CHAPTER - I

INTRODUCTION

1.1 Background of the Study

Reproductive health is a broad area. It has many components like family planning, safe motherhood, child health, new born care, prevention and management of complications of abortion, RTI/STI/HIV&AIDS, prevention and management of sub-fertility etc.

WHO has defined reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity, in all matters relating to reproductive system and to its functions and processes"(Maharjan, 2066, p.243).

Among the area of reproductive health family planning is one of the most important factor or region. Family planning is again a broad area of human life. Family planning is not only includes the birth spacing, sizing the number of child in the family and using the contraceptives but also it includes the process of child bearing for sterile and problematic parents. Health, education, relationship, happiness etc include in the family planning. Family planning is the road map for bright future of the family. Family planning has different components like limiting the birth, giving the wanted birth, counseling about sterility, contraceptive devices etc.

According to WHO technical committee - " Family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country"(Maharjan, 2066, p. 245).

Family planning not only symbolizes the contraceptive devices for limiting the child number of the couple but also it is related to the welfare of child, female, male, family, nation and the world too. This program has helped about 40 crore females to prevent from unwanted pregnancy. Similarly, this program has protected uncountable number of females from unsafe conception and abortion and death from the risk abortion in the world (Maharjan, 2066, p. 246).

Family planning is the practice of controlling the number of children in a family and the intervals between their births. Contemporary notions of family planning, however, tend to place a woman and her childbearing decisions at the center of the discussion, as notions of women's empowerment and reproductive autonomy have gained traction in many parts of the world. Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have no children, as well as the age at which she wishes to have them. These matters are influenced by external factors such as marital situation, career considerations, financial position, any disabilities that may affect their ability to have children and raise them, besides many other considerations. If sexually active, family planning may involve the use of contraception and other techniques to control the timing of reproduction. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management.

Family planning is sometimes used as a synonym or euphemism for access to and the use of contraception. However, it often involves methods and practices in addition to contraception. Additionally, there are many who might wish to use contraception but are not, necessarily, planning a family (e.g., unmarried adolescents, young married couples delaying childbearing while building a career); family planning has become a catch-all phrase for much of the work undertaken in this realm. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as spacing children). Family planning may encompass sterilization, as well as abortion. Family planning services are defined as "educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved" (https://www.ippf.org, 2017).

FPA was founded in 1930 when five birth control societies merged to form the National Birth Control Council (NBCC). Charles Vickery Drysdale FRSE was critical within its foundation. Its stated purpose was "that married people may space or limit their families and thus mitigate the evils of ill health and poverty". The NBCC changed its name to the National Birth Control Association (NBCA) in 1931, and then to the Family Planning Association (FPA) in 1939. Since 1998 it has been known as FPA.

Originally only offering a service to married couples, during the 1950s FPA clinics began to offer pre-marital advice to women, although proof, such as a letter from a vicar or family doctor, was often required before contraceptive supplies were provided.During the 1960s, social and sexual attitudes changed dramatically. The combined pill was first prescribed in FPA clinics in 1961 and within ten years was being used by over one million women. This highly reliable method brought a new sense of sexual freedom to men and women.By 1970, FPA clinics were offering advice and treatment, without restriction. In 1974, FPA handed their network of over 1,000 clinics to the NHS when contraception became free for all. Family planning is still part of the health service (https://en.wikipedia.org, 2017).

In the early 1950s, a group of women and men started to campaign vociferously and visibly for women's rights to control their own fertility.

Family planning as a human right challenged many social conventions. Campaigners faced great hostility to gain acceptance for things that we take for granted today. Some were imprisoned. But they emerged determined to work with different cultures, traditions, laws and religious attitudes to improve the lives of women around the world. And so, at the 3rd International Conference on Planned Parenthood in 1952, 8 national family planning associations founded the International Planned Parenthood Federation IPPF (www.ippf.org 2017).

Among the components of family planning one major component is use of contraceptive devices. In the scenario of worlds rapid population growth is one of the major issues of the family planning. This issue is somewhat addressed by using the contraceptives as hindering the birth rate. That means birth spacing by using different methods and modern contraceptives devices like behavioral, chemical and physical.

According to Oxford Dictionary- "contraception is the practice of preventing a woman from becoming pregnant (Oxford University press, 2005). This definition symbolizes that contraception is the tool which blocks to meet any two objects. There are different types of contraceptive devices available in the medical industry among them some are rare and some excess.

Birth control methods include barrier methods, hormonal birth control, intrauterine devices (IUDs), sterilization, and behavioral methods. They are used before or during sex

while emergency contraceptives are effective for up to a few days after sex. Effectiveness is generally expressed as the percentage of women who become pregnant using a given method during the first year, and sometimes as a lifetime failure rate among methods with high effectiveness, such as tubal ligation.

The most effective methods are those that are long acting and do not require ongoing health care visits. Surgical sterilization, implantable hormones, and intrauterine devices all have first-year failure rates of less than 1%. Hormonal contraceptive pills, patches or vaginal rings, and the lactational amenorrhea method (LAM), if used strictly, can also have first-year (or for LAM, first-6-month) failure rates of less than 1%. With typical use first-year failure rates are considerably high, at 9%, due to incorrect usage. Other methods such as condoms, diaphragms, and spermicides have higher first-year failure rates even with perfect usage. The American Academy of Pediatrics recommends long acting reversible birth control as first line for young people.

While all methods of birth control have some potential adverse effects, the risk is less than that of pregnancy. After stopping or removing many methods of birth control, including oral contraceptives, IUDs, implants and injections, the rate of pregnancy during the subsequent year is the same as for those who used no birth control.

