SOCIAL DETERMINANTS FOR USING FAMILY PLANNING METHODS

(A Study of Married Women of Pokhara Metropolitan, Kaski)

A Thesis submitted to the Tribhuvan University of Humanities & Social Science in the Fulfillment of the Requirement For the Degree in Master of Arts in Sociology

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LETTER OF RECOMMENDATION

This is to certify that **Mr. Laxmi Bhadra Wagle** has completed this dissertation entitled **Social Determinants for Using Family Planning Methods (A Study of Married Women of Pokhara Metropolitan, Kaski)** under my supervision and guidance. I, therefore, recommend and forward this dissertation for final approval and acceptance by the thesis evaluation committee.

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APPROVAL LETTER

This thesis entitled **Social Determinants for Using Family Planning Methods (A Study of Married Women of Pokhara Metropolitan, Kaski)** submitted to the Department of Sociology and Rural Development, Tribhuvan University, Prithvi Narayan Campus, Bagar, Pokhara by **Mr. Laxmi Bhadra Wagle** has been accepted as the partial fulfillment of the requirements for the Degree of Master of Arts in Sociology by the undersigned members of the thesis evaluation committee.

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Date: Laxmi Bhadra Wagle

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ABBREBRIATIONS

CEB	Children Ever Born
CPR	Contraceptive Prevalence Rate
CREHPA	Centre for Research on Environment Health and Population Activities
CRS	Contraceptive Retail Sales
DHS	Demographic and Health Survey
DHS	Demographic and Health Survey
DoHS	Department of Health Services
DPHO	District Public Health Office
EC	Emergency Contraception
EPI Clinic	Expanded Immunization Clinic
FCHV	Female Community Health Volunteer
FH	Family Health
FP	Family Planning
GDP	Gross Domestic Product
GoN	Government of Nepal
HDI	Human Development Index
HIV	Human Immune Deficiency Virus
HMIS	Health Management Information System
ICF	Inner City Fund
IPPF	International Planned Parenthood Federation
IUDs	Intrauterine Devices
IUDs	Intrauterine Devices
MCH	Maternal Child Health
MEC	Medical Eligibility Criteria Wheel
MDG	Millennium Development Goal
MoH	Ministry of Health
MWRA	Married Woman Reproductive Age
NDHS	Nepal Demographic and Health Survey
ORC	Out Reach Clinic
PSI	Public Service International
SPSS	Statistical Package for the Social Science

TFR	Total Fertility Rate
TV	Television
UNDP	United Nation Development Program
UNFPA	United Nation Fund
USAID	United States Agency for International Development
VDC	Village Development Committee
WHO	World Health organization

ABSTRACT

Background: Family planning can be defined as the term which refers to use of modern contraceptives or natural techniques for either limiting or spacing pregnancies. There are many factors such as socio-economic status; age, sex, taboos, environment, culture, education, etc., which are responsible for the disparity in delivery of health services community, family, and individual level. Modern methods include; Depo-provera, Pills, IUCD, Condoms, Implant etc. Similarly, traditional methods include periodic abstinence, withdrawal and folk methods. The main aim of this study was to explore the association between different determinants and to analyze the knowledge and use of modern family planning among the people of the study area, Pokhara Metropolitan Ward No.13, Patanbesi.

Methodology: Community based descriptive study design was carried out amongst married women of reproductive age in Pokhara Metropolitan City, Kaski. The study method was quantitative method. The target population was taken from the Out Reach Clinic which was 130 and from that 97 samples were selected for the study with the help of Morgan's table. Individual female of reproductive age was sample unit of study. Structured questionnaire was used as tools to collect data from study participants. Data collected was entered in Epi-data and data analysis was done using SPSS 20 version. Chi-Square test was used to find out the association between the selected variables of the study.

Results: The study results shows that out of total respondents 97.9% of them have heard about family planning. One-fifth of respondents have good knowledge, more than half 56.5% of respondents had average knowledge and 22.8% respondents have poor level of knowledge on Family planning. Out of total 16% respondents have done permanent family planning method and more than half (84%) of respondents have used temporary family planning methods. More than half 69.1% of respondents have felt negative consequence of family planning methods. The association was found in between the use of the family planning methods and the ethnicity/caste of the participants ($p=0.044$). The significant association was found between another perception of family planning (i.e. have interest to have children in future) and practice of contraceptive ($p = 0.019$). In contrast association was not found between other perceptions of family planning.

Conclusion: Knowledge about the methods of family planning was quite high among the respondents. It was above 90% for both temporary and permanent methods but only very low (5.3%) for traditional methods. Most of the respondents were quite familiar with the temporary methods of family planning- Condom (89.6%), Depo-provera (88.5%) and Pills (88.5%). Knowledge about permanent family planning methods - vasectomy and minilap was also quite high above 90%. Even though knowledge about methods is higher, significant proportion (38.5%) of the respondents do not have any knowledge regarding the negative consequences of family planning. Prevalence of permanent method of family planning was low (16%) and also most of the userswere female (56.3%). And 84% use temporary means of family planning out of which Depo-provera and Pills are more popular i.e. 53.3% and 33.4% respectively. Statistically significant association was found in between the use of the family planning methods and the ethnicity/caste of the participants (p=0.044). Dalit and Janjati were in larger proportion to use family planning methods than Brahmin Chhetris.

CHAPTER I
INTRODUCTION

1.1 Background

Family planning can be defined as the term which refers to use of modern contraceptives or natural techniques for either limiting or spacing pregnancies are many factors such as socio-economic; age, sex, taboos, environment, culture, education, etc., which are responsible for such disparity at community, family, and individual level. pills, male and female sterilization, intrauterine device (IUDs), injectable, implants, male and female condoms, diaphragm and emergency contraception are modern methods of contraception. Similarly, traditional methods include periodic abstinence, withdrawal and folk methods (DHS, 2005).

Family planning is the information, means and methods which helps individuals to decide if and when to have children, which includes permanent and temporary methods of contraceptives. Family planning also includes information about how to become pregnant when it is desirable, as well as treatment of infertility (UNFPA, 2018).

Right to access to family planning service is fundamental rights of any citizen. Still 214 million of women's family planning needs can't be fulfilled in the world. reproductive age group women can be benefitted in several ways by the utilization of family planning methods if the family planning needs can be fulfilled. Regardless of prevention of unwanted birth, pregnancies, abortion, birth spacing, it also contributes in prevention of sexually transmitted infections transmission, socio-economic and intellectual development of individual and family as well. It also supports to decrease the deaths of mother and child (WHO, 2018).

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (United Nations, 1995). Affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law; and the right of access to appropriate health-care services that will enable women to go

safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (United Nations, 1995).

Family planning is credited primarily for its role in bringing down the birth rates globally and particularly in developing countries. From 1950 to 2000, the global fertility has fallen by about half - from five children per woman in 1950-1955 to 2.7 children in 2000-2005 (United Nations, 2005).

The family planning movement started in Nepal as early as 1959 when the family planning association was formed under the auspices of Nepal Medical Association. The family planning association became as associated member of international Planned Parenthood federation (IPPF) in 1959. The association's main activities were directed to the field of communication to make people aware of the concept of family planning. It must be noted that the family planning association was successful not only in making the world. "Family planning respectable but also in inspiring His Majesty's Government of Nepal to bring equilibrium between the population growth and economic output of the country. 1968-1987 AD Family Planning was under the control of the FP/MCH (Family Planning/Maternal Child Health) project under a board chairmanship of ministry of health. In 1987 FP/MCH project converted into FP/MCH Division within the Ministry of health. In 1993 HMG established the Directorate of the health services (DoHS). The FP/MCH division was created in the DoHS as a focal point for the FP/MCH Programme in the country. Family Health Division has three sections: Family Health (F.H.), Family Planning (F.P) and Demography (Ghimire, 2014).

Since its initiation Nepal Government invested a lot in family planning program. To increase the utilization methods such as condoms, pills, Depo-Provera etc. are made available at free of cost even from FCHV, clinics and grass root level health institutions (GoN, MoH, DoHS, HMIS, 2017).

Nepal Demographic and Health Survey 2016 data indicated that the use of modern contraceptives in Nepal has stagnated at about 43 percent in recent years. Nepal did not meet the 2015 Millennium Development Goal (MDG) 5 contraceptive prevalence rate target of 67 percent. The need for family planning in Nepal is still high, with 24 percent of married women reporting unmet need (USAID, 2018).

The social and economic implications of family planning are no less significant. Family planning provides opportunities to women to pursue studies and engage in productive activities. In countries with high levels of family planning use and consequently lowered fertility, savings made in addressing maternal and child ill-health can be invested in social and economic development and improving the quality of life of people. The most obvious examples of economic prosperity and development, partially as a result of lowered fertility, include China, Republic of Korea, Singapore and Thailand.

In our society there are many threat and positive factors. Family Planning is one of the sociological issues whose study is a matter of new interest in the context of Nepal.

1.2 Statement of the Problem

Each year worldwide, more than 20 million women experience ill health as a result of pregnancy. Many of these pregnant women experience permanent disabilities and or death due to pregnancy and delivery related complications. It is estimated that worldwide about 46 million pregnancies (22% of total pregnancies and 61% of unintended pregnancies) are aborted (Adhikari, 2009).

Unplanned/unwanted pregnancy is one of the leading causes of maternal mortality and morbidity in South Asia. It is assumed that most women with unwanted/unplanned pregnancies do not continue the pregnancy to the full-term and try to terminate it, often by traditional and harmful methods leading to serious health consequences. The reason for such huge numbers of unintended pregnancies in South Asia includes low contraceptive use, method failure and high unmet need for contraceptives (Adhikari, 2009).

Nepal's national family planning program has made significant progress in the past 45 years. The total fertility rate (TFR) decreased from 2.6 to 2.3 in 2016. In the same period, the contraceptive prevalence rate was constant from 43% in 2011 to 43% in 2016.(MoH, New ERA and ICF, 2017).

In addition, the maternal mortality ratio declined from 539 in 1996 to 281 in 2006, and much of this decline was attributed to increased use of family planning. Information, education and communications campaigns have successfully increased knowledge of family planning methods, which is now nearly universal. Nepal's

current targets include an increase in CPR to 67% by 2015 and a decline in TFR to 2.5 by 2017 (CREHPA, 2010).

Despite these achievements, several challenges remain. Unmet need for family planning is still a major challenge, with 25% of married women reporting unmet need in 2006. Socio-cultural challenges include gender inequality and low status of women, son preference, poverty, early age at marriage, and negative perceptions of unmarried adolescents using contraception (CREHPA, 2010).

Most of these unintended pregnancies are not carried to full term, but aborted often in unhygienic condition leading to serious consequences. In Nepal, the data suggest that more than a third (35%) of all pregnancy and 41% of the last pregnancy among currently pregnant women are unintended (Adhikari, 2009).

Emergency Contraception (EC) is part of the FP Programme; there is no system in place within the government's health information system to collect data about the use of EC. PSI/Nepal initiated "Postinor 2" as a part of social marketing efforts in June 2004 through select outlets. CRS also started marketing "Postinor 2" in 2005. In June 2009, CRS launched the "E-Con", which is available all over. However, it is clear that the sale of EC increased remarkably in the last five years. There was a three-fold increase in the sale of EC between FY 2008/09 to 2009/10. In FY 2010/11, CRS alone sold 247,776 packets of EC in Nepal. There is a possibility that individuals and couples may option to use EC to prevent pregnancies rather than for unprotected sex.

According to National Census 2068, the first marriage age is 20 years. The contraceptive prevalence rate is 43 for Nepal and in Kaski district; overall health services utilization is satisfactory. According to Annual Report of Kaski district 2073/74, Child Health Services utilization, Motherhood, Nutrition Service is 70%, 80%, 80% respectively. Similarly, the Contraceptive Prevalence Rate is comparatively low. The problems behind this is because of more practice of emergency pill, abortion, myths and beliefs about contraception, shy, lack of service knowledge, unmet needs, Socio-cultural barriers, challenging access, availability and utilization of available services as well.

