society. (Asha A Bhende, Tara Kantikar).

As part of their FP 2020 commitments, 45 countries have established goal of increasing contraceptive prevalence through voluntary family planning programs. Progress on reaching a greater percentage of women varies greatly by region and country. In FP 2020 focus countries in Asia, approximately 38% of women of reproductive age were using a modern method as of July 2019, and the average growth across all of the regions of Asia has been 0.2 percentage points per year since

2012. In contrast, the pace of MCPR growth in FP 2020 countries in Africa has been much faster. As of July 2019, almost 25% of women of reproductive age in these countries were using a modern, and in Eastern and Southern Africa, MCPR has grown by 1 percentage point per year since 2012. Growth has been nearly as fast across Central Africa and Western Africa, which started at lower levels of MCPR.

In 2012, at the time of the London summit, it was estimated that there were 258 million users of modern methods of contraception in the FP 2020 focus countries, based on the data available at the time. Over the last several years, new modeling approaches, data and population revisions resulted in gradual revisions to the base line number of users, and last year's progress report indicated that there were 271 million users in 2012. This year's data reveal a substantial change in the estimated baseline of users in 2012 from 271 million in last year's report to 261 million this year based principally on a downward revision in the UN population Division's estimate of women of reproductive age. As a result of this shift, the total number of users estimated for 2019 is lower than that estimated for last year (314 million 2019 versus 317 in 2018). The rolling baselines allows us to adjust to these changes and continues to produce consistent estimates of additional users, since both the baseline and all subsequent years, including the current year, are re-estimated. (UN Report, 2017)

While there is no "right" or "ideal" method, there is consensus that a wide variety of methods should be available to meet the varied and changing needs of women and girls, including short-term, long-acting reversible and permanent methods. 32 based on indicator 9 more than one-third (26) of FP 2020 focus countries, both types of long-acting reversible contraception (IUDs and implants) are used by more than 5% of modern users, indicating some level of availability and choice in reversible methods. Expanding the number of methods available to women and girls increases the likelihood that they will be able to choose a method that meets their needs as they move through the reproductive life cycle, including reversible methods to delay or space pregnancies and permanent methods once desired fertility has been reached.

2.2 Review of the Empirical Literature

Modern contraceptives have given hundreds of millions of couples the opportunity to prevent unwanted or poorly timed pregnancies in an effective safe manner, yet despite significant progress, there are today 300 million couples who do not want any more children but who are still not using an effective means of FP. Less than one third of the couples are within easy reach of FP services.

Nearly 350 million couples worldwide are still in need of effective family planning methods so they can space their children and limit the size of their families. This number is expected to grow by 40% in the next 15 years. At least 120 million women want to use family planning methods, but lack of access to information and services or the support of their husbands and communities. And more than 50 million of the 190 million women who become pregnant each year have abortions (UNFPA, NP, vol. II).

Nepal has a fairly high adolescent fertility rate and low use of contraception. Lack of contraceptive use is a major contributor to the high rates of unintended pregnancies among youth. There is also a lack of specific studies dealing with contraceptive behavior among young married women. This study examines the use and determinants of contraceptive methods over the time period of 15 years (2001-2016) among young women in Nepal. Trend and bivariate analysis of this study is based on the Nepal Demographic and Health Survey (NDHS), 2001, 2006, 2011 and 2016 data. The multivariate analysis is based on NDHS 2016 data of 2059 currently married non-pregnant young women aged 15-24 years. Logistic regression is used to assess the net effect of independent variables on the dependent variable. The study shows that the contraceptive prevalence rate of young women is only 34 percent. Number of living children, spousal separation, husband education, women occupation, wealth status, caste/ethnic affiliation, fertility preference, decision making status, ideal number of children they prefer and media exposure, are statistically associated to the use of contraception among young women in Nepal. There is a need to strengthen income generating activities so as to improve young women's socio-economic status which will help to improve the female economic and social empowerment hence ability to discuss sex related issues. Family planning programs should be designed so as to

address the contraceptive need of young women especially the low parity and Muslim adolescents. (NDHS, 2016)

Today's generation of young people is the largest in history: globally, 1.8 billion people are aged between 10-24 years, accounting for a quarter of the world's population (UN, 2017). The overwhelming majority of young people live in low and middle-income countries and over 60 percent live in Asia and the Pacific UN, 2017). And in Nepal young people constitute almost one-third (33%) of its total population (Subedi and Thapa, 2014).

Married women in Nepal have an unmet need for family planning service of which 9% have a need for spacing and 15% have a need for limiting. At the same time among women currently using a method 43% are using for limiting and 5% are using for spacing. Taken together nearly 3 in 4 Nepalese women have a demand for family planning. However only two thirds of these women's demand is currently being met. If all women with unmet need were to use FP. The contraceptive prevalence rate would increase from 45% to 73%.