For individuals with specific health problems, certain forms of birth control may require further investigations. For women who are otherwise healthy, many methods of birth control should not require a medical exam-including birth control pills, injectable or implantable birth control, and condoms. For example, a pelvic exam, breast exam, or blood test before starting birth control pills does not appear to affect outcomes. In 2009, the World Health Organization (WHO) published a detailed list of medical eligibility criteria for each type of birth control (https://en.wikipedia.org, 2017).

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. Regionally, the proportion of women aged 15-49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2012. In Africa it went from 23% to 24%, in Asia it has remained at 62%, and in Latin America and the Caribbean it rose slightly from 64% to 67%. There is with significant variation among countries in these regions (WHO, 2013).

Use of contraception by men makes up a relatively small subset of the above prevalence rates. The modern contraceptive methods for men are limited to male condoms and sterilization (vasectomy) (WHO, 2013).

An estimated 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception. Reasons for this include: limited choice of methods; limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; gender-based barriers (WHO, 2013).

The unmet need for contraception remains too high. This inequity is fueled by both a growing population, and a shortage of family planning services. In Africa, 53% of women of reproductive age have an unmet need for modern contraception. In Asia, and Latin America and the Caribbean - regions with relatively high contraceptive prevalence - the levels of unmet need are 21% and 22%, respectively (WHO, 2013).

Every year, around 820,000 teens become pregnant in the US, making it the country with the highest teen pregnancy rate. The country also witnesses massive number of abortions with 49% pregnancies being unplanned. However, there are plenty of options available to help couples and teenagers, who are sexually active, avoid such unwanted situations. They can opt from two categories, namely, natural methods and artificial methods. These methods are listed below, according to their effectiveness and convenience, to avert unwanted pregnancies (Karth, 2012).

Knowledge is the gateway in behavior change for the people. Practice is followed by the individual only after the change in attitude in life. Therefore for the change in behavior knowledge is one important component. So that knowledge, attitude and practice or behavior is continuous in adoption of new behavior.

Sri Lanka has a high overall level of contraceptive use, Bangladesh and India have moderate levels, and Nepal and Pakistan have lower levels. Between 2001 and 2006, Nepal increased contraceptive use to 48 percent (44.2 percent with modern methods); in 2005-06 in India, use was 56 percent (48.5 percent modern methods). Progress in the first half of this decade has been mixed in Pakistan and Sri Lanka. The five countries have three distinct-albeit changing-patterns of contraceptive use. Permanent methods predominate in India and Nepal, temporary methods in Bangladesh and Pakistan, and there is a more balanced

distribution in Sri Lanka. In India, women who choose sterilization already have four children on average (Pathak et al., 1998), more than their desired number, but they delay contraception because terminal methods are irreversible. In Bangladesh and Nepal, for example, temporary methods are discontinued by almost 50 percent of in the first year of use (World Bank, 2008, p.15).

The Family Planning Association in Hong Kong was founded in 1936 as the Hong Kong Eugenics League. In 1950, it changed its name officially to the Family Planning Association of Hong Kong. It became one of the founding members of the International Planned Parenthood Federation in 1952. At the beginning, FPAHK used individual contacts to do its task, spreading the Family Planning message. Subsequently, it started a clinic service. In 1956, it set up the first subfertility clinic. In 1955, the Hong Kong government began subsidising FPAHKs activities. From 1964 on, FPAHK received financial support by the International Planned Parenthood Federation. In 1967, FPAHK ran the first Hong Kong Family Planning Knowledge, Attitude & Practice (KAP) Survey and started sex education.

Soon after, the Hong Kong Department of Health started to take over the FPAHK sub-fertility clinics. At the same time, FPAHK started its "Two is enough" campaign. To further publicise its campaign, FPAHK made a poster of artist Petrina Fung playing with her kids, with the caption "No need for lots of babies, have two at most".

In 1986, FPAHK began to diversify its services and research with the establishment of the first health centre for teenagers at Causeway Bay. In 1989, FPAHK's new headquarters at Wanchai Southorn Centre began operations. After that, FPAHK pushed through a new artificial insemination service, the family planning awareness initiative, a one-stop service for premarital couples, an obstetric examination service, the experimental hormone replacement therapy plan, and initiated the Hong Kong Women's Reproductive and Sexual Health Advocacy Group. The "Be a Mr. Able in Family Planning" campaign was launched to entice men to play an active role in birth control. In 1998, FPAHK began to provide a mobile clinic service. In 1999, the mobile library and menopause clinic service started. On 11 December 2006, the FPAHK's office at Tsuen Wan Centre began operation.

In response to the changes of population trend and family value of Hong Kong society, the association suggested "Family Big or Small, Family Planning is Best for All" to raise public awareness on early family planning. New initiatives were made to meet evolving

needs of holistic sexual and reproductive health care, including Well Men Clinic, Cervical Diseases Clinic, Osteoporosis Clinic, Breast Clinic and Sex Therapy. On advocating sexuality education, the association launched a 3-year "Youth Sexuality and Love Campaign" in 2008, and organized the "4th Asian Conference on Sexuality Education" in 2010, which was the first of its kind in Hong Kong.

FPA Jockey Club Teen Bean Mobile Classroom was launched in 2011 to promote sexuality education at the community level. In 2012, the FPA Jockey Club Youth Zone was set up to provide youth friendly one-stop services. Hong Kong couples are more positive about childbearing but many have not attained their ideal parity goals, the association released a new API titled "How Many is Enough?" to remind couples to plan early in order to pursue their fertility aspirations (https://en.wikipedia.org, 2017).

The public sector is the major source of contraceptive device in India, Bangladesh, Pakistan and Sri Lanka, particularly for the poorest women. The private sector in India contributes significantly to the use of temporary methods in, in Nepal, to pill and condom use. Condoms are used as contraceptives by only three to six percent of couples in the region. In sum, all countries need to expand the choice of contraceptives available, especially temporary methods in India, Nepal and Pakistan, terminal method in Pakistan and Bangladesh, and male methods in all countries (World Bank, 2008, p.16).