Increasing unemployment compelled people to go abroad. Out migration has been increasing not only among male but also in females in Nepal affecting to some extent

to family planning program effectiveness. (Shrestha et al., 2012). For example, son preferences in the Nepalese society. Socio-cultural factors increasegender discrimination, women violence, girl trafficking, forced marriage, multiple and forced pregnancies and abortion which signifies the importance of family planning (Nanda, 2012).

From the study of (CREHPA, 2010), women of reproductive age or their spouse visit health facilities, sincere attempts should be made to provide them with FP information and services. Use of emergency contraception and abortion are increasing steadily in Nepal. Other challenges include political instability, decreasing donor contributions, lack of access to services in remote areas, shortage of trained health personnel, difficult topography, a dominance of female sterilization in the method mix, inadequate family planning counseling, and misperceptions about family planning methods.

73.5% of the women's family planning need in South East Asia was satisfied by modern methods. But 56% in Nepal 28% of currently married women in Nepal have an unmet need for family planning services (MoH, New ERA and ICF, 2017).

A country scores higher HDI when the lifespan is higher, the education level is higher, and the GDP per capita is higher. In Pokhara Metropolitan city level of HDI is Percentage without safe water 7.55, Percentage of children under age five who are malnourished 22.9, Deprivation in economic Provisioning 15.22 which is higher than another district. (UNDP, 2014). Though the HDI is higher but the CPR of Kaski district cannot cross 35% (GoN, MoH, DoHS, HMIS, 2017).

Although there were various study conducted about the contraception of Family Planning but the CPR of Kaski district is low which is about 38.67% so much more study should be conducted here to find out the barriers to use modern family planning, what are the influencing factors of the less use of the modern family planning methods, and what are the misperception about the family planning and the practice level of the modern methods of the family planning. Here are some questions for this study:

1. What are the social determinants associated to access of family planning modern contraceptive practices in study area?

2. What is the level of knowledge regarding family planning and its method among married reproductive age women of Pokhara Metropolitan, ward no. 13, Patanbesi, Kaski?
3. What is the status of modern family planning contraceptive methods use in study area?

1.3 Objectives of the Study

General Objective:

To assess social determinants for using modern family planning methods among married women of Pokhara Metropolitan, Kaski.

Specific Objectives:

- ✓ To explore the association between dependent and independent variables related to the perception of family planning and practice.
- ✓ To analyze the knowledge and use of modern family planning methods.

1.4 Justification of the Study

Right to have access to family planning is the fundamental right of every citizen. The right of men and women is to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. Family planning constitute of number of advantages. National figures stated above shows that lower effectiveness of program at National as well as in Kaski district. Besides the realization of importance of family planning services at individual, community and national level, high unmet needs are associated with unintended pregnancies, reduce the number of abortions, and lower the incidence of death and disability related to complications of pregnancy and childbirth. There are a number of challenges to improving access to family planning information and services. Efforts to increase access must be sensitive to cultural and national contexts, and must consider economic, geographic and age disparities within countries.

This study aims to explore the pattern of family planning use, social beliefs, perceptions and misconceptions. By studying this research, it will provide the use of family planning, knowledge, attitude and perception of women's reproductive age group and real scenario of social barriers. This study will provide a useful evidence as

what kind of family planning programs will be needed conceiving the local social context, beliefs.

1.5 Conceptual Framework

Independent Variable **Dependent Variable**

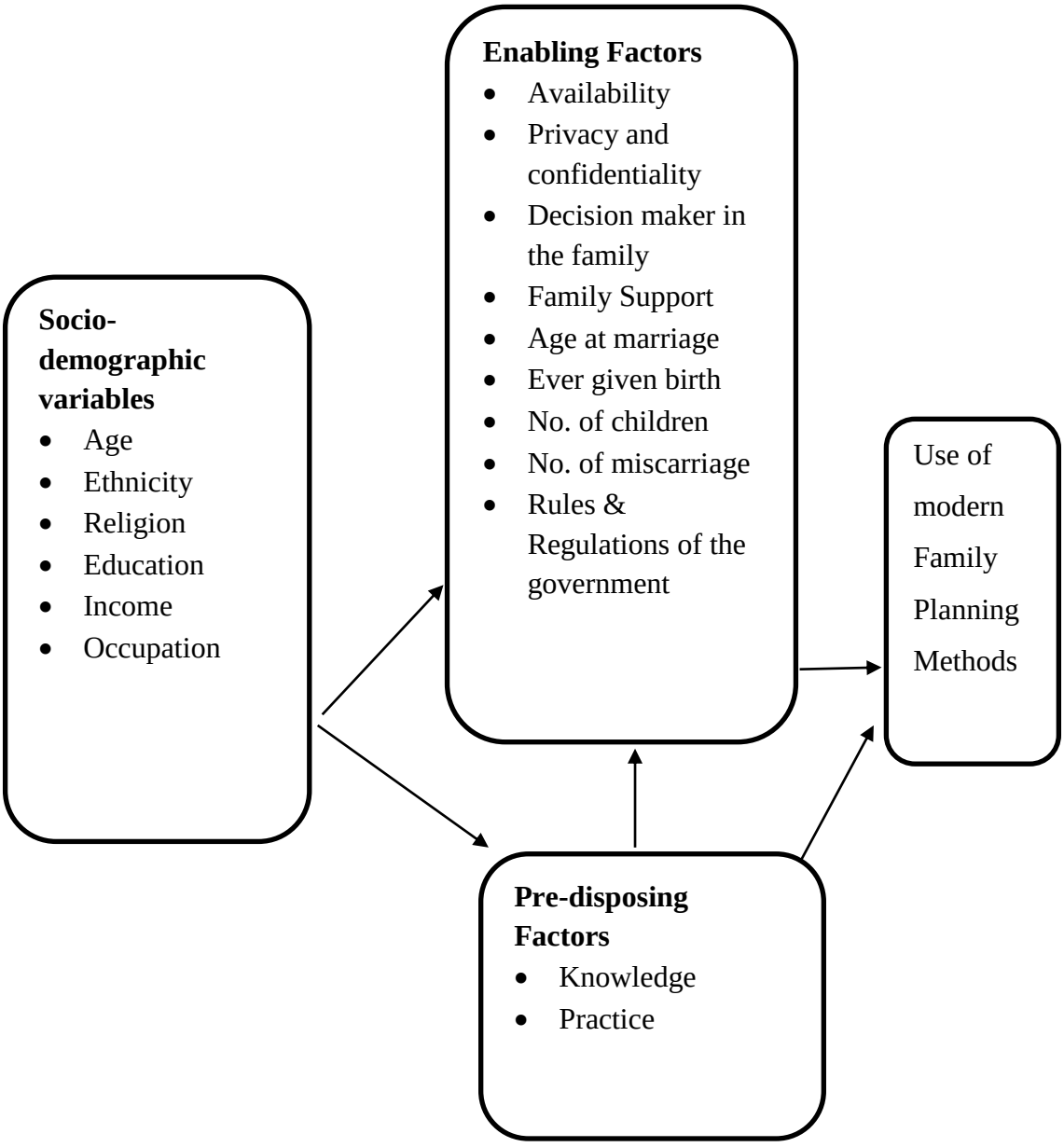

Figure 1.1 Conceptual framework

The above figure shows the different types of the dependent variables and dependent variables. And the interrelation of the different types variables is shown in the framework.

1.6 Operational Definitions

Contraceptives

Contraception (birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. There are different kinds of birth control that act at different points in the process.

Fertility age:

The ability to produce of offspring during the reproductive age (15-49 yrs.)

Social determinants

In this study, the social determinants mean myths, beliefs, culture, religion, caste/ethinicity, employment status, occupation and community adaptation.

Modern Family Planning Methods

A product or medical procedure that interferes with reproduction from acts of sexual intercourse likewise permanent methods (Vasectomy & Minilap) and temporary methods (Pills, Depoprovera, Condom (Male/Female), IUCD and Implant).

Reproductive Age

In women, those years of life between menarche and menopause, from ages 15 to 49 yrs. where some women can become pregnant and bear children at younger of older agesthat age group is known as reproductive age group.

Human Development Index(HDI)

The Human Development Index is a statistical tool used to measure a country's overall achievement in its social and economic dimensions. The social and economic dimensions of a country are based on the health of people, their level of education attainment and their standard of living.

Out Reach Clinic (ORC)

A clinic run by a health worker who makes regular visits to observe and counselling community level patients related to primary care, neunatal and reproductive health, nutrition, family planning and referal case to refer health institution outpatients.

Contraceptive Prevalence Rate (CPR)

The percent of women of reproductive age who are using a contraceptive method at a particular point in time, almost always reported for women married or in sexual union.

Family Planning

The conscious effort of couples or individuals to plan the number of children they have and to regulate the spacing and timing of their births through contraception and the treatment of involuntary infertility.

Contraception

The intentional prevention of conception and pregnancy through hormones, technologies, sexual practices, or surgical procedures.

Reproductive health

The state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions and its processes.

Unwanted/unintended pregnancy

A pregnancy that a woman or girl decides, of her own free will, is undesired.

Medical Eligibility Criteria Wheel

The MEC wheel was described as having information on methods, medical and health conditions, MEC categories and additional comments. On rotating the wheel, we can know that the method is eligible for the use or not.

Poor Knowledge Level

If the knowledge level is less than 60% then it is considered as the poor knowledge level by scoring the levels of the variables in SPSS.

Average knowledge level

If the knowledge level is between 60-80% then it is considered as the average knowledge level by scoring the levels of the variables in SPSS.

Good knowledge level

If the knowledge level is more than 80% then it is considered as the good knowledge level by scoring the levels of the variables in SPSS.

1.7 Limitation of the study

This is an academic research. Thus, it has to be taken within boundary of certain time, budget, place as well as other resources. This study has some major limitation of study which is enlisted as below:

Due to small study sample the outcome of the research may not be generalized in the entire district.

The study was done with in limited resources and time and it may have many weaknesses and can be further improved.

CHAPTER II
LITERATURE REVIEW

For tracing and identifying the problems in any research work it is essential at first to have a literacy evaluation of the matter to be dealt with. It helps to stay away from the possibility of duplication in research works and gives the work a literacy authenticity. Without any regard to the past, it is unreasonable to pass away judgment on the present. Hence, the importance of the review of literature in any research work remains crucial. In this study, beyond others, a perusal has been made of theoretical perspectives embedded with sociology. This study will provide incentive for guiding.

2.1 Theoretical/Conceptual Review

Family Planning services and birth control are vital part to how families determine the number and timing of their children. The importance of these services is often described from four different perspectives: as a human right; as a means to social and economic development; as a personal and public health issue; and as a population/environment concern. Family planning as a human rights issue is often linked in terms of fundamental human rights to determine one's own reproductive capacity. It has frequently been linked to a feminist perspective, with control over one's body as being integral to basic autonomy and equality. Especially in the developing world, it is closely related to social and economic development, with decreases in family size typically correlating with improved economic and social well-being at both the family and societal level. Given the limited resources of the planet, family planning services and birth control have been championed as effective ways to limit population growth and thereby limit the detrimental impact of overpopulation on the physical environment. The importance of each of these perspectives has increase and decrease through different cultural and political eras, with each offering different justifications for comprehensive family planning services and birth control. Independent of the theoretical background, how family planning services are structured varies broadly. Services typically include counseling and education around reproductive health and family planning, provision of birth control and abortion, and testing and treatment for sexually transmitted infections (Jessica et al., 2016).

2.2 Sociology and Public Health

Public health as seen from the eyes of comprehensive primary health care mentioned in Alma Ata declaration covers the following aspects that can be analyzed from social and anthropological perspective. (i) It sees health as a process in human development and states that it cannot be achieved in isolation without associated socio-economic development. (ii) It strongly affirms that health which is the complete state of physical, social and mental wellbeing and not merely the absence of disease and infirmity is the fundamental human right and to achieve the highest level of health should be a world-wide social goal. (iii) For health it lays emphasis on all the aspects of health care that is, preventive, promotive, curative and rehabilitative. (iv)Its shape is determined by social goals like quality of life and maximum health benefits to the greatest number of people and advises to attain these goals by social means like community participation. (v)It lays emphasis on essential health care which is accessible, affordable and acceptable by the people and with their full participation. This health care has to be scientifically sound and socially acceptable. It requires coordinated efforts from all other related sectors (vi)It is based on the economic, socio-cultural and political conditions of a country and it promotes equity (www.enotes.com,2012).