2.3 Implication of Review of Literature

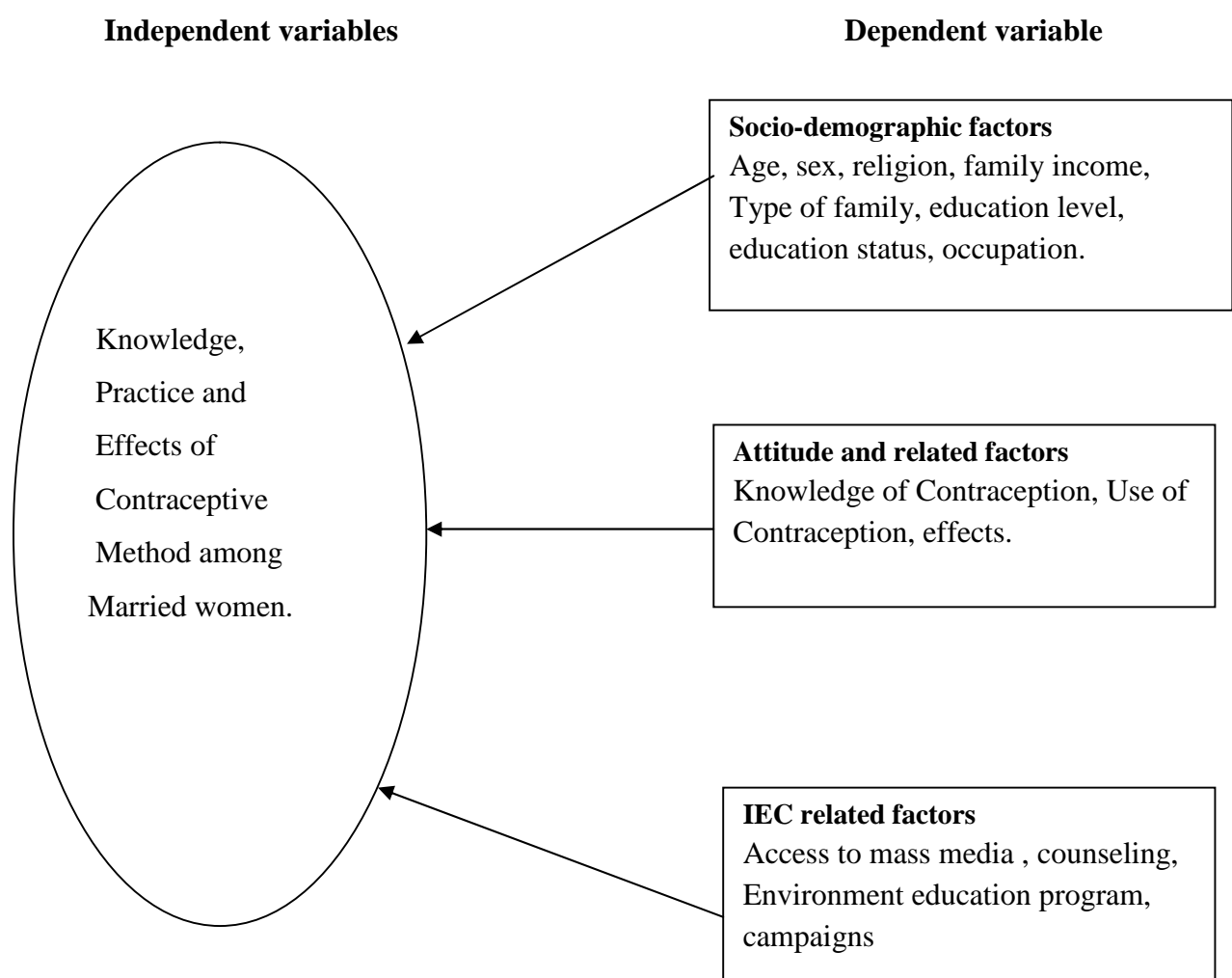
The literature review will help in my study in following ways.

- a. To help to assess the status of the contraceptive method practice of the married women in Miklajung-7, Morang district.
- b. To implement various programs to the concerned field.
- c. To determine the topic of the study.
- d. To identify the related for the study.
- e. To compare the old finding of the study with the present one.
- f. To evaluate the recent research.
- g. To gain additional knowledge about research methods.
- h. To give reference to the further studies related to the topic.

2.4 Conceptual Framework

Use of contraceptive methods in one of the intermediate determinants of fertility. It is determined by various demographic socio, economic, cultural, geography and other variables.

Demographic factors such as age of women, no. of Living children and age of marriage affect the current use of contraceptive method (CM). Similarly, socio economic variable, live education, income, occupational status also affected currently use of CM.



CHAPTER III

RESEARCH METHODOLOGY

This chapter deals with the research methodologies. It is used to collect quantitative data, which is needed for the study. Especially this chapter discusses the location of the study area, research design, and source of data, sample design, method of data collection, and method of analysis of data.

3.1 Research Design

This study was based on descriptive study design for getting quantitative information on knowledge and practices of knowledge and attitudes about contraception method using a cross-sectional research design were examined. This chapter will include instrumentation, pilot testing, sample recruitment, data collection procedure, finding and data analysis. In order to fulfill the objectives, information was collected from the field survey.

3.2 Study Area

Morang is one of the developing districts of eastern region. Chhattishbigaha ward no -7 Miklajung was selected for the study. It is located in Miklajung Rural Municipality. The name of village is Miklajung Madhumalla-7, which is Multicultural and Multilingual place.

3.3 Population and Sampling

Miklajung ward no-7 chhattishbigaha was selected as the main study area. Total population of ward no-7 is 8238. Among them, 82 Household were selected on the basis of simple random sampling method, which can be considered to be representative of the universe of the study. Similarly, respondents were selected only one for each household who is youngest among married women of age (15-49 years).

3.4 Data Collection Tools and Techniques

Data about the knowledge and practice of contraceptive device were collected from the interview schedule including likert scale. Data were collected during

fieldwork. Similarly, the primary, data were collected. The Source of primary data was the interview schedule and face to face interview. Secondary data were collected including both published and unpublished literature i.e. article, journals of contraceptive device related to from Tribhuwan University, research reports. Thesis related literatures, website of various national and international government and non-governmental organizational etc.

3.5 Data Collection Procedure

The data was collected for all selected household one by one. Data were collected by researcher herself through direct interview.

3.6 Data Analysis and Interpretation

All the quantitative data were collected and analyzed during fieldwork and the data were broadly categorized according to the researched objective and was analyzed and interpreted in quantitative form. Thereafter, the data was analyzed and interpreted with the help of different statistical tools. To justify the statement the researcher was use quantitative method; both primary and secondary data were tabulated and analyzed descriptively.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF RESULTS

This chapter deals with analysis and interpretation of the data that were collected from field survey. The data were tabulated and kept in sequential order according to the need of study. Then the data was analyzed on the need of basis of percentage and ratio tables and figure have been used to make the presentation more clear and meaningful.

4.1 Demographic and Socio-Economic Characteristics

The demographic and socio-economic characteristics of the population play vital role in the life status of the people as well as in the development of the country. The development of a country depends upon its demography natural resources and socio-economic status of the people. Food production and qualitative services play the vital role in the life of human being. Rapid population growth creates different problems of poverty, housing, migration, education health etc. due to that high morbidity and mortality may increased day by day. Therefore, public health depends upon the harmonious relationship between the number of people and family planning devices practice. It is understood that the question of family planning is virtually concerned with demographic and socio-economic status of the population.

The section of the study present the total population of respondent houses according to sex, educational status of respondents, occupational status of respondents and their husband, monthly income of saving of the respondents, types of family of respondents, time taking to go health service centre sequentially below:

4.1.1 Distribution of Population According to Sex

Sex plays an important role in population composition. Here population composition of respondents house is shown in the table no. 1 .