Contraceptive use depends on awareness of different methods, access to them, perceptions of their side effects, and desired fertility. Knowledge about is generally high in all five countries. Almost all women aged 15-49 years who were interviewed in the Demographic and Health Surveys in each country around the year 2000 knew of at least one method. However, they knew little about the range of options available, their correct use, side effects, or source of different contraceptives. Although 'lack of knowledge' was a reason for not using contraception among 5 percent of women in Nepal, fear of side-effects was reported by 25 percent. Social norms strongly influence method use. For example, the key obstacles to contraceptive use in Pakistan Punjab are perceptions that it is culturally or religiously unacceptable, and wives' beliefs that husbands are opposed to it (Casterline et al., 2001). However, recent research is positive about male support to contraception. In Bangladesh, for instance, almost all men are able to name modern contraceptives and, more importantly, almost all agree with their wives on the desired number of children (World Bank, 2008, p.17).

Contraceptives use increases with education and economic status. The gap between richest and poorest is particularly striking in Pakistan: use is four times higher in the richest 20 percent of households compared to the poorest. The situation in Sri Lanka is reverse: women in the poorest fifth of the population have higher use (80.3%) than those in the richest (69.5). Contraception is higher in urban than rural areas in all countries. In Nepal 25 percent of poor and 55 percent of rich people use contraceptives. The effects of various socio-economic and demographic variables in determining contraceptives use are similar in four countries (Nepal, India, Pakistan, and Bangladesh): mothers' education, economic status and urban residence have independent positive influences. In Bangladesh the impact of education is significant only among with secondary or higher education when compared with illiterate women. Women's' age and son preference also plays important roles. (World Bank, 2008, p.18-19).

In the context of Nepal and India majority of the people are guided by Hindu Religion. Giving preference to the son, sex is the matter of secrecy, the undergrounding of female during menstrual cycle period etc are the negative side of the Hindu culture. And again the concept about family planning devices which are for the females only has been rooted in this society. Being the patriarchal society females are in the pressure of male and they are out of education and knowledge about the family planning devices. In such condition to expect the practice of family planning device by the married couples is only crude imagination.

Family Planning Association of Nepal (FPAN), established in 1959, a member association of the International Planned Parenthood Federation (IPPF), a major partner of the Government of Nepal's national family planning program, contributing larger number of all FP services in Nepal annually, is Nepal's first national sexual and reproductive health service delivery and advocacy organization. FPAN works across 37 districts to provide critical health services to poor, marginalized, socially excluded, and underserved (PMSEU) communities, including sex workers, people living with HIV (PLHIV), LGBTI people, injecting drug users, men who have sex with men, migrant workers, and survivors of gender-based violence (GBV).

According to Ministry of Health and Population, FPAN's success lies in its robust and varied network of service delivery points and its expertly trained staff and volunteers who deliver services in areas where services otherwise would not be available. FPAN offers an

Integrated Package of Essential Services (IPES) that includes comprehensive counseling; family planning and sexual health services; safe abortion services; HIV and AIDS and other sexually-transmitted infection (STI) services; gynecological, prenatal, and post-natal care; and GBV care. FP is one of the priority programs of Government of Nepal, Ministry of Health. It is also considered as a component of reproductive health package and essential health care services of Nepal Health Sector Program II (2010-2015), National Family Planning Costed Implementation Plan 2015-2021, Nepal Health Sector Strategy 2015-2020 (NHSS) and the Government of Nepal's commitments to FP2020. In Nepal, FP information and services are being provided through government, social marketing, non-governmental organizations and private sectors. In government health system, currently, short acting reversible contraceptive methods (SARCs: male condoms, oral pills and injectable) are provided on a regular basis through primary health care centers (PHCC), health posts (HP) and primary health care outreach clinics (PHC/ORC). Female Community Health Volunteers (FCHVs) provide information and education to community people, and distribute condom and resupply of oral contraceptive pills. Long acting reversible contraceptive (LARC) services such as IUCD and implants are available only at limited number of hospitals, PHCCs and HPs where trained health care providers are available. The family planning program provides free counselling, family planning commodities, permanent family planning methods, vasectomy for male, mini-lap for female, long acting reversible contraceptives, intra-uterine contraceptive device (iucd), depo-provera (administered by auxiliary health workers, ahw), oral contraceptive pills and condoms etc (www.mohp.gov.np, 2017).

The main types and the most available contraceptives method of family planning in Nepal are Pills, Sangini Injection (Depo), Foam tablet, Copper-T, Condoms (Male and female), Norplant, female Sterilization and male sterilization. The use of contraceptives as method of family planning benefits the women, children, families and the communities as a whole. Contraception saves women's lives and improves their health by making them able to avoid unwanted pregnancies. It improves children health by planning adequate gap between births, so that they get sufficient and good parent care. Contraception also helps women to empower them by allowing them to decide the space of birth, which in turn provides them the increase participation in educational, economical and social opportunities.

The Division of Health Service has mentioned that the Government of Nepal commits to equitable access to voluntary Family Planning (FP) services based on

informed choice for all individuals and couples, in particular the poor' vulnerable and marginalized groups.

The main aim of the National Family Planning Program is to ensure that individuals and couples are able to fulfill their reproductive needs by using appropriate family planning methods based on informed choice. Family planning can reduce unmet need for contraceptives and unintended pregnancy which ultimately helps to improve maternal and child health, empowers women by allowing them to invest more in their children and earn wages outside the home. In addition, it also helps communities and country to boost economic growth by expanding healthy and skillful labor force and allowing them to invest more money in school, health care and infrastructure development. Overall, National Family Planning Program helps to improve the quality of life of people and develop a nation.