Most of the content of sociology directly concerns man's adaptation to his changing environment and, thus, this field has important implications for public health practice. No such review can do justice to the variety of perspectives and recent research efforts that can be useful to the public health practitioner, but it is possible to review briefly some major perspectives and some examples of research that illustrate how an appreciation of sociological variables can assist the public health practitioner (Edward, 1968).

Initially, it is helpful to note how the perspectives of sociology and public health differ. While public health is an applied endeavor that imposes normative criteria which it then attempts to implement, the sociologist's major concern is with understanding social phenomena independently of the immediate value of such understanding. This difference in perspective was made clear by Edward Rogers' challenge to sociology' to present its findings in a fashion that allow transformation in the form of public health programs. But if the sociologist restricted or even

concentrated his efforts on those causes where intervention seems possible, his horizons would be limited indeed. The pervasive belief that all public health problems are dysfunctions, which can and must be remedied, rather than part of a complex pattern of adaptation to changing life conditions and social patterns is in itself a value (Rene, 1959) that tells us more about the public health practitioner and his priorities than about the nature of social life.

The issue of values is fundamental to the entire question of sociological knowledge and application. As Elinson and Herr suggested in their reply to Rogers' challenge, much of the difficulty in bringing sociological knowledge to bear in public health efforts may be the product of the limited way in which the practitioner poses the issue. It may be the practitioner himself who is part of the problem-by defining certain relatively "benign" behaviors of others as problems, by projecting responsibility to clients rather than to the social institutions that serve them, or by allowing his values to limit considering the real range of options for improving the life and health of people.

It is widely appreciated that there are cultural and social variations in the manner in which persons define health problems, participate in health maintenance programs, and utilize medical and other health services (Mechanic, 1968).

2.3 Sociological/ Anthropological perspectives of Family Planning/Contraception

The term birth control is sometimes used as family planning synonym, but its connotation is more on preventing pregnancies and limiting the family size than on planning families.

The acceptance of birth control is a relatively recent cultural conception. The social view of contraception slowly began to change from obscene to healthy (Fawcett et al., 2012)

Modern contraception has caused a social revolution. The search for methods to control fertility while still enjoying sexual contact has perhaps been ongoing, buta necessary and workable solution was not found until the twentieth century. To solve the problem of overpopulation, family planning has become necessary worldwide. A side effect of family planning to stem the tide of overpopulation has been the ability for people to have sex without worrying about pregnancy (Benagiano et al, 2007).

Family planning refers to the use of modern contraception and other methods of birth control to regulate the number, timing, and spacing of human births. It allows parents, particularly mothers, to plan their lives without being overly subject to sexual and social imperatives. However, family planning is not seen by all as a humane or necessary intervention. It is an arena of contestation within broader social and political conflicts involving religious and cultural injunctions, patriarchal subordination of women, social-class formation, and global political and economic relations (Sociology-with FP, 2018).

Determinants of Contraceptive Use Behaviors that involve the regulation of reproduction may be grouped into two categories: those practices dealing directly with conception (fertility control) and those culturally sanctioned behaviors that, directly or indirectly, affect group size (population control). Anthropological accounts of primitive societies reveal that abortion, infanticide, and postpartum abstinence are common, age-old forms of fertility control (Newman, 1972).

The sociology of contraception then, is the study of how people behave in their sexual and reproductive lives and how contraception has altered that behavior. Sociologists are interested in emerging trends in population growth and the impact of the advent of contraception. Sociologists also study how contraception changes the lives of individuals and the structure of the family. They research the differences in attitudes between men and women regarding contraception.

While contraception methods have responded well to concerns about overpopulation as well as to the social, health, and economic well-being of people, there are several issues surrounding the culture of contraception. Conflict over the issue of contraception has existed at least since 1916, when Margaret Sanger, the founder of Planned Parenthood, was jailed for offering advice and contraceptives to married women in Brooklyn. The current controversies include issues such as sexism in the medical field, teenagers' access to contraceptives, and long-term contraception in prisons.

If large families were necessary to ensure lineage, then contraception was not desirable and the prohibition was emphasized by social institutions. Members of certain religious groups were historically discouraged from using contraception or

even from having sexual contact without the desire for conception (Sociology of Contraception Notes, 2018).

2.4 Fertility as Anthropological Perspectives

Fertility refers to the actual production of offspring and not the biological potential to reproduce (fecundity). Fertility is rooted in a biological sequence of conception, gestation, and birth; social and environmental factors heavily influence each stage. Thus, the factors affecting fertility are diverse and are potentially interactive; as a result, understanding fertility change/variation requires a multidisciplinary approach. Sociologists emphasize social and environmental factors that have potential impacts at the population level, that is, sociologists focus on factors that can account for fertility changes over time or differences between populations. Rapid global population growth in the second half of the 20th century emerged as a central policy concern in both the United States and internationally. Differential fertility of national co-resident groups or adjacent population groups has also spawned concerns about future governance and security. Sociologists study the underlying reasons for these fertility changes/differences and their purported consequences. Sociologists also study variation in fertility across individuals because fertility number and timing can affect the life courses of individuals (of parents and children) and the families they form (Morgan, 2016).

Contraceptive Prevalence Rate: Itrefers to the percentage of all married or in-union couples using a contraceptive method at the time of the study. It is generally measured from survey questions administered to married women or those in consensual unions who are in the reproductive age of 15 to 49 years. Note that contraceptive prevalence is different from the number of acceptors which imply new users. Data on acceptors are usually collected through family planning clinics or other facilities that offer such services and where administrative records are kept. More recently, contraceptive prevalence has also been measured among all sexually active women, irrespective of their marital status.

2.5 Medical Sociology

Medical sociology referred as health sociology, is the study of the social causes and consequences of health and illness. Major areas of investigation include the social determinants of health and disease, the social behavior of patients and health care

providers, the social functions of health organizations and institutions, the social patterns of the utilization of health services, the relationship of health care delivery systems to other social institutions, and social policies toward health. What makes medical sociology important is the critical role social factors play in determining or influencing the health of individuals, groups, and the larger society. Social conditions and situations not only promote and, in some cases, cause the possibility of illness and disability, but also enhance prospects of disease prevention and health maintenance. The earliest works in medical sociology were carried out by physicians in the United States, not sociologists who tended to ignore the field. This changed in the late 1940s when large amounts of federal funding became available to support joint research projects between sociologists and medical doctors. At its inception, work in medical sociology was oriented toward finding solutions relevant for clinical medicine. However, in 1950, Talcott Parsons, the leading theorist in sociology at that time, introduced his concept of the sick role that subsequently attracted other theoretical work and had an important role in the emergence of medical sociology as an academic field. Medical sociology has evolved to the point today that it investigates health and medical problems from an independent sociological perspective. Medical sociologists now comprise one of the largest and most active groups doing sociological work in North America and Europe, and the field has expanded to other regions as well. About one of every ten American sociologists is a medical sociologist (Cockerham, 2016).

Besides age, sex, ethnicity, and social class, other variables such as education, marital status, ability to pay, and the time, energy, and effort required to see a doctor have been found significant in some studies (Mc K., 1972).

Medical sociology is concerned with the relationship between social factors and health, and with the application of sociological theory and research techniques to questions related to health and the health care system (www.hnl.nih.gov.).

Medical sociology is the study of the societal dimensions of health and medicine (www.as.vanderbilt.edu).

The medical sociology helps to identify and study social groups in their activities of maintaining and preserving health, alleviating or curing diseases. The social group is a social system whose components are interdependent. Medical sociology is concerned

with the social facets of health and illness, social function of health institutions and organizations, the relationship of health care delivery to other social systems and social behavior of health personnel and consumers of health care. In brief, it's the study of relationships between health phenomena and social factors. Thus, in medical sociology health, illness and medical care are studied from sociological perspectives. (Gartaulla, 2008).

Medical sociology is today a relatively new but rapidly expanding specialism in the discipline of sociology. Currently the Medical Sociology Section of the British Sociological Association is the largest specialty group, running its own annual conference and other regional meetings. In the United States the credibility of medical sociology is high, and the present executive officer of the American Sociological Association is a medical sociologist. The Research Committee on Medical Sociology of the International Sociological Association is the third largest Research Committee and has sponsored a whole series of international meetings and subsequent publications which have facilitated both personal and intellectual exchanges between medical sociologists from all over the world. The definition of medical sociology and the identification of medical sociologists is not a simple task. Goffman's book, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates, was based on research which was completed and published while he was a professor of sociology at Berkeley but neither he nor his peers would label him today as a medical sociologist. While it is difficult to provide absolute proof, it seems reasonable to assume that Goffman's brilliant analysis and criticism of mental hospitals in the United States did much to enhance the pressures towards the reform of mental institutions both in the United States and elsewhere. Brian Abel-Smith's latest work is entitled Value for Money in Health Services: A Comparative Study (Andrew, 1976) and was preceded by works on the history of nursing and of British hospitals. These works embrace sociological perspectives in relation to health care and Abel-Smith has been consultant and adviser to a number of governments who were concerned to develop, expand or improve their health care systems. Many more examples of persons who have, at various times, written and researched on medical problems from a variety of social science perspectives could be quoted, yet they would not describe themselves or be labeled by others as medical sociologists. Any attempt to identify all such individuals would probably be exhausting as well as not very productive. Our

intentions here are to: (a) review, albeit somewhat perfunctorily, the major tasks which medical sociologists have identified in their research, service and teaching activities and to relate such activities to the work of other social scientists, medical practitioners, historians and so on whose contributions are pertinent to the further development of medical sociology or have already had a significant impact upon the discipline; and (b) comment upon neglected areas of research in medical sociology with special reference to the apparent disjunction between health and illness.

2.6 Review of Previous Studies

There are different scholars, academician and different books, journals, previous research works, reports, acts articles, plans and policies, web portal (website), other published and unpublished documents who contribute the literature on Social Determinants for using Family Planning Methods (A study of Married women of Pokhara Metropolitan, Kaski). Their studies include different aspect of family planning contraceptive use. Some of the study has been discussed as following.

According to (WHO, 2017) media center, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method. Some family planning methods, such as condoms, help prevent the transmission of HIV and other sexually transmitted infections. Family planning/contraception reduces the need for abortion, especially unsafe abortion. Family planning reinforces people's rights to determine the number and spacing of their children. By preventing unintended pregnancy, family planning /contraception prevent deaths of mothers and children (WHO, 2018).

In the study, "Determinants of modern family planning use among women of reproductive age in the Nkwanta district of Ghana: a case–control study", one hundred and thirty cases and 260 controls made up of women aged 15-49 years were interviewed using structured questionnaires with the analysis of logistic regression, the study reveal that due to lack of formal education among women, socio-cultural beliefs and spousal communication were found to influence modern family planning use. Furthermore, favorable opening hours of the facilities and distance to health facilities influenced the use of modern contraceptives (Eliason et al.,2014).

A descriptive cross-sectional study was done in the topic "Factors influencing the uptake of family planning services in the Talensi District, Ghana", which revealed that89% (249/280), of respondents were aware of family planning services, 18% (50/280) of respondents had used family planning services in the past. Parity and educational level of respondents were positively associated with usage of family planning services (P<0.05). Major motivating factors to the usage of family planning service were to space children, 94% (47/50) and to prevent pregnancy and sexual transmitted infections 84% (42/50). Major reasons for not accessing family planning services were opposition from husbands, 90% (207/230) and misconceptions about family planning, 83% (191/230). It also concluded that the uptake of the service was low which must be intensified by the district health directorate in health education on the benefits of family planning with male involvement (Apangaet al., 2015).

"Family planning practices among currently married women in Khairpur district, Sindh, Pakistan' with the cross-sectionalcommunity-based survey used a pre-tested structured questionnaire for 300 students using a stratified cluster sampling to collect information on knowledge and use of family planning methods and other socio-demographic factors, revealed that 62% of the women were illiterate. Nearly 45% of the women were in the age group of 25-34 years. Exposure to family planning messages was greater by television (66%) than by radio (55%). The prevalence of family planning methods among married women was 27%. Oral contraceptive pills were the predominant method used (32%). Regarding socio-demographic factors, more than four living children, exposure to family planning messages on TV, and husband’s approval were the main factors associated with the use of family planning methods (Ali et al., 2005).