Table No. 1 : Total population of respondent's house according to sex

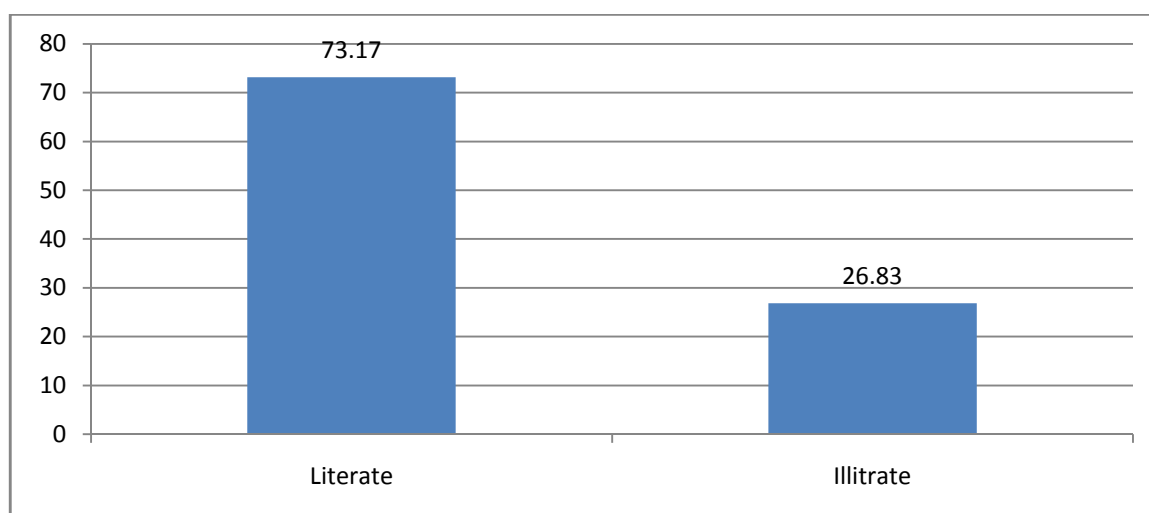
S.N.	Sex	Number	Percentage
1	Male	196	48.06
2	Female	213	51.94
	Total	409	100

Above, on the table no. 1 the population of the area was 409, where 196 were males and 213 were females. It covers 48.05 percent male and 51.94 percent female.

4.1.2 Educational Status of Respondents

Education is the most powerful weapon. It avoids the darkness of people and improves the living standard of people. Educated people can make the society advanced. Educational status is generally considered as associated with other various factors as occupation and income. Moreover, literary status of women indicates the particular type of any community. The following table shows the literacy status of respondent women.

Figure No. 1 : Literacy status of respondent women



The above figure no. 1 shows the literacy status of married respondent's women in Miklajung ward no. 7 is 73.17 percent literate and 26.83 percent are illiterate in the sample number of 82. This study shows that there's most of the women were educated.

4.1.3 Occupational Status of Respondents

Occupation leads human towards certain direction and it can make their life comfortable. Occupational status plays a vital role for promotion and projection of individuals as well as community health. The occupational status of respondents is given below.

Table no 2: Occupational Status of Respondents

S.N.	Occupation	No. of respondent	Percent
1	Agriculture	55	67.07
2	Service	7	8.53
3	Business	4	4.87
4	House wife	16	19.51
5	Total	82	100

The table no.2 shows that most of the people are involved in agriculture where 67.07 percent respondents are involved in agriculture, 8.53 percent are involved in service, 4.87 percent are in business and other 19 percent are housewife. This data shows agriculture is the main occupation of the study area.

4.1.4 Monthly Income of Respondents

Actually income plays vital role in human being. It is cliché that people who has good income obviously they have quality of life and they gives birth to few number of children for their prestige as well. The monthly income of respondents is shown in table.

Table no. 3 Monthly income of respondents

SN	Monthly income of respondents	No. of Respondent	Percent
1	Less than 10,000	10	12.19
2	10,000 – 20,000	45	54.87
3	20,000 – 50,000	19	23.17
4	More than 50,000	8	9.75
	Total	82	100

Table no. 3 shows that among 82 respondents 12.19 percent had income less than 10,000, 54.87 percent had 10,000 to 20,000, 23.17 percent had 20,000 to 50,000 where only 9.75 percent respondent had income more than 50,000. It shows that still they are facing several problems related to economic sectors.

4.1.5 Types of family of Respondents

In nuclear family the need of family members fulfill easily but in joint family it is very difficult. Similarly in nuclear family due to lake of elder generation they have to use the family to presences of many family member the mother should not care properly because the members care a lot so there may be low rate of using family planning device. Hence, the type of family also plays vital role in using contractive device. The type of family of respondents is shown in figure.