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As a member of the Reproductive Health Coordination Committee of the Department of Health Services, FPAN provides SRH technical leadership by promoting and advocating for the sexual and reproductive rights of all people. FPAN is also a member of the subcommittees on Adolescent Health, Safe Abortion, Safe Motherhood, and RH FP Logistics and services as the chair of the Non-governmental Organization Coordination Council

(NGOCC), a group of 30+ national NGOs and international NGOs working in the area of reproductive health and family planning (http://www.fpan.org, 2017).

The status on using contractive devices in Morang district from Shrawan 2072 to Asar 2073 is shown below:

Temporary devices	New users		regular users	Irregular users	Distributed devices	
	<20 yrs.	≥20 yrs			unit	quantity
Condom					No's	536294
Pills	1198	6595	84357	3413	cycle	68720
Dipo	1380	9276	199697	7952	doze	49456
IUCD	233	1919	69392	592	set	2221
Implant	231	3639	100143	1518	set	4811

Source: DHO, Morang.

The status on using contraceptive devices on the study area i.e. Kerabari rural municipal of Morang district in the fiscal year 2073/74 is shown below:

Family Planning		
FP new acceptors as % of WRA (all modern fp methods)	%	160%
FP new acceptors-IUCD	No.	0
FP new acceptors -Implant	No.	0
Contraceptive prevalence rate (CPR) (modern methods) (unadjusted)	%	160%
Current User-Condom	No.	1730
Current User-Pills	No.	374
Current User-Depo	No.	381
Current User-IUCD	No.	0
Current User-Implant	No.	0

Source: PHC, Kerabari.

SHPs are established in each and every VDC of Nepal and lowest level of health services have been provided through it. Majority of the people live at rural area but the quality and quantity health services of government as well as private sectors are centralized to the urban area, that shows more population are using less services and vice-versa. Similarly the SHP has very less manpower with low level of services. One technical personnel of Maternal and Child Health worker in the SHP is in sufficient for providing the family planning services to the whole village people. So people of the study area are not getting the knowledge about the family planning device. In SHP family planning devices can be found freely but peoples are not grasping such opportunities due to lack of knowledge. In high school level the subject EPH has some chapters about family planning devices but due to the

lack of expert teachers and due to feeling shy they are not providing proper education about family planning devices.

1.2 Statement of the Problem

Health is the most important and sensitive part of human life. It plays important role in determining other activities of life. The life of human being starts from pin point sized zygote in the womb of female. The future of which depends upon the family planning environment of the couple. Due to the lack of knowledge of family planning the life of child, mother and whole family may be collapsed. As the problems arise in the family about the family planning due to the lack of knowledge and practice and economical condition then it requires large amount of money to solve the problems but some problems may be unsolved.

The main issue of the study is about the problems of unlimited child bearing; give birth to unwanted child, lack of schooling, lack of medical facility, low economic status in the study area which is hindering the whole life of an individual to progress. Such problems can arouse only in the absence of family planning in which couple are unknown about contraceptives or they do not practice. Being the study area far from headquarter of the district and geographically hilly region the contraceptive devices are out of reach of the local people. And again the contraceptive devices which are available in the Sub-Health Post freely are not utilizing by the married people. Theoretically the contraceptive services are distributed free by the government and the knowledge of reproductive health as well as contraceptive device is broadcasting broadly by the social networks and news but practically the outcome or actual practice in the local level is not satisfactory. knowledge is providing by school and FCHVs to the community people about the contraceptive devices too but not progressing the status of the population growth and health status of the child in the study area .So this research is directed to find the present knowledge and practice of contraceptive devices to help in solving the mentioned problems in the study area.

1.3 Significance of the Study

Significance of the study means that after research completed who will be benefited by the findings of the study. If the research is not significant it becomes value less in the human society. In this study following significance would be utilized.

i) This study would help the follower researchers as a literature review.

ii) This study would help the students, teachers and researchers as a supplementary material.
iii) Beneficial for policy makers for policy development and administration.
iv) Beneficial for Gos, NGOs, INGOs for development program.
v) The study helps VDC's personnel, SHP's personal, community people and respondents for awareness about the shaded matters.

1.4 Objectives of the Study

General objective of the study is to find out the gap between knowledge and practice of family planning device on married couples in the study area however the specific objectives are as follows:

i) To find out the knowledge of contraceptive devices in married couples in the study area.
ii) To identify the present practice of contraceptive devices in married couples in the study area.
iii) To identify the ways for better living in the study area in the perspective of health and family planning.

1.5 Research Questions

To guide the whole research process and the objectives are further divided in to specific forms which we say research question are as follows:

i) What do you mean by contraceptive devices?
ii) Who is more knowledgious in married couple about it?
iii) Do they listen about family planning openly?
iv) Which contraceptive device do they use most?
v) How many types of contraceptives devices are available in the study area?
vi) Who is more careful in the selection and use of contraceptive devices in couple?
vii) Do they discuss about it?

1.6 Delimitation of the Study

i) The study will be delimited under the following areas:
ii) This study is delimited in Kerabari rural municipal ward no. 4, 5 and 6 of Morang district.
iii) This study is delimited on knowledge and practice of contraceptive devices among married couples.
iv) This study is delimited only on the reproductive aged married couples who have not followed permanent method of family planning.
v) The study is delimited on male and female in couple as respondent and interview will be taken to either male or female which represents the couple.
vi) Only purposive sampling method is used in this study.
vii) The study is delimited with 120 respondents in the study area.
viii) Data is collected by using multiple choice questions and implemented as interview schedule method.