In the study, "Prevalence and factors influences utilization of modern contraceptive methods among married women of reproductive age group (15-49 years) in HoletaTown, Oromia, Ethiopia 2016" concluded that women’s occupation, age, culture, religious fathers and number of desired male children were important factors that influenced the use of modern contraceptive methods. Among these the most significant factors influencing utilization of modern contraceptive was women’s occupation. The participants were selected by systematic random sampling technique and data was collected from 295 married women of reproductive age group by

interviewer administered questionnaires were employed. Binary logistic regression models were used to assess associations between factors and Modern Contraceptive method use (Girma et al., 2016).

A study conducted in Missouri with the title “Factors Affecting Contraceptives Use in Women Seeking Pregnancy Test” revels that the factors affecting the contraceptives use were ranged from factors involving access to services and condom-specific issues to cost-related concerns, social norms, pregnancy denial, embarrassment over discussing or obtaining birth control, worry about side effects and experience with forced sex, among others. Factors affecting contraceptives use among these women were examined by frequency of use, insurance status, education and race (Sable et al.,2000).

The study conducted in Ghana, rural Malawi, Pakistan and Uganda topic on " Myths and Beliefs about Contraceptive Methods " found that the reason for not using any family planning methods are lack of knowledge and education, religious belief and fear of side effects (Eram U., 2017).

A descriptive cross-sectional study conducted in Uganda among 100 reproductive age group women found that, the major factors affecting utilization of FP services were Religion (40%); lack of support from spouses and fear of abandonment (72%); distance and costs of transport (38%). Finding also identified low level of education among the respondents, illiterates constituted (14%) Primary school leavers at (45%) and most of the respondents were housewives with no stable income generating activities in place (Nalwadda et al.,2010).

The transformation of the Chinese society was political and economic by revolution; it was also social and cultural through mass education. Group decisions have been used to induce social change in the Chinese society and applied extensively to the family planning program. The methods which Kurt Lewin developed to change food habits, have been perfected on a grand scale and in myriad ways by the Chinese. Health education in China has the advantage of having the whole-hearted support of the community and its organizations once the decision of priority is made. It involves not only the message and the media to communicate with the public, but also the social institutions, the values of society and community resources. The health

education model developed by Green proved most useful in the analysis of factors contributing to the program success. China's experience suggests that there is an element of universality in the social and psychological forces which enhance or impede change and in the educational components which facilitate the planning and development of a program to influence health behavior, irrespective of the social context in which education takes place. (Wang, 1976).

Study conducted in rural Madhya Pradesh of India among 180 members of 12 villages were purposively selected in which Mothers-in-law were found to have an important influence on family decisions pertaining to activities within the household. They were also likely to influence the number of sons their daughters-in-law had and the timing of their daughters-in-law being sterilized, but they did not seem to have the same authority or influence with regard to decisions on the use of reversible contraceptive methods, which were mainly being made by young couples themselves (Charetal, 2010).

A study conducted in title "The Influence of Family Dynamics on Contraceptive Use in Madagascar and the Ensuing Impact on Family Well-Being found that Fifty-seven percent of couples talk to, discuss with, and agree with each other on family planning decisions; 20.8% of couples talk to, discuss with, and agree with extended family on family planning decisions. Fifty-one percent of women use at least one method of contraception. About 96% of couples who have discussions do so with their spouse before others. There is evidence that while both spousal dynamics and extended family influence were associated with contraceptive use, spousal dynamics showed a stronger relationship. Analyses regarding wellbeing were inconclusive overall but suggest that spousal dynamics may also have a greater association with well-being than extended family influence (Hajason et al.,2013).

The research entitled "The influence of husbands on the contraceptive use of women in Nepal" concluded that husband’s approval is a major determinant of use of both modern reversible methods and female sterilization, although the number of male children alive has a more pronounced role in adoption of sterilization. Additionally, for those intending to be future users of any method, the husband’s opinion plays the most significant role (Kamal et al.,2010).

A cross sectional study conducted in Muslim community of Puraina VDC of Banke District shows that socio demographic factors have both positive and negative impact on contraceptive use. The CPR was 24.29%. Other factors affecting the use of contraceptives were, literacy of husbands, Family size. The study also found that majority believes small family is the key factor for good family health whereas local Muslim religious leaders were against FP Services (Ahmad, 2001).

According to NDHS 2016 survey, in Nepal the total demand for family planning is 76% of married women of reproductive age (MWRA) among which 56% is met. The unmet needs prevalence was found to be 18% (MoH, New ERA, and ORC Macro, 2017).

The average number of children ever born is high among women in Nepal. There are many contributing factors for the high fertility, among which are age at first marriage, perceived ideal number of children, literacy status, mass media exposure, wealth status, and child-death experience by mothers. All of these were strong predictors for CEB. It can be concluded that programs should aim to reduce fertility rates by focusing on these identified factors so that fertility as well as infant and maternal mortality and morbidity will be decreased and the overall well-being of the family maintained and enhanced (Adhikari, 2010)

CHAPTER III

RESEARCH METHODS

This chapter deals with the approaches, research design, and nature of data, sample technique and data collection methods applied during the study. In order to achieve the objective of the study the following methodological approach was followed.

3.1 Research Design

Community based descriptive study design was used. It is a scientific method which involves observing and describing the behavior of a subject without influencing it in any way.

3.2 Rational of Site Selection

Pokhara is the largest Metropolitan City of Nepal due to which the trend of migration is increasing. In Pokhara, the settlement of migrated population is high. Pokhara constitute of about 2/3 population of Kaski where people of different socio-economic group reside. These group also have different perceptions, misconceptions and social myths regarding family planning which can influence their practices. According to annual report of DPHO Kaski F.Y. 2073/074 the Contraceptive Prevalence Rate is 38.67%, which is low in comparison with national prevalence. Human Development Index of Kaski is high, but CPR is low. This indicates huge gap in family planning service, effectiveness and utilization. In this study, this site is chosen because this area is Neo-urbanization and responsive population due to which data collection becomes easier. This kind of research is not found yet. Above mentioned facts and figures signifies the importance of this research in Pokhara Metropolitan.

3.3 Universe and Sampling Procedure

Simple random sampling was done in reproductive age women of Pokhara Metropolitan City irrespective of any religion, ethnicity, and occupation. Female who was not willing and unable to participate was excluded from study. Individual female of reproductive age was sample unit of study.

According to Annual Report 2073/74 of Urban Health Centre Pokhara-13, Patanbesi out-reach clinic total number of modern Family Planningusers were 130. So, this was the target population for sample size of this research. By taking that target population

according to Morgan Survey Data Collection Table (Krejcie, et al., 1970) 97 samples were randomly selected for this study.

3.4 Nature and sources of Data

Quantitative data were collected and analyzed. The primary data was collected from the field by administrating structured schedule for interview.

3.5 Data collection techniques and tools

Interview Schedule

This is the method of data collection through questionnaire, with the little different which lies in fact that schedules are being filled in by the enumerators who are specially appointed for the purpose. These enumerators along with schedules go to respondents, put to them questions and the replies in the space. The schedule is nothing more than a set of questions which are asked and filled by an enumerator in interviewers in face to face situation with another person. In certain situations, Schedules may be handed over the respondents and enumerator may help them in recording their answers to various questions in the said schedules.

Face to face interview was conducted among the women of reproductive age using interviewer administered interview schedule. Verbal informed consent was taken from participants after describing objectives of the study, before taking interview. Interview schedule was used as a tool to collect the data. Simple random sampling technique was used to select required number of samples by household survey.

3.6 Data Analysis

Data was collected in the day time and entered to Epi-data 3.1 and then transferred to SPSS version 20. Thus, entered data was managed to remove errors, coded, recoded and analyzed. Frequency, percentage were calculated. Table and graphs were developed. The main aim of analysis of the data is to establish the relationship between factors and family planning practice.

CHAPTER IV

SOCIO DEMOGRAPHIC BACKGROUND OF THE RESPONDENTS

This chapter describe about the general socio demographic factors like caste/ethnicity age, religion, source of income, total income in a month, have own land, husband education, type of media available in the home and involvement in any organization.

4.1 Socio-demographic Variables of the respondents

Nepal is a country with multi-ethnic, multi-language, multi-cultural, multi-religious and caste society. The socio demographic characteristics of the respondents are discussed below.

Education of Participants

The education level of the respondents was shown in the given table below.

Table 4.1 Distribution of respondents by the education level

Education	Frequency	Percentage
Illiterate	12	12.4
Informal education	13	13.4
Primary education	37	38.1
Secondary education	24	24.7
Higher education and above	11	11.3
Total	97	100

Source: Field Survey, 2018

The above table shows that 38.1% respondents have primary education, 24.7% have secondary education, 11.3% have higher education and above.

Occupation of respondents

The occupation of the respondents is shown in the following table.

Table 4.2 Distribution of respondents by Occupation

Occupation	Frequency	Percentage
Government job	1	1
Business	13	13.4
Agriculture	3	3.1
Housewife	75	77.3
Students	1	1
Labor	2	2.1
Barber	2	2.1
Total	97	100

Source: Field Survey, 2018

The above table shows that more than three fourth respondents are house wife, 13.4% have their own business followed by 3.1% agriculture and 1 % governmental job.

Age of participants

The study was done in between the women of age 15-49 of reproductive age which is shown below.

Table 4.3 Distribution of respondents by age of respondents

Age	Frequency	Percentage
20-29	36	37.1
30-39	47	48.5
Above 40	14	14.4
Total	97	100

Source: Field Survey, 2018

The above table illustrates that almost half of the respondents are from age group 30-39 years, more than one third from age group of 20-29 years and rest are above 40 years.

Caste/Ethnicity of the respondents

The table 4.4 shows the caste/ethinicity representation of the respondents.

Table 4.4 Distribution of respondents by ethnicity

Ethnicity	Frequency	Percentage
Brahmin	33	34
Janjati	25	25.8
Dalit	24	24.7
Chhetri	15	15.5
Total	97	100

Source: Field Survey, 2018

The table illustrates that the area consists of diverse group of people living together and most of the respondents were Brahmins (34%) followed by 25.8 %, Janjati 24.7 %, Dalit and rest 15.5 % Chhetris.

Religion

Religion plays one of the major roles on consensus, stability, order, and unity in our society. Religion regulate the activities of the people in own way, which may include beliefs, practices and organizational forms of religion.

Table 4.5 Distribution of respondents by Religion

Religion of participants	Frequency	Percentage
Hindu	82	84.5
Buddhist	9	9.3
Christianity	4	4.1
Bon	2	2.1
Total	97	100

Source: Field Survey, 2018

The above table shows that the people of study area are from different religions. Majority of the respondents were Hindu which inludes (84.5%), 9.3% were Buddhists, 4.1% were Christians and rest were Bon which consists of 2%.

Source of Income in the family

Nepal centers on an agrarian economy as the main source of income is agriculture. But nowadays foreign employment is becoming another main source of income in the family.

Table 4.6 Distribution of respondents by major source of income

Source of income	Frequency	Percentage
Foreign Employment	41	42.3
Labor	23	23.7
Business	14	14.4
Service	12	12.4
Others(driving, pension)	4	4.1
Agriculture	3	3.1
Total	97	100

Source: Field Survey, 2018

The above table elaborates that people engage in different occupations to sustain their lives. The main source of income is foreign employment. Morethan one third of the respondentsearn from foreign employment (42.3%) while other earn from labor, (23.7%) followed by business, service, agriculture, driving, pension.

Monthly income of the family

Due to the low earning from the agriculturally based livelihood people are more diversified towards the foreign employment to fulfill the requirements so as to improve the quality of life.

Table 4.7 Distribution of respondents by monthly income of the family

Monthly income in Rs.	Frequency	Percentage
> RS 20000	60	61.9
RS 10000 – 20000	32	33
< RS 10000	5	5.1
Total	97	100

Source: Field Survey, 2018

The above table shows majority(60%) of the families have monthly income greater than Rs 20,000, one third (33%) earn between Rs 10000-20,000 and few of them earn less than Rs 10,000.