Figure no. 2 : Types of family of respondents

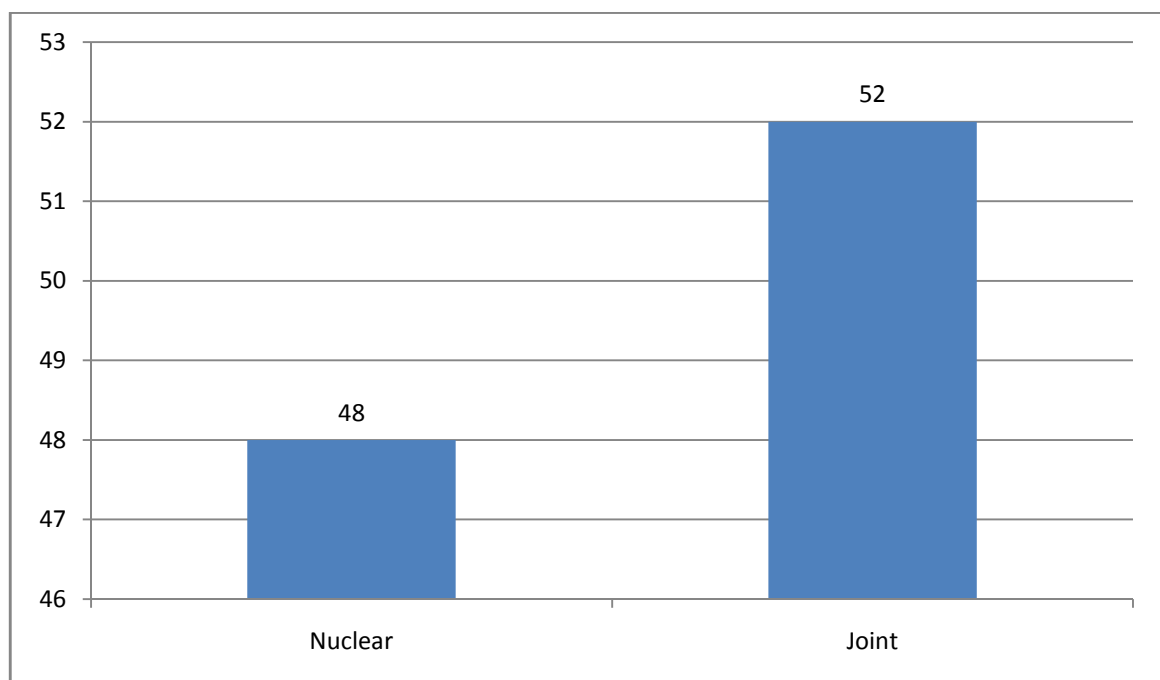


Figure no. 2 shows that the types of family of respondents in study area where 48 percent family were nuclear, 52 percent family were joint over there in the sample no. of 82. This data shows that still Nepal has so many joint families and increasing the size of population and will be increasing day by day.

4.1.6 Age of Respondents

Age is a demographic characteristic of population; it is an important to know age structure of the respondents because it plays very important role in every one's life. There where respondents of different ages (15-49 years) which are complex to show individually. So the age of respondents is categorized as given in the table no. 4.

Table no. 4 : Distribution of respondents age

Age Group	Respondents	
	Number	Percent
15 – 20	8	9.75
21 - 25	28	34.14
26 – 30	15	18.29
31 – 35	11	13.41
36 – 40	8	9.75
41 – 45	9	10.97
46 – 49	3	3.65
Total	82	100

Table no. 4 shows that, 9.75 percent respondents are of age group 15 – 20 years, 34.14 percent are of age group 21 – 25 years, 18.29 percent are of age group 26 – 30 years, 13.41 percent are of age group 31 – 35 years, 9.75 percent are of age group 36 – 40 years, 10.97 percent are of age group 41 – 45 years and 3.65 percent are of age group 46 – 49 years. It shows that 21 – 25 years age group were more than other age group and 46 – 49 age group were less than other age group.

4.1.7 Age at Marriage

Marriage is a social function that legitimize to anybody to have children. But medical practitioners have prescribed the certain age above to marry for women and men. Women are suggested to marry after crossing 20 years for the point of view of their health.

Table no. 5 : Distribution of Respondents age of Marriage

Age at marriage	Respondents	
	Number	Percent
15 – 20	9	10.97
21 - 25	38	46.34
26 – 30	35	42.68
Total	82	100

Table no. 5 shows that 10.97 percent respondents get married at 15 – 20 years, 46.34 percent respondents get married at 21 – 25 years and 42.68 percent respondents get married at 26 – 30 years age.

4.2 Knowledge and Practice of Contraceptive Device

This chapter is specially related to knowledge practice and effects of contraceptive devices of respondents of study area.

4.2.1 Knowledge of Contraceptive Device

Knowledge of contraceptives was determined first by asking respondents to mention all the method they heard about their use and then by reading the names and brief description about used of each method. The former is termed as spontaneous knowledge of contraceptive method while the later is referred as to probed knowledge. The sum of spontaneous and probed knowledge is the total knowledge of contraceptive method.

This study collected information about knowledge and use of contraceptive devices of the study area a question was asked to currently married couples aged 15 – 49 years about the contraceptive method and about its uses according to the study knowledge of contraceptive device. Respondents are presented in figure.

Figure no. 3 : Knowledge of contraceptive device

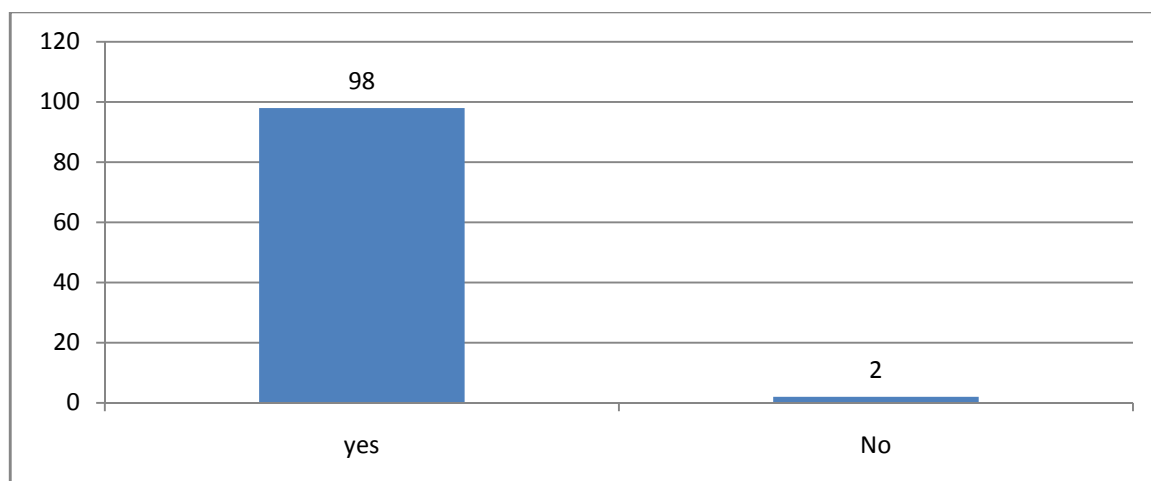


Figure no. 3 shows that 98 percent of respondents had knowledge of contraceptive devices and only 2 percent of respondents were unknown about contraceptive devices in the sample no. of 82. Because of modern communication media, various governmental and non-governmental agencies involved in disseminating knowledge and proportion of use of different contraceptive devices, most of the respondents had at least basic knowledge about contraceptive devices.