CHAPTER - II

THEORETICAL FRAMEWORK AND REVIEW OF THE RELATED LITERATURES

Theoretical framework is the main basic foundation of the research in which the research goes ahead. Review of literature means reviewing research studies or other relevant propositions in the related area of the study so that all the past studies, their conclusions and deficiencies may be known and further research can be conducted. It is an integral and mandatory process in research works (Joshi, 2010:142). Review of related literature helps us to make the research new and gives good guideline. Review of literature prevents from wastage of time and money. Some literatures are reviewed below.

2.1 Theoretical Framework

The research which is proposed to study will be based upon the behaviorist theory i.e. Theory of Planned Behavior. The theory of planned behavior is the extended form of the theory of reasoned action developed by Fishbain and Azen in 1975. This theory was edited by Icek Ajen in 1985, 1991 and 2006 (Budhathoki, 2068 B.S., p.42-43)

The theory is a prominent reasoned action model, its conceptual foundation, its intellectual, history and the research it has generated. From its roots in propositional control and expectancy theory, the TPB emerged as a major framework for understanding, predicting, and changing human social behavior. According to the theory, intention is the immediate antecedent of behavior and is itself a function of attitude towards the behavior control; and these determinants follow, respectively, from beliefs about the behavior's likely consequences, about normative expectations of important others, and about the presence of factors that control behavioral performance. Empirical support for the theory comes from a host of correlation studies demonstrating its ability to predict intentions and behavior as well as from interventions showing that changes in behavioral, normative and control beliefs can produce changes in intentions, and that these changes in intentions are reflected in subsequent behavior. It also considers the TPB's reasoned action approach in the context of recent work on automatic nonconscious process in human social behavior. it is argued that insight into automaticity can complement the understanding of behavior provided by a reasoned action approach (Ajzen, 1985, p.438).

The upcoming research will be based on the theory of planned behavior. According to this theory to follow any health behavior the individuals mental thought should be changed. Health behavior always remains under the meaning full self control of individual. In other words human behavior is affected by his belief, social value, knowledge and concept etc. which makes individuals behavioral intention. According to this theory behavioral intention is formed by the combination of three components which are attitude towards the behavior, subjective norms and perceived behavioral control.

Informing the public about the various contraceptive measures that are available is of primary importance. This must be done actively by government agencies such as health and family welfare as well as education and extension workers. It is of great importance of policy–maker and elected representatives of the people to understand the great and urgent need to support the FWP. The media must keep people informed about the need to limit family size and the ill-effects of a growing population on the world's resources. The best decision for the method to be used by a couple must be based on good advice from doctors or trained social workers who can suggest the full range of method available for them to choose from, (Park & Park, 2009).

Contraceptive use is one of the four most important proximate determinants of aggregate level of fertility. It generally assumes the principle rate in transition to lower fertility. By meeting human needs for adequate nutrition, clean water, safe sanitation, basic health care, primary education and family planning is described by UNICEF as "The unfinished business of the 20th century" (Thapa, S. et. al., 1994).

In many developing countries high fertility is an associate with the mode of production and with cultural and religious factors. The level of income, education and child survival also play major roles in the reduction fertility. In addition, family planning in general has an important role to play reducing fertility (UNFPA, 1994).

Acquiring the knowledge of contraceptive method is an important precondition toward gaining to access and using a suitable contraceptive method in a timely and effective manner. The ability to name or recognize a family planning method in a normal test of the respondents knowledge and not a measure of how much they might know about the method. However, knowledge of specific method is a precursor to use (MOH, New ERA and ORCC\ Macro, 2002).

According to MOPE the use of family planning services sharply varied with living children, a woman had no living children are less likely to use family planning method. The use was highest to those women who had already three children. This is the common is most Nepali women use family planning when they have completed their desired family size. The use of permanent method increased with number of living children up to 3 and peaked around 43 percent of married women had three living children. (MOPE report, 2007)

Contraceptive choices vary markedly with age, sex, geographical location, ethnicity and education. UNO, (1994) reports that the husband's education has positive influence on the rate of contraceptive. In Nepal less than 30 percent of cohabiting couples of reproductive age use contraceptive devices. The chief goal of family planning is child spacing in young ages and birth limitation after desired family size.

2.2 Empirical Review of the Related Literature

In a research conducted in Patthardeiya VDC of Kapalvistu district found that 85 percent married wives of reproductive age have heard about family planning by health workers. Among the respondents 30 percent married wives of reproductive age are not wanted to child bearing at that time. Only 20 percent couples are using contraceptives whereas Muslim couples are less using contraceptives and there is no appropriate plan for birth spacing in 74 couples in the study area. Depo-Provera was the most popular contraceptives among used. In the study couples are using contraceptives for mainly birth spacing rather than birth limit. The study found that among the couples 55 percent couples said that there was necessary good understanding between wives and husband before using contraceptives. There are 72 percent married wives of reproductive age are unknown about HIV/AIDS and role of condom in prevention of HIV/AIDS transmission. The family planning devices were found only in the VDC so the respondents suggested to conduct mobile camp for family planning device in the locality (Chhetry, 2004).

Another research conducted in Melung VDC of Dolkha district found that among the total currently married women 59.4 percent are reported to have low income and 43.19 percent have middle income. Among the low income group 61.81percent are contraceptives users whereas among the middle income group the total users are72.32 percent. Among the 44 currently married women 75.4 percent have reported to have knowledge of family planning and only 24.6 percent of them are without the knowledge of it. In the study area 24

percent of married women have at least one child loss experience. The mean number of CEB is found increasing with the increasing number of child loss. Out of all the methods of family planning majority of the people have used male sterilization and female sterilization in the study area. Among the women the users of Depo-Provera constitutes the second position and the condom users are found more. Finally it was found that the rate of contraceptives acceptors have found increased when a women had minimum one living child preferable the male one (Neupane, 2005).