Respondents by their ownership over land

In Nepal usually people living here have own land either they earn themselves or that has been transferred from their ancestors.

Table 4.8 Distribution of respondents by land

Condition	Frequency	Percentage
Having ownership	89	91.8
Having no ownership	8	8.2
Total	97	100

Source: Field Survey, 2018

The above table shows that most of had their own land (91.8%) where only 8% respondent reported that they did not have ownership on land.

Respondents by the name of owner

The society of Nepal is male dominant many more decisions were taken by male rather than that of the female. In our society male used to have owner of property.

Table 4.9 Distribution of respondents by owner of land

Owner of the land	Frequency	Percentage
Male member	60	67.4
Female member	25	28.1
Both male and female	4	4.5
Total	89	100

Source: Field Survey, 2018

The above table shows that about two third of the respondents had male member as the owner of the land i.e. 67.4% and while only 28.1% female are as the owner of land, only 4.5% of both male and female had ownership of land.

Education of the husbands

In our society, the male's education has greater influences on the use of the family planning but it is true that the educated female can equally play vital role in theeducation and development of family.

Table 4.10 Distribution of respondents by husband's education

Husband education	Frequency	Percentage
Primary education	31	32.6
Secondary education	32	31.7
Informal education	13	13.7
Higher education and above	13	13.6
Illiterate	8	8.4
Total	97	100

Source: Field Survey, 2018

The above table illustrates that almost one third of the respondent's husband had primary and secondary level of education (32.7%) and (31.6%) respectively.

Distribution of Respondents by Age at Marriage

The age at marriage plays vital role in the proper use of the means of the family planning methods if the age is higher than there it can be the higher level of knowledge and understanding than those of lower age.

Table 4.11 Distribution of respondents by age of marriage

Age of Marriage	Frequency	Percentage
<20 yrs.	62	63.9
>20 yrs.	35	36.1
Total	97	100

Source: Field Survey, 2018

The above table shows that more than half of the respondents got married before the 20 years old where 48.5 % get marry after 20 years of age. The age of marriage is higher in the lower age becauseeither they are forced to get marry or it might be due to the myths, beliefs and the cultural aspects of our society.

Access of respondents over media

Means of communication is very important in today's life which helps to communicate between people faster and gain the information in shorter time period. Media helps to gain the information, and to use those gained information in our day to day life.

Table 4.12 Distribution of respondents by type of media available at home

Type of media are available in your home	Frequency	Percentage
Mobile	94	96.9
T. V	89	91.8
Radio	32	33.0
Internet	32	33.0
All of above	12	12.4
*Multiple Response		

Source: Field Survey, 2018

The above table shows that most of the respondents had TV and Mobileat the home. Similarly, one third had radio and internet as well while less than one third had all of the above.

Respondents Involvement in Organization

Now a day's people used to participate and get involved in different organizations and programs because they want to gain much more knowledge to make their life comfort and easy to live.

Table 4.13 Distribution of respondents by involvement in organization

Involve in any organization	Frequency	Percentage
Mothers Group	37	38.1
Cooperative group	17	17.5
Community Development Group	5	5.2
Social Volunteer	1	1.1
Not Involve	37	38.1
Total	97	100

Source: Field Survey, 2018

Above table shows that 38.1% of women were involved in mothers' group and same proportion i.e. 38.1% found not involved in any group because of no interest to involve in any organizations. But rest were engaged in cooperative group, community development group and social volunteer as per their need and interest.

CHAPTER V

KNOWLEDGE AND PRACTICE ABOUT FAMILY PLANNING

In this chapter different kinds of the behavioral aspects, knowledge towards the family planning and their practice are discussed. The knowledge and behavior of the people play important role for the use of the different kinds of the family planning methods.

5.1 Knowledge and Practice

Knowledge is very important part of our life without which we cannot do any progress in our life. Little knowledge is also very dangerous to our health and life so to gain knowledge we should be very attentive and practical. Practice makes man perfect in their life due to which different knowledge are gained. By practice man can do various types of the things in their life and they can teach to others also by which the information and the knowledge are transferred in the systematic way. The gain of the knowledge can make people conscious about their health and the healthy habits.

Know about family planning

Knowledge is one the most important factor in the human's life which helps to distinguish right or wrong. As per capability of people some have higher knowledge about the family planning and some might have less.

Table 5.1 Distribution of respondents by knowledge related factor

Know about family planning method	Frequency	Percentage
Yes	95	98
No	1	1
Little	1	1
Total	97	100

Source: Field Survey, 2018

The above table shows that almost all (98%) of the respondents knew about the family planning methods because the awareness among the people was adequate due to which they are conscious and only 1% people do not know about the family planning methods because they do not have excess to the means and media for the communication and they are from the vulnerable group.

Medium of information

Medium of information plays vital role in the flow of information from one place to anotherplace like wise to have proper knowledge about the methods of family planning the media plays a vital role.

Table 5.2 Distribution of respondents by medium of information

Medium of information	Frequency	Percentage
Health workers	61	63.5
Radio/TV	55	57.3
Friends /relatives	54	56.2
FCHV	34	35.4
Formal education	32	33.3
Newspaper or articles	31	32.3
*Multiple Response		

Source: Field Survey, 2018

The above table illustrates that more than two thirdof the respondents knew about family planning from health workers where 57.3% from Radio/TV56.2 % from Friends/relatives and one third knew through newspaper or articles and FCHV respectively.

Perceived benefits of family planning

The use of the family planning methods is very advantageous to the people. Here the perceived benefits of family planning methods were discussed.

Table 5.3 Distribution of respondents according to knowledge on advantage and disadvantage of FP

Advantage of family planning	Frequency	Percentage
Limit pregnancy	67	72.0
Birth spacing	64	68.8
Prosperous family	39	41.9
Reduce fertility	13	14.0
All of above	11	11.8
Don't know	7	7.5
Other	4	4.3
*Multiple Response		

Source: Field Survey, 2018

The above table shows that more than two third thought that birth spacing and limiting pregnancy is thebenefits of family planning whereas just a little more than two fifth of them toldabout prosperous family, 14 % told about decrease population growth rate as the advantages of the family planning and few told all of the above. About 7.5 % told they don’t know about the advantages of the family planning

because they are not involving in any organization, they have access to means of communication and shows the passive participation in the social works.

Perceived consequences of not using family planning.

Family planning helps in planning the number of children if the people are not conscious about the family planning then following consequences are faced.

Table 5.4 Distribution of respondents by disadvantages of not using family planning

Disadvantage of family planning	Frequency	Percentage
Birth of many children	91	96.8
Increase poverty	49	52.1
Increase maternal mortality	8	8.5
Increase child mortality	6	6.4
All of above	4	4.3
Don't know	3	3.2
Other	3	3.2
*Multiple Response		

Source: Field Survey, 2018

The above table illustrates that almost all (96.8%) of the respondentstold about birth of many children as consequences of not using family planning. Similarly, about than half of the respondentstold that consequence of not using family planning is increase in poverty. While less than one tenth of the respondents told that maternal and child death rate increases. In contrast, less than 5% of respondents didn't know any consequences of not using family planning

Methods of Family planning

There are various means and methods of family planning available as per the client's needs and satisfaction level. There are mainly two types of methods permanent and temporary methods of family planning. Under them there are various types of methods of family planning.

Table 5.5 Distribution of respondentsbased on knowledge of Family Planning methods

Methods of family planning	Frequency	Percentage
Temporary	95	100.0
Permanent	89	93.7
Natural	5	5.3
All of above	4	4.2
*Multiple Response		

Source: Field Survey, 2018

The above table shows that almost all of the respondents know about temporary methods of family planning. Similarly, about 94% of respondentsknew about permanent methods while 5.3% knew about natural methods of family planning. Temporary means of family planning are easily available and they have different kinds of advertisements so people have more knowledge about the temporary means of family planning.

Temporary methods of Family Planning

The temporary methods involve the use of the techniques, practices, and medical devices that help a couple to plan their family including deciding the number of children they want to have and spacing their births. These are reversible and can be used or withdrawn according the need of the people.

Table 5.6 Distribution of respondents by the knowledge of temporary methods

Temporary method	Frequency	Percentage
Condom	86	89.6
Pills	85	88.5
Depo	85	88.5
Copper T	75	78.1
Norplant	69	71.9
All of above	54	56.2
*****Multiple Response		

Source: Field Survey, 2018

The above table illustrates that about nine tenth of the respondents had knowledge about Condom, Pills, Depo-provera, Copper-T as temporary method of family planning. Similarly, less than three fourth know about Norplant. And half of the respondents have knowledge of all of the above temporary methods of family planning. The respondents have more knowledgeabout condom is high because they are easily available at the time of the requirement and at any place. There are different types of advertisements about these methods of family planning.

Permanent methods of family Planning

The procedure that effectively prevents the pregnancy for the rest of a person's life. This process is permanent because it cannot be reversed and is done after the fulfillment of the children number in the family.

Table 5.7 Distribution of respondents by knowledge of permanent method

Permanent method	Frequency	Percentage
Minilap	77	100.0
Vasectomy	72	93.5
Both of above	72	93.5
*Multiple Response		

Source: Field Survey, 2018

The above table shows that nearly almost all have knowledge about minilap as the permanent means of the family planning likewise majority of respondents know about vasectomy as permanent method for the family planning. Here the knowledge in female is maximum because male need to earn money and they have no time to engage in different family planning programs conducted.

Negative consequences of family planning

Here respondents are free to tell about the negative consequences of the family planning they had ever bear during the time of use.

Table 5.8 Distribution of respondents by knowledge on negative consequences of Family Planning

Does family planning have negative consequences	Frequency	Percentage
Yes	59	61.5
No	28	28.1
Don't know	10	10.4
Total	97	100

Source: Field Survey, 2018

The above table describes that among the total respondents 28.1 % told that they do not face any negative consequences of the family planning but 61.5 % respondents face the negative consequences of the family planning because these respondents gain or lose the body weight, heavy bleeding, dark spots etc. after the use of these methods of the family planning methods which was found in the different literature of this study.

Types of the negative consequences

There are different kinds of simple negative consequences which are seen during the time or after the use of the different kinds of the methods of the family planning. Mainly the negative consequences are seen in the females rather than that of the male.

Table 5.9 Distribution of respondents by negative consequences they heard about family planning

Heard about negative consequences of family planning	Frequency	Percentage
Heavy Bleeding	25	45.5
Overweight	15	27.3
Female those used permanent method are ill	14	25.5
Fatigue. body pain. weakness	12	21.8
Irregular menstruation	11	20.0
Dark spot and injury	7	12.7
Infertility	6	10.9
Stops menstruation	6	10.9
Male those used permanent method have back pain	4	7.3
Other	4	7.3
Method used in uterus moves to heart	3	5.5
Underweight	3	5.5
Male condom not provide satisfaction	1	1.8
*Multiple Response		

Source: Field Survey, 2018

Almost half of the respondents had heard about heavy bleeding as side effects of family planning methods and other heard consequences are overweight, illness to the female permanent user etc.

Aspects about use of the family planning

Based on the knowledge and understanding of respondents there are different types of the presumptive of the family planning which are discussed below.

Table 5.10 Distribution of respondents on basis of presumptive of Family Planning

Variables	Strongly Agree	Agree	Disagree	Strongly Disagree
Non-religious	0	4 (4.2%)	33 (34.4%)	59 (61.5%)
Causes natural abortion	2 (2.1%)	15 (15.6%)	40 (41.7%)	39 (40.6%)
Causes cancer	1 (1%)	27 (28.1%)	35 (36.5%)	33 (34.4%)
Causes disability	4(4.2%)	16 (16.7%)	44 (45.8%)	32 (33.3%)
Decreases sex satisfaction	0	11 (11.5%)	47 (49%)	38 (39.6%)
Causes infertility	6 (6.3%)	30 (31.3)	33 (34.4%)	27 (28.1%)

Source: Field Survey, 2018

Above table illustrates that more than half of the respondents strongly disagree with the sentence use of family planning is non-religious. Just a little more than two fifth of the respondents disagree with use of family planning causes natural abortion. More than one third of the respondents disagree and equal respondents strongly disagree with the use of family planning causes cancer. More than one third of the respondents disagree and similar proportions strongly disagree with use of family planning causes disability. Almost half of the respondents disagree with use of family planning decreases sex satisfaction. One third of the respondents disagree with use of family planning causes infertility. There are various views of the respondents on their understandings and the knowledge gain by the respondents due to which they provide their different views on it.