4.2.2 Source of Information of Contraceptive Devices

Respondents get information about different devices and methods from different sources. When the respondents were asked how they had first come to know about contraceptive devices most of them said that they had heard it from different sources, which is presented in table no. 6:

Table no. 6 : Sources of Information of contraceptive devices

Sources	Respondents	
	Number	Percent
Radio	18	21.95
Television	22	26.82
Neighbours/Friends	31	37.08
Health workers	8	9.75
Other	3	3.65
Total	82	100

Table no.6 Shows that, among respondents 21.95 percent respondent get information about contraceptive devices from radio, 26.82 percent from Television, 37.08 percent from neighbours/friends, 9.75 percent from health workers and 3.65 percent from other sources i.e. social media magazine. Most of the woman have got information about contraceptive devices from neighbours/friends.

4.2.3 Use of Contraceptive Devices

All people should use contraceptive devices for prevention of unwanted pregnancy. Contraceptive use is the one of most important proximate determinants of the aggregate level of the fertility. Furthermore, it is generally assumed to play crucial role in transition to lower fertility. The use of contraceptive may have significant impact on declining population growth. The use of different contraceptive by respondents are shown in table no.7

Table no 7: Use of contraceptive Devices

Use of contraceptive Devices	Respondents	
	Number	Percent
Yes	57	69.51
No	25	30.48
Total	82	100

Table no.7 shows that, 69.51 percent respondents are using of contraceptive devices and 30.48 percent respondents are not using any contraceptive devices. It shows that most of the respondents are use the means and measures of contraceptive because of easy availability of the contraceptive devices.

4.2.4 Current Use of the Types of Contraceptive Devices

Every person wants to use contraceptive devices according to their personal need and interest. Respondent are choose different contraceptive devices which is given below in table no. 8.

Table no 8: Distribution of use of the Types of contraceptive Devices

Types of contraceptive	Respondents	
	Number	Percent
Sterilization	4	7.01
IUCD	2	3.50
Pills	15	26.31
Condom	9	15.78
veginal foams	-	-
Depo	24	42.10
Implant	3	5.26
Total	57	100

Table no. 8 shows that, among 69.51 percent contraceptive devices using respondent 7.01 percent respondent are using sterilization, 3.50 respondent are using IUCD, 26.31 percent respondent are using oral contraceptive pills. 15.78 percent are using condom, 42.10 percent respondent are using Depo and 5.26 respondent are using implant. It indicates that, respondents use of Depo more than other contraceptive devices.

4.2.5 Reasons for Use of Contraceptive Devices

People choose different types of contraceptive devices as their different reasons. Similarly, respondents of the study area were also using it for different reason that is given below in figure.

Figure No. 4 Reasons for Use of Contraceptive Devices

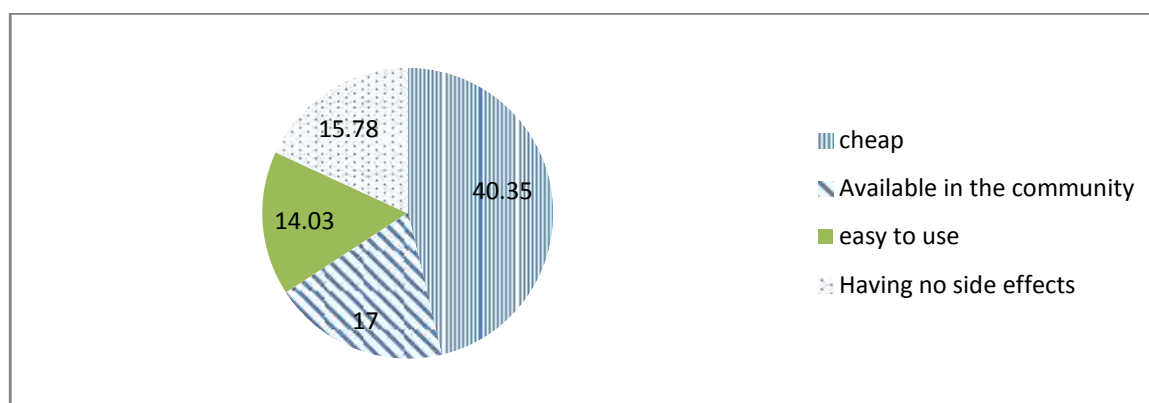


Figure no. 4 Shows that the distribution of population by use of contraceptives it is seen from study that 40.35 percent of the respondents have said the reason for their use of contraceptive is that they are cheap, 29.82 percent easy available in the community, 14.03 percent said easy to use and 15.78 percent said due to no any side effects in the sample no. of 82.

4.2.6 Reason of Non-use of Contraceptive Device

All currently married women who are not even using any form of contraception were asked the reason for their not using of contraception. Why the married people of reproductive age have not even used the contraception? Those respondents were requested to tell the reason for non-using any contraceptive methods which couple has never used the contraception in the study area is presented below table no.9

Table No.9: Reasons for not using contraceptive Devices

Cause	Respondents	
	Number	Percent
Fear of side effect	3	12
Not easily available	2	8
Illiteracy and ignorance	2	8
Desire for son	9	36
Religious and culture cause	1	4
Depends upon husbands choice	8	32
Total	25	100

The table no.9 shows that among married woman who were not using contraceptive devices, 12 percent fear of side effects, 8 percent Not easily available, 8 percent of respondent illiteracy and ignorance, 36 percent desire for son, similarly 4 percent said that they are not using because religious and culture cause and 32 percentage depend up on husbands choice. It indicates that most of the people not using contraceptive devices due to the causes of fear of side effect.

4.2.7 Motivating Factor to use of Contraceptive Devices

Motivation is the that desire a person from within to act motivation includes the stage of interest, evaluation and decision making, information, education and communication are major weapon for making people aware about use of contraceptive devices. The motivator factor of respondents are as follows in table 10.

Table No. 10: Distribution Motivating Factor use of Contraceptive Devices

Motivation Factors	Respondents	
	Number	Percent
Health worker	19	33.33
Husband	17	29.82
Self-aware	13	22.80
Relatives/Friends	8	22.80
Total	57	100

As shown in table no 10 higher proportion 33.33 percent respondent were motivated by health workers, 29.82 respondents said that they motived by husband. Likewise 22.80 respondents were decided self-awareness. 14.03 percent respondents were motivated by friends and relatives. Most of the women were motivated by health worker to use contraceptive devices. It seems that most of the people were familiar to contraceptive devices.