In a study on the topic use of contraceptive among village women found that majority of respondents are well acquainted with Depo-provera 93.33 percent of the total respondents use this method for the purpose of birth spacing were as rest 06.66 percent of the respondents have chosen other methods 03.33 percent of the respondents use OC (pills) and rest 03.33 percent use the only male contraception. i.e. (Condom as the men's of family planning). Almost 76.67 percent of the total respondents view is that they prefer the men's of contraception to be used by them. But the rest of the respondents that is 23.33 percent of the respondent's views just opposite. They prefer men of contraception to be used by their husband. 20 percent of the respondents (women) are forced or compelled to apply the men of birth spacing methods. They, indeed are not interested to use the contraceptive by themselves for it causes a lot of physical problems in some of the users. Therefore, they prefer male contraception instead because the only male men of the contraception, which is properly known, as condom does not cause any side effect in both. But the reality is that their male partners do not support in this matter (Karna , 2005).

In a research conducted in Ageuli VDC of Nawalparasi district found that the main source of information of family planning method was radio/Tv/Fm(42.83%) of the study area were unaware about the advantage of the family planning methods and most of the respondents (31.28%) of the study area were unaware about the advantages of the family planning methods. In the study the commonly ever used method was condom (24.41%) followed by depo provera (21.53%), male sterilization (18.60%) and female sterilization (23.25%) respectively. The researcher found that 24.59 percent used condom and 21.87 percent used female sterilization method currently in the study area. The notable data found is one fourth (23.35%) of the respondents were not using family planning methods because of 'religious belief', followed by not available when required (12.40%) and having desire of son is 11.67 percentage. Nearly 17 percent of the respondents said that they did not want to use of

any family planning methods in the future. Similarly, 10 percent of the respondents were uncertain about use of family planning methods in the future. Researcher concluded that the main reason for not using (40.90%) family planning methods was desire for son. (Khadka, 2062 B.S.).

On the topic Nepal Demographic Health Survey has reported that the impact of education on contraceptive use is mixed; use of modern methods is highest among women with no education 46 percent and lowest with some secondary education 39 percent. Contraceptive use is higher among women with little or no education primary because a sizeable proportion of these women use sterilization. The most popular method among women who have completed SLC or higher education is condoms 16 percent where as the most popular method among women who have no education female sterilization 23 percent is followed by inject able 10 percent. In fact, female sterilization and inject able are the most popular methods among all women who have less than on SLC level of education. In general as women's level of increase they are more likely to use modern spacing methods, especially condoms (New Era , 2006).

In a research conducted in Parbatipur VDC of Chitwan district found that among the respondents only 40.43 percent respondents had not discussed about family planning devices whereas majority (59.57%) of the respondents had discussed on it. Seventy four percent of married couples were used to communicate about the family planning device for using and choosing. It was found that 58.51 percent of the respondents were Hindu and more married couples have stated that their main reason for not using contraceptive device was lack of advice (27.14%), followed by side effect (Nihure, 2006).

In a research conducted in Kathmandu valley found that most of the taxi drivers were familiar with the family planning and it's temporary and permanent methods. However, very few knew about the natural methods. Majority of the taxi drivers were familiar with the STDs and HIV/AIDS and their prevention and control of transmission. Very few of them had gone for HIV testing. However, a long percentage of them were against HIV testing. Number of both the spouses participation in HIV testing was low. Some of the taxi drivers had risky behaviour of being involved with commercial sex workers. Few of them were involved in homosexuality and intravenous drug addiction (Kandel, 2006).

In a research conducted in Kavre VDC of Kavre district found that about 45.71 percent respondents had health problem after adopting family planning devices, which shows the service provided was not qualified. 75.71 percent respondents were not involved in any kind of health activities at all. This shows the simply gap between health service of health institutions and general people of that VDC. In that study 84.28 percent respondents said health workers do not visit to the community for health purpose. A great majority (92.85%) of respondents expressed their opinion that PHI should keep in the community (Kuikel, 2006).

In a research conducted in Belbari VDC of Morang district found that 86.25 percent of the respondents were known about the contraceptive device whereas only 13.75 unknown. Similarly, 56.25 percent of the respondents had used temporary contraceptive devices, 16.25 percent used permanent and 27.5 were not using any type of contraceptives. In the study 12.5 percent respondent used condom, 35 percent used Depo-Provera, 5 percent oral pill, 3.75 used Nor plant and 43.75 were not using the temporary contraceptive except permanent users. The couples used to bring the contraceptives from village shop (2.5%), private clinic (35%) and from SHP (62.5%). Among the respondents 26.25 percent expressed about side effect, 1.25 percent other effect and 72.5 were not experienced any side effect on health. In the study 65 percent respondents were satisfied on using the contraceptive devices but not 7.5 percent and remaining had not used any (Pokhrel, 2064 B.S.).

Sri Lanka has a high overall level of contraceptive use, Bangladesh and India have moderate levels, and Nepal and Pakistan have lower levels. Between 2001 and 2006, Nepal increased contraceptive use to 48 percent (44.2 percent with modern methods); in 2005-06 in India, use was 56 percent (48.5 percent modern methods). Progress in the first half of this decade has been mixed in Pakistan and Sri Lanka. The five countries have three distinct-albeit changing-patterns of contraceptive use (World Bank, 2008, p.15).