Number of children

The number of children in a family pulls the couple to use the means of the family planning because they do not have enough economy to sustain with the number of children.

Table 5.11 Distribution of respondents by number of children

Number of Children	Frequency	Percentage
<=2 children	80	82.5
>2 children	17	17.5
Total	97	100

Source: Field Survey, 2018

The above table illustrates that more than four fifth of the respondents had children less than or equal to two. And only 17.5% have children more than 2 because of the urbanization, burden of the number of the children, economic status of the family and other social aspects like education, health etc.

Gap between the Age of children

The gap between the children is very necessary because to make and to grow the children physically, mentally and socially active. Gap between the children helps to maintain the basic requirements of the children properly and the parents can manage the family size as per their need and priority. Gap can be maintained by using the different kinds of the family planning methods.

Table 5.12 Distribution of respondents by gap between two young children

Gap between two young child	Frequency	Percentage
< 2 yrs.	7	9.5
2-3yrs.	13	17.5
> 3 yrs.	54	73
Total	74	100

Source: Field Survey, 2018

In the table above given almost three fourth of the respondents had gap more than three years between two young children while less than one fifth had gap 2-3 yrs and only 9.5% have gap less than 2 years. Majority of people have maintained more than 3 years gap between the children because they had gained knowledge through the different means and media about the gap maintenance between the children.

Experience of natural abortion

Women of reproductive age group experiences different kinds of problem during the pregnancy and they might have also experienced the natural abortion due to different consequences and problems. So the study has explored about the experience of abortion and death of children during the fertility period.

Table 5.13 Distribution of respondents by experience of natural abortion or death of child and induced abortion

Experienced of natural abortion, death of child and induced abortion	Frequency	Percentage
No	70	72.2
Yes	27	27.8
Total	97	100

Source: Field Survey, 2018

Above table shows that almost three fourth (72%) of the respondents hadn't experienced natural abortion, death of child and induced abortion while almost one fourth of the respondents had experienced natural abortion, death of child and induced abortion.

No of children aborted

Abortion may create different problems in the life of women of reproductive age which sometimes restricts the use of the family planning methods which they previously used.

Table 5.14 Distribution of respondents by no. of child normally aborted

No of child normally aborted	Frequency	Percentage
1	19	70.4
2	7	25.9
3	1	3.7
Total	27	100

Source: Field Survey, 2018

In the above table out of the total 27 respondents who reported that they have ever experienced abortion or death of their children. Almost three fourth of the repondents had experiencednatural abortion. Similarly one fourth of therespondents had experienced natural abortion two times while less than 5% of the respondents had experienced three times natural abortion it is because they sometimes misuse of the methods of the family planning and their unhealthy behavior leads to the natural abortion.

Use of permanent family planning

The use of the permanent family planning methods leads to the permanent sterilization due to which fertility can't be reversed in future. So the proportion of people using permanent family planning method is fewer compared to temporary methods.

Table 5.15 Distribution of respondents according to use of Permanent Family planning

Have you done permanent family planning	Frequency	Percentage
No	81	83.5
Yes	16	16.5
Total	97	100

Source: Field Survey, 2018

The above table illustrates that more thanfour fifth of the repondents haven't done permanent family planning while less than one fifth of the respondentswere found to have done permanent method of family planning because temporary is easily available and easy to use.

Adoption of the permanent family planning by Male or Female

Mainly in our society for the adoption of the permanent family planning methods is higher in females than that of the males.

Table 5.16 Distribution of respondents who had adopted permanent method

If yes,who have done it	Frequency	Percentage
Wife (herself)	9	56.3
Husband	7	43.7
Total	16	100

Source: Field Survey, 2018

In the table above, out of the total people adopting permanent FP methods, proportion of female (56%) are higher than male (44%). The variation might be because of the different beliefs and the myths like if male do then they become weaker and cannot work and earn.

Reason for not using the permanent family planning methods

As permanent means of family planning method has to go through the surgical procedures and need to consult with the physicians, usually many people are not interested to use it only those who are fully satisfied with the number of children go for it.

Table 5.17 Distribution of respondents by reason for not using permanent method

Reason for not using permanent family planning method	Frequency	Percentage
Not Interested	15	30.0
No discussion between husband and wife	7	14.0
Satisfied with temporary methods	6	12.0
Others	6	12.0
Fear of being weak	5	10.0
Due to fear	5	10.0
Overweight	3	6.0
Having child less than 5yrs	2	4.0
Husband in foreign employment	2	4.0
*Multiple Responses		

Source: Field Survey, 2018

The above table shows that about one third of the respondents were not interest in family planning. Some of the reported reasons for not using permanent methods are no discussion between husband and wife, fear of being weak, having children 5

years,due to fear, satisfied with temporary method, husband in foreign employment, overweight for not using permanent method of family planning.

Use of temporary family planning methods

The use of temporary means of family planning methods is high in today's world as the availability of them is very easy and easier to use them.

Table 5.18 Distribution of respondents by using temporary FP methods

Using Temporary FP Methods	Frequency	Percentage
Yes	30	50.8
No	29	49.2
Total	59	100

Source: Field Survey, 2018

The table shows that half of the respondentsuse temporary FP methods.

Types of used temporary family planning methods.

Different types of the temporary family planning methods used by the respondents of the study are given below.

Table 5.19 Distribution of respondents by types of FP devices using at present

Types of FP Device for using	Frequency	Percentage
Depo	16	53.3
Pills	10	33.4
Copper-T	2	6.7
Condom	1	3.3
Norplant	1	3.3
Total	30	100

Source: Field Survey, 2018

In the table above more than half of the respondents were using Depo-provera as temporary family planning device. Similarly, one third of the respondents were using pills while few of them were using Condom, Copper-T and Norplant. In our society females are more responsible to use the means of the family planning and the use of the condom is less due to the less satisfaction of its use.

Source for the use of the family planning services

Mainly family planning services are taken from the health personnel's and the health facilities.

Table 5.20 Distribution of respondents by source of FP Devices

Source of Family planning device	Frequency	Percentage
Pharmacy (pvt.)	35	55.6
Health institution (gov.)	31	49.2
Hospital/clinic	22	34.9
FCHVs	12	19.0
*Multiple Response		

Source: Field Survey, 2018

The above given table illustrates that more than half of the respondentswere getting family planning device through private medical facilities because the condoms users are getting it from the pharmacy. Similarly, about half of the respondents were getting family planning device through health institution. Likewise, more than one third of the respondents were getting family planning device through hospital/clinic while less than one fifth of the respondents were getting family planning device through FCHVs.

Decision making for using family planning devices.

In our society mainly the decision is taken by the males because our society are male dominated. Females are not allowed to take any kind of the decisions.

Table 5.21 Distribution of respondents by decision maker for using FP devices

Decision making for using FP device	Frequency	Percentage
Self	64	94.1
Husband	4	5.9
*Multiple Response		

Source: Field Survey, 2018

In the table above, majority of the respondents were making decisionherself for using FP device. And only very few of the males make decision for using family planning methods.

Discontinuous of use family planning methods

Discontinuous of family planning methods can occur due to many reasons like bleeding, less satisfaction, gain or loss of the body weight.

Table 5.22 Distribution of respondents by practice of FP

Have you left using family planning method	Frequency	Percentage
No	30	50.8
Yes	29	49.2
Total	59	100

Source: Field Survey, 2018

Out of the 59 users almost half of the respondentshave experienced discontinuation methods of family planning. The reason for leaving the use of the family planning was heavy bleeding, gain or loss of the body weight, less satisfaction.

Reason discontinue of the family planning methods

In Nepal the common reasonsfor discontinuity family planning use are husband going outside for foreign employment, pregnancy, and the side effects of the use of the family planning methods.

Table 5.23 Distribution of respondents by reason to left

Reasons for left FP device	Frequency	Percentage
Husband in foreign employment	18	54.5
To give birth	2	6.1
Heard about negative consequences	2	6.1
Service in far distance	1	3.0
Other	10	30.3
*Multiple Response		

Source: Field Survey, 2018

From the above table it is evident that more than half of the respondents left family planning devices due to husband being in foreign employment it was the most common factor for discontinuation. Similarly, other reasons for discontinuation give birth, due to service in far distance and by hearing negative consequences of the family planning devices.

Negative consequences of the family planning methods

Mainly females are using the means of the family planning so they are facing different kinds of negative consequences.

Table 5.24 Distribution of respondents by experience of negative consequences

Negative consequences of family planning	Frequency	Percentage
Yes	38	69.1
No	17	30.9
Total	55	100

Source: Field Survey, 2018

The above table illustrates that more than two third of the respondents have experienced negative consequences of family planning devices while less than one third haven't experienced the negative consequences of the family planning methods because of the time and selection of the devices.

Respondent's by their feelings and experience of negative consequences

The faced different types of the negative consequences in the area of the study.

Table 5.25 Distribution of respondents by Negative consequences experienced

Negative Consequences	Frequency	Percentage
Irregular mensuration	16	42.1
Drowsiness	12	31.6
Other	10	26.3
Bleeding	8	21.1
Overweight	7	18.4
Headache	5	13.2
Nausea	1	2.6
*MR		

Source: Field Survey, 2018

The above table shows that more than one third of the respondents have experienced irregular mensuration while less than one third of the respondents have experienced negative consequences like drowsiness, bleeding, overweight, headache, nausea. It is because of the side effects of the family planning devices.

Have separate room to get facilities

The discussion and the counseling on these topics should be confidential and need the separate room for the facility in the separate room.

Table 5.26 Distribution of respondents to get facility of family planning

To get facility in separate room	Frequency	Percentage
No	38	51.4
Yes	21	28.4
Don't know	15	20.2
Total	74	100

Source: Field Survey, 2018

From the table given above more than half of the respondents did not get service in separate room while less than one third only got service in separate room. In contrast lessthan one third of the respondents didn’t know about the services where they are given.

Easy excess to family planning

In developing countries, the excess of the methods of the family planning should be easier so that the maximum number of populations use it and helps in the management of the population.

Table 5.27 Distribution of respondents by easy access of FP service

Get family planning service easily	Frequency	Percentage
Yes	76	98.7
No	1	1.3
Total	77	100

Source: Field Survey, 2018

Almost all the respondents get family planning service easily from the different health facilities.

Level of Knowledge

Here the level of the respondents has been showed where they have good poor or average level of knowledge on regarding to the means of the family planning. The level of Knowledge was calculated by scoring the different variables in SPSS.

Table 5.28 Level of knowledge on Family Planning

Level of Knowledge	Frequency	Percentage
Average	52	56.5
Poor	23	22.8
Good	22	20.7
Total	97	100

Source: Field Survey, 2018

From the above table given only one fifth of the respondents had good knowledge on family planning, more than half had average knowledge while less than one fourth had poor on family planning because they are not excess to different programs of the family planning although they have different medias at home, they do not watch the program about the family planning. By scoring the data in SPSS the different level of the knowledge is determined.

Level of practice of family planning

On the basis of the knowledge and understanding the level of the practice and use of the family planning is higher and lower. It depends on how the respondents perceive it.

Table 5.29 Level of Practice on Family Planning

Level of practice	Frequency	Percentage
Poor	53	54.6
Average	22	22.7
Good	22	22.7
Total	97	100

Source: Field Survey, 2018

The above table shows that more than half of the respondents had poor level of practice while less than one fourth of the respondents had average and good level of practice. People have poor knowledge because of their negligence they do not want to gain knowledge or they neglect as they have much more knowledge about it.For example people don’t participate in community program if they are not paid incentives. The data entered was scored and the level of practice was determined in SPSS.

CHAPTER VI
ASSOCIATION FAMILY PLANNING METHOD AND SOCIO DEMOGRAPHY

The associations between the variables are shown by using the different tests like chi-square test, fisher's exact test and other tests as per the need of the study. Through the means of those tests the statistical significance between the variables are shown below.