4.2.8 Sources of Contraceptive Devices

Sources of contraceptive devices play an important role in promotion and maintain of contraceptive device in population. Easy and simple availability of contraceptive device encourage people to use it. There are different sources to provide the contraceptive devices in the study area. All the current users of contraceptive devices by sources of supply in the study area are presented below in table no. 11.

Table No.11: Distribution of sources of contraceptive Devices

Sources of contraceptives	Respondents	
	Number	Percent
Hospital	6	10.52
Health post	18	31.57
Private clinic	9	15.78
Pharmacy	24	42.10
Total	57	100

Table No. 11: shows that, out of total respondents 10.52 percent used to collect contraceptive devices from health post, likewise 31.57 percent collect from health post, 15.78 percent from private clinic and 42.10 percent got from pharmacy. It seems that almost respondents got contraceptive devices from pharmacy.

4.2.9 Knowledge about Checking Health Status before Using Contraceptives

If different disease like heart, liver, kidney disease among contraceptive device users in the body the women shouldn't use pills. So that before starting to take contraceptives they have to consult with doctors. The knowledge about checking before using the contraceptives of respondent is given below in table no. 12.

Table No. 12 Knowledge about Checking Health Status before Using Contraceptives

Option	Respondents	
	Number	Percent
Yes I think	38	66.66
No. I don't think	19	33.33
Total	57	100

Table no. 12 shows among 57 respondents 66.66 percent respondents told that we should check before using contraceptives and 33.33 percent respondent told that they had no idea about it. So only 66.66 percent contraceptive user were known about checking health before using contraceptives.

4.2.10 Knowledge of Stopping about Using Contraceptives

If some cases occur among contraceptive user actually, like cancer, hypertension and pregnancy occur, immediately the using of contraceptive should be stopped. The knowledge of stopping contraceptive if some cases occur in the study area is as follows in table no. 13.

Table no. 13 Knowledge of Stopping about Using Contraceptives

Causes	Respondents	
	Number	Percent
In pregnancy period	31	54.38
Hypertension	16	28.07
All of above	10	17.54
Total	57	100

Table no. 13 shows that knowledge of stopping contraceptives if some cases occurs among contraceptives user where 54.38 percent told in pregnancy period, 28.07 told in condition of hypertension and 17.54 percent told in the condition of all of above. It shows good knowledge of stopping contraceptives if some cause occurs among contraceptive users.

4.2.11 Side effect of Contraceptive Devices

Almost all chemical allopathic medicine have side effect on human body. Contraceptive devices have side effect on human body. Contraceptive devices have side effect on either physical or mental health. The respondents who are currently using modern method of contraceptives were asked if they have side effects during the period. Result are presented below:

Table no. 14 Side effects of contraceptive device

Side Effects	Respondents	
	Number	Percent
Yes	25	43.85
No	32	56.14
Total	57	100

Table no. 14 shows that 43.85 percent respondents are facing from side effect of contraceptive devices and 56.14 percent respondent are not facing any types of side effect of contraceptive device. It indicates that most of the people satisfied from contraceptive devices.

4.2.12 Knowledge about Types of Side Effect

Almost all chemical allopathic medicine have side effects on human body. Contraceptive devices have side effect on either physical or mental health consequence elders and level depending upon the person of physical characteristics. The respondents who ware currently using contraceptives are presented below:

Table no. 15 Types of side effects

Types of Side Effects	Respondents	
	Number	Percent
Headache	5	20
Irregular Menstruation	13	52
anemia	0	0
weakness	7	28
Total	25	100

Table no. 15 shows that, 20 percent respondents of current CD user 20 percent feel headache, 52 percent feel irregular menstruation and 28 percent feel weakness. It indicates that, most of the respondents suffered from irregular menstruation.

4.2.13 Adverse Effects of Contraceptive Devices

The number of respondents who were facing adverse effects of contraceptive devices are presented below:

Table No.16: Adverse effect of CD

Adverse side effects,	Respondents	
	Number	Percent
Yes	18	31.57
No	8	44.44
Irregular bleeding	5	27.77
Weight gain	8	44.44
Allergy	1	5.55
cancer	0	0
Miscarriage	2	11.11
Total	18	100

Table no. 16 shows that 31.57 percent respondents are facing from adverse side effect of contraceptive (Using contraceptive in the period of field survey) current user 27.77 percent feel irregular bleeding, 44.44 percent respondents feel weight gain, 11.11 percent of respondents feel weight loss, 5.55 percent respondent suffered from allergy and 11.11 respondent suffered from miscarriage. It indicates that using. Contraceptive device long period of time people feel advers effects of contraceptive device.

4.2.14 Consult with Doctor after side effect

Person who faced side effect and consulted with doctor about the side effects of contraceptive devices in study area is presented in figure.

Figure No 5: Consulted with Doctor about side effects

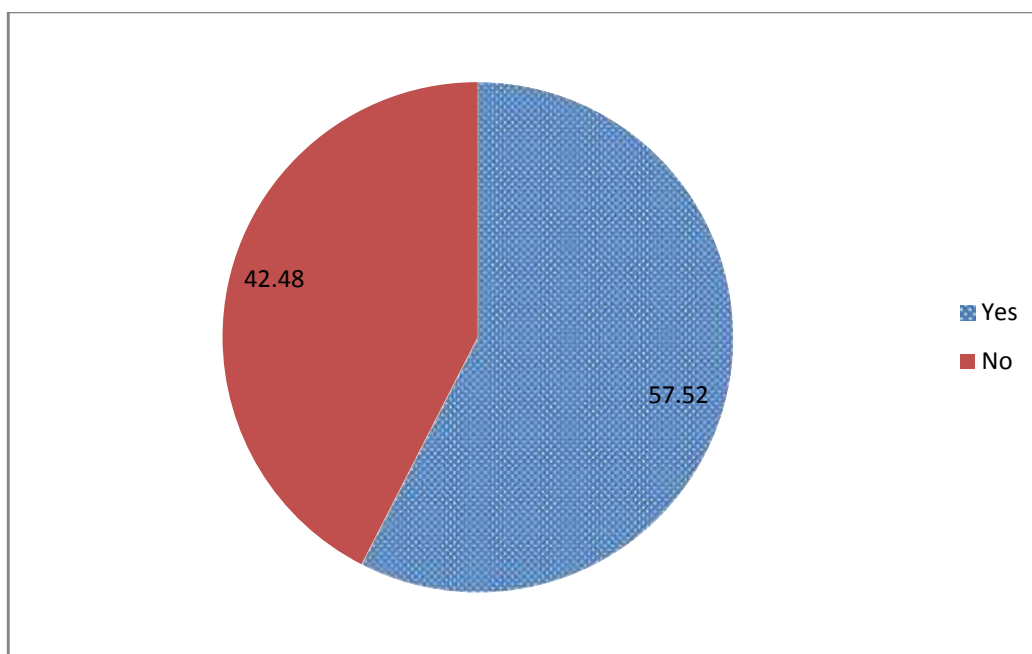


Figure No. 5 shows that, among the person who have side effect, 57.52 percent respondents consult with doctor but 42.48 percent respondents did not consult with doctor. It indicates that most of the respondents consult with doctor.