In a research conducted in Saradanagar VDC, Chitawan District found in her study that, most of people have knowledge on the contraceptive devices and its side effects. Most of them were engaged in agriculture. The literacy rate was higher than illiterate. More than half of the respondents were using FPDs for prevention of unwanted pregnancy. Most of them were suffered by side effects and they used to consult their problem with health worker. They got free services and suggestion on the use of FPDs and its side effects from Saradanagar health post. More than half want to continue FPDs and among those respondents

who didn't want to continue some wants to be pregnant and some were afraid by side effects, the preferences of son is higher than daughter. Hesitation to talk express sexual need or not, buying FPDs, counseling on problem takes highly culture norms and people does not involve in it heartily and openly (Koirala , 2009).

In a research conducted in Monohara Sukumbasi community in Bhaktapur found in her study that among 140 total respondents 93.57 percent had heard about the family planning. The Depo users were highest (49.57 percent). Among 115 ever user of devices 69 (60 percent) were continuous users. The main cause of discontinuation was the side effect of devices which was 40 percent. The varieties of devices used depend upon the number of children they had. Counseling before and after use of devices was the main factor that continue the devices they used. The decision toward the choice of devices had found the next important factor that made them to use long duration of time. The respondent who were satisfied on their children also had been found to be continued the contraceptive devices even they had desire for permanent family planning method (Saiju , 2009)

In a research conducted in Danabari, Ilam found that most of the 95 percent respondents having necessary knowledge of HIV/AIDS for people and 93 percent respondents realize that they have importance of giving sex education to their children. 71 percent respondents said that it is not curable disease. 42 percent respondents said that they have used condom during sexual contact and 45 percent respondents to have to stop pregnancy for use condom. 36 percent respondents said that they suggest that sex without condom (Magar, 2011)

In a research conducted in Narjamandap VDC-1and 2 of Nuwakot District found in his study that, current use of contraceptive method and education of women illiterate currently user women 55.17 percent, non-formal 50 percent, primary 55 percent, lower secondary 59.25 percent, secondary 95.23 percent, +2 and above 87.50 percent. Among the respondents who are involved on service, they have currently use 83.33 percent contraceptive method. The women who are involved on labour they have currently use 70.37 percent contraceptive method. Followed by wage 66.66 percent, business 66.66 percent, agriculture 60.37 percent, and house worker 50.0 percent. Interest to use contraceptive method in future is 31.20 percent were current user 68.80 percent (Bhandari , 2011)

Every year, around 820,000 teens become pregnant in the US, making it the country with the highest teen pregnancy rate. The country also witnesses massive number of abortions with 49% pregnancies being unplanned. However, there are plenty of options available to help couples and teenagers, who are sexually active, avoid such unwanted situations. They can opt from two categories, namely, natural methods and artificial methods. These methods are listed below, according to their effectiveness and convenience, to avert unwanted pregnancies (Karth, 2012).

In a research conducted in Mamling VDC of shankhuwasava district found that most (90%) of the people have knowledge on contraceptive devices of family planning method it's practices and it's side effects. Most (75%) of them were engaged in agriculture. The literary was higher (80%) than illiterate. Most (77%) of the respondents were using FPDs for prevention of unwanted pregnancy. Most of them were (64.37) suffered by side effects and they used to consult their problem with health worker and doctors. Out of the respondents involved in the study 35 percent reported that the safest method and most used device was Depo-Provera. They got free services and suggestion on the use of FPDs and it's side effects from Mamling health post. More than half were wanted to continue FPDs and among those respondents who didn't wanted to continue some wants to be pregnant and some were afraid by side effects. Destination to talk express sexual need or not, buying FPDs, counseling on problem taken highly culture norms and people does not involve in it heartily and openly (Nepal, 2013).

Contraceptive use has increased in many parts of the world, especially in Asia and Latin America, but continues to be low in sub-Saharan Africa. Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. Regionally, the proportion of women aged 15–49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2012. In Africa it went from 23% to 24%, in Asia it has remained at 62%, and in Latin America and the Caribbean it rose slightly from 64% to 67%. There is with significant variation among countries in these regions (WHO, 2013).

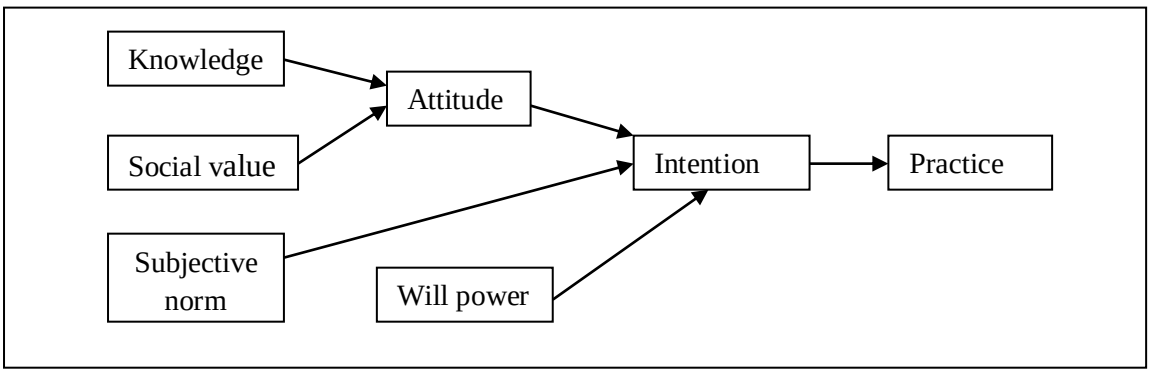
From the analysis of above mentioned related literature it can be concluded that contraceptive devices are very much important for limiting unwanted birth. These devices have great role for sizing the family. Contraceptive is an international issue of family planning. Different problems are arising on the issue of contraceptives that is about knowledge and practice on using it. Certain percent of population in developed countries are

unknown about knowledge and practice yet. The south Asian countries are practicing the use of contraceptive devices but there is lack of knowledge about the advantage and disadvantage on using the devices. Some cultures like Hindu, Muslim etc. are highly discouraging its use which has made serious problem in the health of couple and child. The above literature shows that there is gap between knowledge and practice on use of contraceptive devices. Poverty, unempowerment, lack of awareness and unavailability of contraceptives are the hidden issues on hindering the practice on use of contraceptive devices. Researches are not conducted on the topic knowledge and practice on use of contraceptive devices in the study area yet. This research is made first for the study area. The study area is far from the administrative centre of the district for the distribution and awareness about contraceptive devices. The raised problems in different researches in review may be in the study area. So the issue of knowledge and practice on use of contraceptive devices in the study area is suitable for study.