6.1 Association between Dependent and Independent variables

In this chapter association between the different kinds of the independent and dependent variables is assessed by applying relevant statistical tests; where they are statistically significant or not is also mentioned below.

Family planning and Age at marriage

The age of marriage plays important role in the in the use of the family planning devices. It was found that perfect age marriage helps to know properly about the means of the family planning due to which that age group can use family planning devices properly.

Table 6.1 Association between use of family planning and Age at marriage

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Age at marriage									
<20 years	32	51.6	30	48.4	62	100	1.172	2	0.577
20-30	16	47.1	18	52.9	34	100			
30-40	0	0	1	100	1	100			

Source: Field Survey, 2018

The above table explores the association of use of family planning and age of marriage. Here the use of family planning is not statistically significant with age at marriage. The use of family planning method is higher among the women of age group less than 20 years (51.6%) compared to the women of age group 20-30 (47.1%) because of the early marriage.

Family planning and Ethnicity

People from different ethnicity have their own views and perception about the methods of family planning. Some ethnic group have positive aspects towards the methods of the family planning and some have negative aspects due to which that perception fluctuates the use of the family planning methods.

Table 6.2 Association between use of family planning and ethnicity

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Ethnicity									
Brahmin/Chhetri	18	37.5	30	62.5	48	100	5.490	2	0.044*
Dalit	15	62.5	9	37.5	24	100			
Janjati	15	60	10	40	25	100			

Source: Field Survey, 2018

The above table shows association of use of family planning and ethnicity. Here the use of family planning method is found statistically significant with the ethnicity of the respondents. The result shows that the use of family planning is higher among Dalit (62.5%) and Janjati (60%) compared to Brahmin Chhetris (37.5%).

Family planning and Religion

Religion determines the use of the family planning methods due to the existing religious norms, beliefs and cultural aspects.

Table 6.3 Association between use of family planning and religion

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Religion									
Hindu	39	47.6	43	52.4	82	100	0.785	1	0.376
Non-Hindu	9	60	6	40	15	100			

Source: Field Survey, 2018

The above table shows the association between the use of the family planning and the religion. The result shows that use of family planning is higher among the religion like Buddhists, Christian etc. i.e. non-Hindu. 60% of non-Hindu women used family planning methods while only 47.6% of Hindu women used family planning method. But the association with religion is not statistically significant.

Family planning and Employment

Employed people might be more empowered, knowledgeable and might have chances of having more access to family planning service.

Table 6.4 Association between use of family planning and employment

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Employment									
Foreign Employment	16	40	24	60	40	100	2.158	2	0.340
Business and services	14	51.9	13	48.1	27	100			
Agriculture	15	48.4	11	42.3	26	100			

Source: Field Survey, 2018

The above table describes association between use of family planning and source of employment. Here, the use of family planning is not statistically significant with the employment. 51.9% of women whose source of income is business and services use higher family planning method in comparison with other source of employment like foreign employment and agriculture.

Family planning and Income

Income may haveeffects on the use of the family planning because the people who are economically strong can afford the right means of family planning method at the right time but the unemployed have lower chances and means toafford the right family planning method at the time of their need.

Table 6.5 Association between use of family planning and annual income

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Income									
<10000	3	60	2	40	5	100			
10000-20000	17	53.1	15	46.9	32	100	0.581	2	0.748
>20000	28	46.7	32	53.3	60	100			

Source: Field Survey, 2018

The above table the use of family planning is not statistically significant with income of the family. The result shows that 60% of participants who had annual income less

than Rs10000 uses family planning methods than that of others whose income is higher than Rs. 10000 and so on.

Family planning and having own land

People who have own land have economic status higher than that of not having due tothey might have easy excess on the means of the family planning. Having ownership to land indicates the higher status, position and access to social services in the society.

Table 6.6 Association between use of family planning and having own land

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Have own land									
Yes	41	47.7	45	52.3	86	100	0.2093(Fisher exact 0.735)	1	0.653
No	5	55.6	4	44.4	9	100			

Source: Field Survey, 2018

In the above table, the use of family planning is not statistically significant with having own land. Here, 55.6% of women who don't have their own land use family planning method. In contrast 47.7% women having own land use the methods of family planning methods

Family planning and ownership of land in the family

As the society is male dominated. So male are having the land in their names than that women. Very few women are the owner of land and very few are in combined owner. Due to which women have got right to the selection of the different kinds of the family planning methods as per their needs.

Table 6.7 Association between use of family planning and owner of land

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Owner of land									
Male	31	51.7	29	48.3	60	100	0.688	2	0.709
Female	10	41.7	14	58.3	24	100			
Both	2	50	2	50	4	100			

Source: Field Survey, 2018

Above table shows association between use of family planning and owner of land. The use of family planning is not significant with ownership of landin the family of

respondents. 51.7% women who had male as owner of land user family planning methods than 41.7% of women who are owner of land in their family.

Family Planning and Involvement in any organization

People who are involved in any organization have more chances of getting across different ideas and knowledge including about the family planning.They might have participated in various training programs in the society which can influence their behavior about use of the family planning.

Table 6.8 Association between use of family planning and involve in any organizations

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Involved in any organization									
Involved	32	53.3	28	46.7	60	100	0.248	1	0.619
Not involved	4	44.4	5	55.6	9	100			

Source: Field Survey, 2018

The above table shows the association between use of family planning and involvement in any organization. The use of family planning is not statistically significant with involvement in any organization eventhough more proportion of women involved in any organizationhave used family planning methods than that of the women who are not involved in any organization. 53.3% women who are involved in any kind of organization uses family planning methods which is higher proportion than the family planning use of women (44.4%) who are not involved in any organizations.

Family planning and its use is Ethical

Nepal government of Nepal have distributed different means of family planning methods in the local areas also which means its use is ethical and the people who know the use of it is ethical or who agrees this statement will use the means of family planning methods.

Table 6.9 Association between use of Family planning and use of FP is unethical.

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Use of FP is unethical									
Agree	4	44.4	5	55.6	9	100	0.123	1	0.726
Disagree	44	50.6	43	49.9	87	100			

Source: Field Survey, 2018

The above table shows the association between use of family planning and use of family planning is Unethical. The use of family planning is not statistically significant with the use of family planning. The results show that half of the women 50.6% disagreed that the use of the family planning is unethical.

Family planning and Induced natural abortion

The natural abortion sometimes reduces the use of the different kinds of the methods as per the body condition of the family which can be known through the MECwheel.

Table 6.10 Association between use of family planning and induce natural abortion

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Induce natural abortion									
Agree	9	52.9	8	47.1	17	100	0.071	1	0.789
Disagree	39	49.4	40	50.6	79	100			

Source: Field Survey, 2018

Table shows the association between the use of family planning and induced natural abortion. The use of family planning is not statistically significant with induced natural abortion. The result shows that, one third of women 49.4% disagreed that the induced natural abortion due to the nonuse of family planning methods whereas more than half of the women 52.9% agreed that it nonuse of family planning causes abortion.

Family planning and perceived causes of cancer

Due to people not having correct knowledge about family planning, there are various misconceptions and myths related to use of family planning. The belief is just myths but in actual there is no any evidences of having cancer with the use of family planning.

Table 6.11 Association between use of family planning and perception about FP causes cancer.

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
FP causes cancer									
Agree	17	60.7	11	39.3	28	100	1.815	1	0.178
Disagree	31	45.6	37	54.4	68	100			

Source: Field Survey, 2018

The table shows that use of family planning is not statistically significant with causing cancer. The result showed that 60.7% participants who used family planning methods also believed use of the family planning method causes cancer. But about half of the participants (45.6%) who used family planning disagreed about family planning causingcancer. Thus, the findings shows large amounts of misconceptions are still there regarding use of family planning and perception about FP causing cancer. Such misconceptions are the challenges for the continued use of family planning in future.

Family planning and Induced disability in children

Family planning in truth do not causes any disability in the children but people follow the rumors and the myths about the family planning.

Table 6.12 Association between use of family planning and induce disability in children

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Induce disability of children									
Agree	11	55	9	45	20	100	0.374	1	0.541
Disagree	35	47.3	39	52.7	74	100			

Source: Field Survey, 2018

The above table illustrates the association between use of family planning and induced disability in children. The use of family planning is not statistically significant with induce disability in children. The result shows that 55% of participants using family planning agreed about it causing disability in children due to the use of family planning method. Nearly half of participants 47.3% disagreed about causing disability in children. The finding shows the existing myths and misconceptions regarding family planning in the society which are the challenges for sustaining family planning program.

Family planning and sex satisfaction

There are various methods of the family planning for which there might be varying level of satisfaction for the users. The varying levels of satisfaction had impact on use of family planning.

Table 6.13 Association between use of family planning and reduced sex satisfaction

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Reduce sex satisfaction									
Agree	5	45.5	6	54.5	11	100	0.103	1	0.749
Disagree	43	50.6	42	49.4	85	100			

Source: Field Survey, 2018

The above table elaborates the association between use of family planning and sex satisfaction. The use of family planning is not statistically significant with reduced sex satisfaction. The result shows that 50.6% of participants disagreed that use of family planning method reduces sex satisfaction. But 45.5% of participants agreed about reduced sex satisfaction due to use of family planning.

Family planning and reduced fertility

The knowledge of the people about the reduced fertility because of use of family planning is myth. The science has no any evidence about reduced fertility due to family planning use but people believeon it. This study shows that some of the participants in the studyare believing in this myth.

Table 6.14 Association between use of family planning and reduce fertility

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Reduce fertility									
Agree	15	42.9	20	57.1	35	100	1.124	1	0.289
Disagree	33	54.1	28	45.9	61	100			

Source: Field Survey, 2018

In the table, the use of family planning is not statistically significant with respondents' belief on reduced fertility. The result shows that 54.1% of women disagreed about the use of family planning method reducing fertility. Similarly, 42.9% of participants agreed that use of family planning reduces fertility. It is one of the prevailing misconceptions in the society and is a challenge for adoption and sustaining of family planning use.

Family planning and Negative consequences of family planning

In some people, weight gain or weight loss can happen during the use of family planning. In some others, bleeding and other simple symptoms may appear for some time but most of them disappear after a certain time and usually are not severe. However, such side effects might have influenced family planning use among the respondents.

Table 6.15 Association between use of family planning andviews on negative consequences of family planning

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Has negative consequences of family planning									
Yes	26	44.8	32	55.2	58	100	1.935(fisher exact 0.208)		0.164
No	22	59.5	15	40.5	37	100			

Source: Field Survey, 2018

The table shows the association between use of family planning and views on negative consequences of family planning. Here, the use of family planning is not statistically significant with the views of respondents on the negative consequences of the family planning. The result shows that, 59.5% of respondents reported that they had no negative views on the consequences of family planning. But 44.8% of participants reported that they thought that there are negative consequences of the family planning.

Family planning and spacing between children's

Family planning methods help for managing the timing of pregnancy as well as spacing between pregnancies. To maintain the gap between the children the methods of the family planning need to use. Various means of the family planning help to maintain the required gap between the children.

Table 6.16 Association between use of family planning and spacing between children

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Gap between young children									
<2 year	4	57.1	3	42.9	7	100	1.166	2	0.558
2-3 year	9	69.2	4	30.8	13	100			
>3 year	29	52.7	26	47.3	55	100			

Source: Field Survey, 2018

The above table shows that the use of family planning is not statistically significant with spacingbetween children. The result shows 69.2% women who had 2-3 years gap are using family planning methods while 57.1% of those who had 2 years gap and 52.7% of those who had more than 3 years gap are using family planning methods. But the spacing duration is not significant with use of family planning.

Table 6.17 Association between use of family planning and experience of natural abortion

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Experienced natural abortion									
Yes	17	63	10	37	27	100	2.546	1	0.111
No	30	44.8	37	55.2	67	100			

Source: Field Survey, 2018

The above table illustrates the association between use of family planning and experience of natural abortion. Here, the use of family planning is not statistically significant with experience of natural abortion. The result shows that 63% of participants who have ever experienced natural abortion are using family planning methods whereas 44.8%, of the participants of the survey whonever experienced natural abortion are using family planning methods The observed differences in use between the two groups are not statistically significant.