4.2.15 Failure Rate of Contraceptive Device

Due to negligence of users or due to defect of contraceptive device itself, sometimes may be fail in working of it. The failure rate of contraceptive device of study area is as below in table no. 17

Table No. 17: Failure Rate of Contraceptive Device

Failure	Respondents	
	Number	Percent
Yes	3	5.26
No	54	94.73
Total	57	100

Table no. 17 shows failure rate of contraceptive device. Where 94.73 percent respondent told no and 5.26 percent respondent told yes among 57 respondents in study area.

4.2.16 Time of Failure Rate of Contraceptive Device

The failure rate are one time, two times according to defect of hormonal contraceptive devices and negligence of contraceptive users. The failure rate of contraceptive devices has been presented below.

Table No. 18 Time of failure Rate of contraceptive Devices

S.N.	Time of failure	Respondents	
		Number	Percent
1	One time	2	66.66
2	Two time	1	33.33
3	More than three	0	
	Total	3	100

Above the table no 18 shows times of failure rate of contraceptive devices. Where 66.66 percent respondent was fail one time and 33.33 percent respondents fail two time among these respondents.

4.2.17 Birth Spacing

The difference between the time of two births i.e. first and second the birth interval is called birth spacing, It can be said that shorter the birth spacing higher the mortality rate of child and mother longer the birth spacing lower the mortality rate of child and mother. Birth spacing of study area are as follows in table no.19.

Table No. 19: Distribution View about Birth spacing

Birth Space	Respondents	
	Number	Percent
2-3 Years	15	18.29
3-4 Years	13	15.85
4-5 Years	22	26.82
above 5 years	32	39.02
Total	82	100

Table no 19 shows that 18.79 percent respondents said that 2-3 years as the appropriate birth spacing, similarly, 15.85 percent respondents said 3-4 years, 26.82 percent respondents said 4-5 years birth spacing is better for health of women and child and 39.02 percent respondents said above 5 years birth spacing is better. According to data respondents have had good knowledge, because of dissemination of information, news, knowledge, local people know the appropriate age of birth spacing.

4.2.18 Role of Contraceptive Devices in Family Health Status

There are different advantages of contraceptive devices. It helps to improve not only the physical aspect of human body, but also helps to mental, social, psychological aspect of human life. It also helps to improve of all family member's health status. The researcher said the respondent contraceptive devices help to improve family health status, their responses are shown below in table no. 20

Table no 20: Role of contraceptive Devices in family health status

Role of CD Improve Family Health	Respondents	
	Number	Percent
Yes	73	89.02
No	9	10.97
Total	82	100

Table No. 20 shows that 89.02 percent respondents said improve family health status, 10.97 percent said not improve, Due to the causes of mass media, means of Communication, most of the people are aware of the advantage of contraceptive devices.

4.3 Summary and Findings

4.3.1 Summary

There is great concern regarding the control of population as a pre-requisite to development of a country. Population by the National commission on population highlighted the acuteness and serious concern and recommended multiple factors such as political, social, economic, cultural be also taken into account. It stressed the need

to narrow down the gap between government's concern and individual's perception regarding the population problem.

The study carried out to examine "Knowledge, practice and effect of contraceptive Devices" on married women on Miklajungrural municipality word no-7, Madhumalla Morang District Nepal based on primary data. The detailed study was limited on 82 married women age group of 15-49 years.

Reviewed many literatures and studies directly and indirectly related to the present study. It was found that the knowledge and practice level of contraceptive devices is not in due proportion. It is essential to involve men in family planning programs, and for this purpose. Special information and training schemes should be launched by concerned authorities.

However, the objective of this study is to identify the level of knowledge on contraceptive device. To fulfill the study some selected socio-cultural variables and individual variables are taken as main influencing variables on family planning device practices. The study is descriptive in nature. The questionnaire was the only tool used for the collection of primary data. One the process of collecting data and information, researcher was visited door to door of respondents house. Necessary information was collected from 82 respondents from Miklajung.

4.3.2 Findings

After analyzing and interpreting the data. The following results were obtained.

- a. 48.06 percent was male population and 51.94 percent was female population in study area.
- b. 73.17 percent respondents were literate and 26.83 percent were illiterate.
- c. Agriculture (67.07 percent) was main occupational respondents.
- d. Only 9.75 percent respondents had more than 50,000 incomes in the study area.
- e. 52 percent families were joint family.
- f. 10.97 percent respondents were married at the age of 15 – 20 years.
- g. 98 percent respondents had known about contraceptive devices.

- h. It was showed that main communication (Radio, Television, health worker, Friends, Neighbours) were major sources of knowledge about contraceptive devices.
- i. 30.48 percent respondents were not using any kinds of family planning devices.
- j. Depo is most popular method of contraceptive devices in the study area.
- k. Among not using respondents of contraceptive devices 40 percent respondents not using due to the cause of side effects.
- l. Among currently contraceptive users 40.35 percent respondents were used for reason cheap.
- m. Most of the respondents visit pharmacy for contraceptive devices.
- n. Out of total respondents 22.80 percent were decided themselves.
- o. Among the contraceptive user's 54.38 percent respondents had stop using contraceptive devices in pregnancy period.
- p. 43.85 percent respondents were known about side effects of contraceptive devices.
- q. Among the side effects affected persons 52 percent respondents had faced with irregular menstruation.
- r. 27.77 percent respondents had suffered from irregular bleeding (The adverse effect of CD)
- s. Among the side effect affected respondents 57.52 person had consulted with doctors.
- t. 5.26 percent failure rate was got in contraceptive devices.
- u. It was found that 39.02 percent respondents said that more than 5 years birth spacing is good for health for child and mother.
- v. 89.02 percent respondents said that contraceptive devices had improve family health status.