Family planning and interest to have children in future

The interest of not having children in future contributes for increased use of the temporary family planning methods.

Table 6.18 Association between use of family planning and having children in future

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes	%	No	%	N	%			
Have interest to have children in future									
Yes	4	19	17	81	21	100	5.526	1	0.019*
No	29	48.3	31	51.7	60	100			

P<0.05 shows the association *Source: Field Survey, 2018*

The above table shows the association between use of family planning and interest of having children in future. The use of family planning is statistically significant at p=0.019 with not having interest of children in future. The result shows that the 48.3% of participants who do not have interest for having children in future are using family planning methods while only 19% of those who have interest in children for future are using family planning methods. So, the use of family planning method is higher among the participants who don't want to have children in future which arestatistically significant.

Table 6.19 Association between use of family planning and left to use family planning

Variables	Use of family planning				Total		Chi square	Degree of Freedom	P-Value
	Yes		No						
Have you left to use family planning									
Yes	7	24.1	22	75.9			23.391	1	0.001*
No	26	86.7	4	13.3					

P<0.05 shows the association *Source: Field Survey, 2018*

The above table shows the association between use of the family planning and people left to use family planning. The use of family planning is statistically significant at p=0.001. The result shows that majority of women 86.7% have left to use the methods of the family planning methods.

CHAPTER VII
SUMMARY AND CONCLUSION

7.1 Summary of finding

Family planning is the information, means and methods which helps individuals to decide if and when to have children, which includes permanent and temporary methods of contraceptives.

This study on Social Determinants for Using Family Planning Methods (A study of Married Women of Pokhara Metropolitan, Kaski) in Semi Urban Area in the ORC clinic. Area located at Ward No.13, Patanbesi has carried out by sing primary data collected. The main objectives of this research were to explore the association between different determinants and the use of the family planning methods and the knowledge on the family planning method.

Literature review was the most effective key for the sound completion of any research. It helps in development of objectives, methodology tools and helps to write the findings. The interview schedule, observation, group discussion, key informant interview was implemented to collect the necessary information.

This study was descriptive in nature which accompanies the primary source of data as interview schedule and secondary sources of data as journals, reports, and magazine, online. The sample size of the study was 97. By using the Morgan's table method, the sample from ORC has been taken. The research inquired the response of respondents by sing interview schedule to enable the entire research a successful completion. After data collection, the data verified, manipulated and tabulated according to SPSS then mathematical analysis and interpretations were adopted into percentage logistic term and conclusion was withdrawn and proved. Association was shown between the dependent and independent variables of the study.

7.2 Major Findings

The study was based on the primary data. Interview schedule was used to collect the data. In this process of the analyzing and interpreting data, tables, percentage, tabulating etc. The association between the dependent and independent variables is shown by chi square test. After analyzing the data, the following results have been found.

- The total number of the participants in the survey was 97 from 18-49 years of age.
- From this studyit is found that almost all (98%) respondents knew about the family planning methods.Majority (63.5%) of them knew from health workers.
- As the multiple response questions almost (100%) respondents knew about temporary while 93.7% knew about permanent and only 5.3% knew about natural methods of birth control respectively.
- Similarly, majority of respondents knew that family planning limit pregnancy as advantage while birth of many children as disadvantage of not using it.
- Regarding level of knowledge on family planning, it was found that more than half (56.5%) of respondents had average knowledge on family planning followed by poor (22.8%) and good (20.7%) while in contrast more than half (54.6%) of respondents had poor practice of family planning followed by average (22.7%) and good (22.7%).
- Social factors like religion, source of income, total income in a month, having own land and involvement in any organization were not found significantly associated with the practice of contraceptive devices among reproductive age married women.
- More than half (50.8%) of the respondents were using temporary family planning methods. Out of which Depo- Provera was the most popular method (53.3%)
- Only 16% of respondents have done permanent family planning out of which more than half (56.3%) of were done by women.
- More than half (50.8%) of the respondents were dropped out of family planning service. The main reason behind it was husband being in foreign employment (54.5%).
- More than two third (69.1%) of the respondents had experienced negative consequences of family planning.Among those who experienced negative

consequences, about two fifth (42.1%) of respondents experienced irregular mensuration.

- Statistically significant association was found in between the use of the family planning methods and the ethnicity/caste of the participants (p=0.044).
- Statistically significant association was found between respondents' interest to have children in future and practice of temporary methods of contraceptive (p = 0.019).
- Similarly, the association was found between the use of the family planning and the drop out of the methods of family planning (p=0.001).

7.3 Conclusion

Knowledge about the methods of family planning was quite high among the respondents. It was above 90% for both temporary and permanent methods but only very low (5.3%) for traditional methods. Most of the respondents were also quite familiar with the temporary methods of family planning- Condom (89.6%), Depoprovera (88.5%) and Pills (88.5%). Knowledge about permanent family planning methods - vasectomy and minilap was also quite high above 90%. Even though knowledge about methods is higher, significant proportion (38.5%) of the respondents do not have any knowledge regarding the negative consequences of family planning.

Prevalence of permanent method of family planning was low (16%) and also most of the userswere female (56.3%). And 84% use temporary means of family planning out of which depo and pills are more popular i.e. 53.3% and 33.4% respectively. The most common cause for not using family planning method was due to husband being in foreign employment (54.5%).

The study explores that there are huge number of myths, misconceptions and negative believes persisting in the society about family planning methods. The study findings suggest that about 18 % still agree that use of family planning causes induced abortion. Similarly, 29% agree use of family planning causes cancer, 21% agree use of family planning causes disability among children and 37% agree use of family planning causes infertility which is in fact not true. Such beliefs are preventing the use of family planning to those who are in need of it and also challenging for sustained use of family planning among current users.

The study did not show any statistically significant association between the social factor like religion, source of income, total income in a month, having own land and involvement in any organization among married women of reproductive age. Statistically significant association was found in between the use of the family planning methods and the ethnicity/caste of the participants (p=0.044). Dalit and Janjati were in larger proportion to use family planning methods than Brahmin Chhetri's. Also, statistically significant association was found between respondents' interest to have children in future and practice of temporary methods of contraceptive (p = 0.019).

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APPENDICES

Code no:

Questionnaire

Social Determinants for Using Family Planning Methods (A study of Married Women of Pokhara Metropolitan, Kaski).

District: Kaski Municipality: PokharaM.P.C

Ward no:13 Date of data collection:

Interviewer: Signature:

Note: All women will be notify that their information will be kept secret and they can stop the interview whenever they feel uncomfortable before asking questions.

Please fill in the blanks and put tick mark () in right answer

A. Demography related variable

Family register	Sex	Age	Education	Job
House owner(father-in-law)				
Mother-in-law				
Husband				

Education:(1)smaller than school going age (2)illiterate (3)literate (4)primary level education (5)secondary level education (6) higher secondary level education and above

*Job: (1) government job (2) private job (3) business (4) agriculture (5) student (6) housewife (7) other.

5	What is your religion?	(1) Brahmin (2)chettri (3)dalit (4)janajati (5)muslim (6)other	
6	What is your religion?	(1)hindu (2)Buddhists (3)Islam (4)Christain (5) other..	
7	What is your major source of income?	(1)Agriculture (2)Business (3)Service (4)foreign employment (5)labour (6) other	
8	What is your family's total income	(1)no income (2)less than	

	in a month?	10,000 (3)10,000-20,000(4)more than 20,000	
9	Do you have your own land?	(1)yes (2) no	If no gotoq11
10	If yes, who is the owner of land?	(1)male member (2)female member (3)both male and female	
11	Which means of communication do you have in your house?	(1)radio (2)tv (3) mobil (4) internet (5)all above	
12	Are you involve in any organization?	(1)Amasamuha (2)social volunteer (3)Shakari (4)Tolebikassastha (5)others	

B. Questions related to knowledge

13	Do you know about family planning?	(1)yes (2)little (3)no	
14	If yes, from which medium did you get knowledge?	(1)formal education (2)radio/tv (3)newspaper / articles (4)healthworker (5)friends/relatives (6)fchv (7)other..	
15	In your views, what are the advantages of family planning	(1)limit pregnancy (2)birth spacing (3)prosperous family (4)decrease birth growth rate (5)all above (6) other	
16	Do you know the methods of family planning?	(1)temporary (2)permanent (3)natural (4)all above	
17	Which temporary method do you know?	(1)condom (2)pills (3)depo (4)norplant (5)copper t (6)all above	
18	Which permanent method do you know?	(1)vasectomy (2)minilap (3)all above	
19	In your views what are the consequences of not using family planning method?	(1)birth of many children (2)increase poverty (3)increase mother death rate	

		(4)increase child death rate (5) all above (6)other..	
20	In your views, does family planning has negative consequences.	(1)yes (2)no (3) don't know	If no and don't know gotoq22
21	If yes, which negative consequences have you listened	(1)method used in uterus moves to heart (2)male condom does not provide satisfaction (3)female doing permanent method are ill (4)male doing permanent method have back problem. (5)has infertility (6)all above (7) other..	
22	Using family planning is unethical	(1)strongly agree (2)agree (3)disagree (3)strongly disagree	
23	Family planning induce natural abortion	(1)strongly agree (2)agree (3)disagree (3)strongly disagree	
24	Family planning causes cancer	(1)strongly agree (2)agree (3)disagree (3)strongly disagree	
25	Family planning induce disability in child	(1)strongly agree (2)agree (3)disagree (3)strongly disagree	
26	Use of family planning reduce sex satisfaction	(1)strongly agree (2)agree (3)disagree (3)strongly disagree	
27	Family planning induce infertility	(1)strongly agree (2)agree (3)disagree (3)strongly disagree	

C. Questions related to practice

28	In which age, have you got married?		
29	How many living child do you have?	(1)daughter……. (2)son…….	
30	What is the gap between two young child?	(1)less than2yr (2) 2 to 3 yrs (3)more than 3 yr	
31	Do you have experienced natural abortion, death of child and induced abortion?	(1)yes (2)no	
32	No of children who were naturally aborted.	……	
33	Have you done permanent family planning?	(1)yes (2)no	
34	If yes, who have done permanent family planning?	(1)husband (2)wife (herself)	
35	In future, are you interest to give birth again?	(1)yes (2)no	
36	If not why you haven't done permanent family planning?	(1)no discussion between husband and wife (2)fear of being week (3)having child less than 5yrs age (4)other……	
37	What is the reason behind having next child?	(1)force from husband (2)force from family (3)suggestion of both husband and wife (4)other	
38	In future which child you want to give birth	(1)son (2)daughter (3)whichever	
39	From where you got family planning device	(1)fchv (2)health institution (3)pharmacy (4)hospital/clinic	
40	Who help you to use family planning method?	(1)husband (2)mother-in-law (3)female member in family (4)fchv (5)health worker (6)other	
41	Who make decision to use family planning?	(1)self (2)husband (3)relative (4)fchv (5)health worker (6)other…..	
42	Have you left to use family planning method.	(1)yes (2)no I haven't	
43	If yes, what are the reason behind to left using family method	(1)unhealthiness (2)lack of satisfaction (3)force of in laws to give birth (4)husband in foreign	If yesgotoq47

		employment	
44	Now are you using temporary family planning method?	(1)yes I am using (2)no I amnot using	If no gotoq46
45	If yes what are you using	(1)pills (2)condom (3)depo (4)copper t (5) norplant	
46	Reason behind not to use or left to use family planning method	(1)to give birth (2)husband don't like (3)shyness (4)heard about negative consequences (5)husband in foreign employment (6)religious reason (7)lack of notice (8)service in far distance (9)other (10)none of above	
47	Have you experienced negative consequences of family planning method?	(1)yes I have (2)no I haven't (3)other	
48	If you have experienced, what are they	(1)drowsiness (2)nausea (3)irregular mensuration (4)overweight (5)bleeding (6)headache (7)other	
49	While getting family planning facilities in hospital, there is separate room to maintain privacy.	(1)yes (2)no (3)don't know	
50	Will you get family planning service easily while you need.	(1)yes,I do (2)no I don't	