CHAPTER – V

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

Based on findings of the study the following conclusions are drawn. This study gives a clear portrait of the situation of contraceptive devices knowledge practice and effects on married woman of province no. 1 Miklajungward no. 7 Morang Nepal. The female population of the study area is high and the main occupation of the study area is agriculture.

The education status is also not satisfactory and monthly income is also not good. Still some (30.48 percent) respondents are not using any kind of family planning but they were in reproductive age.

From this study it is found that media and health worker plays vital role in giving enough information about contraceptive devices up to the grass root level people. There are various factors that bring hindrance in using contraceptive devices such as ignorance, lack of education, poor economic condition, fear of side effects etc.

Overall observation of the study indicates that using rate of contraceptive devices is still influenced by low socio-economic status, illiteracy, gender bias and traditional belief. According to my research most of the females are using contraceptive devices and some are facing common and adverse effects of it.

5.2 Recommendations

In order to improve the knowledge and use of contraceptive devices, they should be provided with adequate knowledge and skills on these matters. Here is some recommendation to be considered because it can make signification improvement in implementing family planning programs not only in the study area but also in order to similar society.

5.2.1 Policy Related Recommendations

- a. Government must provide knowledge about contraceptive device.
- b. The state should be make contraceptive devices easily available in all part of the nation free of cast.

- c. Different health centre should lunch education and awareness program as well as workshop, seminar and training for health worker.
- d. Women play a vital role in effective family planning programs so women empowerment is necessary by improving their education, health status and employment opportunity.
- e. Establish the coordination between NGOs and INGOs and GON to formulae the program and implement which is related to contraceptive device as their effort goes to the grass root level of community.

5.2.2 Practice Level Recommendations

- a. Social malpractice and traditional ideas regarding CD and superstition related to it contraceptive device should be removed from the society by providing health education.
- b. Low income group and illiterate group have low prevalence rate of contraceptives. So, these groups should be targeted the program to improve their own skills and ability for upgrade of their status.
- c. Poster pamphlets, magazine, drama, films, cultural programs and other public awareness programs about contraceptive devices should be conducted to motivate the common people of the area.

5.2.3 Recommendation for Further Research

- a. Assessment of school level curriculum of health education must be there.
- b. Different doubts of contraceptive devices should be avoided by providing health education, counseling program and so on.
- c. The coming researcher can do research based on this knowledge, practice and effects of contraceptive device on married women.
- d. This study covers knowledge practice and effects of contraceptive device on married women in morang district. Similar type of study conducted in other communities, caste and religious group might be useful in the different part of the country.

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Q.8 . What is your complete current age ?

(1).....

Q. 9. How old were you when you get married ?

(1).....

Q. 10. How many children do you have?

(1) One (2) Two (3) Other

SECTION 2 : KNOWLEDGE AND PRACTICE ON CONTRACEPTIC DEVICES

Q. 11. Do you know about Contraceptive Devices?

(1) Yes (2) No

Q. 12. From where did you get information about contraceptives ?

(1) Radio (2) Television (3) Healthworkers (4) Neighbours

Q. 13. Do you use any Contraceptive device?

(1) Yes (2) No

Q. 14. Which Contraceptive device do you use currently ?

Answer Option	Tick Your Answer
Sterilization	
IUD	
Depoprovera	
Oral contraceptive pills	
Condom	
Veginal foams	

Q.15. If, No Why ?

- (1) Fear of side effects
- (2) Not easily available
- (3) Illitracy and Ignorance
- (4) Desire for son

Q.16. The best contraceptive method is sterilization because it never fails..

- (1) Strongly agree (2) Somewhat agree (3) Neutral
(4) Disagree (5) Strongly disagree

Q.17. You cannot use an intrauterine contraception device if you never been pregnant ?

- (1) Strongly agree (2) Somewhat agree (3) Neutral
(4) Disagree (5) Strongly disagree

Q.18. What is the main reason of the use contraceptive you are currently using ?

- (1) Cheap (2) Available in the community (3) Easy to use
(4) Having no side effect

Q.19. Who advice you first to choose the contraceptive device?

- (1) Health workers (2) Husband (3) Self awareness
(4) Relatives (5) Friends

Q.20. Where did you get contraceptives?

- (1) Hospital (2) Health post (3) Pharmacy (4) Private clinic

Q.21. Do you know how does contraceptives work?

- (1) Yes (2) No

Q.22. If Yes , how ?

- (1) Prevent ovulation (2) Kills sperm
(3) Makes vaginalmucus more thicker

Q. 23. Do you think, Contraceptive devices have side effects?

- (1) Yes (2) No

Q. 24. If yes, which is common side effect of contraceptive method ?

Answer Option	Tick Your Answer
Headache	
Irregular menstruation	
Anemia	
Weakness	

Q.25. Do you have any knowledge of adverse effects of contraceptive devices ?

- (1) Yes (2) No

Q.26. If yes , what are they ?

- (1) Irregular bleeding (2) Weight gain (3) Weight loss
(4) Miscarriage (5) Cancer

Q.27. Did you consult with doctors?

- (1) Yes (2) No

Q.28. Do you became pregnant while using contraceptives?

- (1) Yes (2) No

Q.29. Which of the ideal time for birth spacing is better for Health of mother and child in your opinion?

- (1) 1 – 2 Years (2) 2 – 3 Years (3) 3 – 4 Years (4) Above 4 Years

Q.30. In your opinion family planning helps to improve family health status ?

- (1) Strongly agree (2) somewhat agree (3) Neutral
(4) Disagree (5) Strongly disagree

Q. 31. The most important attribute of a contraceptive method is its effectiveness.

- (1) Strongly agree (2) Somewhat agree (3) Neutral
(4) Disagree (5) Strongly disagree

Q.32. Contraceptives allow women to pursue higher education by delaying pregnancy and gain some measures of economic security?

- (1) Strongly agree (2) Somewhat agree (3) Neutral
(4) Disagree (5) Strongly disagree