2.3 Conceptual Framework

Related literature helps in verifying the newness of the research topic. The related literature helps the study in guiding the research because the activities which are already intervened in the field have positive or negative response from this knowledge can be gained and the knowledge will be transferred. The theory helps in guiding the research. The topic which is going to be studied is new for the study area and this helps the people to know about their reality in knowledge and practice on use of contraceptive devices in the study area. After the study they may change their health behavior.

The conceptual framework of the study is mentioned below:-



Conceptual framework on use of contraceptive devices

This framework is prepared on the basis of Theory of Planned Behavior. This framework deals that to use the contraceptive devices the first step is knowledge. This is

affected by social value. On the sharing of these individual prepares his attitude. And again by the person's norm to the contraceptive devices and his attitude towards it, intention towards the contraceptive devices will be formed. The intention toward the use of contraceptive devices is determined by his will power if he/she has strong will power he/she will use the device and practices in his/her reproductive life. In this way the practice is not a sudden action it takes a long process. In which knowledge is the initial and practice is the final phages in the framework of behavior change.

CHAPTER - III

RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the research problem. It may be understood as a science of studying new research is done scientifically. In it, we study the various steps that are generally adopted by a researcher in studying his research problem along with logic behind him (Kothari, 2004:8). Research methodology is the overall of the research process at which what we want to search and find out. Research methodology contains different parts which are mentioned as follow.

3.1 Research Design

Research design is the main organ in the research methodology. Due to change in research design all the upcoming process changes automatically. In this research, which is just conducted, is descriptive research design (survey design) under quantitative research method. Quantitative research studies the issues of majority of the people. It searches the existing or current situation in majority people but it does not respond to minority groups. In this study the appropriate representation of people is needed. Under the quantitative study the descriptive method deals that it describes the current situation of the raised or found issue.

3.2 Population of the Study and Sample Size

Population of the study means the total number of respondents to whom we are going to investigate. The population of the study is married couple of reproductive aged who has not used permanent method of contraception in Kerabari rural municipal of Morang where 1,431 married couples are living.

In this study 120 couples are selected as sample size among the study population. The sample population is those married couples with reproductive age who has not used permanent contraceptive method

3.3 Sampling Method

Sampling method means way of selecting people as sample. There are different sampling methods among them purposive sampling method under non probability sampling method is used in this study.

3.4 Criteria of Sample Selection

Sample population is selected from ward no. 4, 5 and 6 of the study area because these wards represent Kerabari rural municipal geographically. From each ward 40/40 respondents are selected as sample in the study area.

3.5 Sources of Data

In this study data is collected from the respondents as primary source of data and secondary data is collected from books, research papers, magazines and used for literature review and interpretation purpose.

3.6 Data Collection Tools and Validation Method.

Tools are the main weapon for data collection but the quality of obtained data depends upon the method used. In this study the questionnaire is the major tool for data collection and it is implemented as interview schedule method to the married couple of reproductive age who has not used permanent method of contraception.

To avoid errors in the tool, it was pre tested in 10 married couple of reproductive age who has not used permanent method of contraception at ward no. 8 of Kerabari, Morang. After the result of pre test and with the suggestions of subject experts and study supervisor the tools are made valid.

3.7 Data Collection Procedure

Data is collected in Kerabari rural municipal of Morang district. To make the activities legal and to get authority to study in the concerned ward, at first the letter from the Department was given to the ward office. The main purpose of the study was described to the ward persons for their clarity about the activities. After getting authority from the ward, ward referred the SHP for help. Then with the co-ordination of SHP, ward persons data is collected.

3.8 Data Analysis and Interpretation Techniques

After collecting the data, the whole information was checked and edited. The data is changed in to number by using tally bar. Being the research descriptive under quantitative research, the obtained data is shown in tables, diagram, charts using percentage, ratio, frequency

for its analysis then the analyzed data is interpreted by comparing the findings between the tables. Thus, the analysis and interpretation is carried out which are presented detail in the chapter four.

CHAPTER - IV

ANALYSIS AND INTERPRETATION OF DATA

In this study different types of data were collected from different sources and gathered for tabulation. Data were managed in sequential order according to the objectives of the study. In that process master chart was prepared and topic wise data were separated for filling in separate table. Then the data was analyzed according to the topic, comparing with the secondary data and between primary data. They were analyzed on the basis of frequency, percentage and ratio. Tables, diagrams and figures have been used to make the expression of this study report clearer. Objective wise data have been analyzed as follow.

4.1 Knowledge on use of contraceptive devices in married couples

Knowledge is the gateway in behavior change for the people. Practice is followed by the individual only after the change in attitude in life. Therefore for the change in behavior knowledge is one important component. So that knowledge, attitude and practice or behavior is continuous in adoption of new behavior. Unless the presence of appropriate knowledge on use of contraceptive devices among the married couples occurs there is no possibility of its practice in daily life. Some data found in the study are shown below statistically.

4.1.1 Knowledge about contraceptive devices

Knowledge is the main part for the use of the contraceptive devices in the reproductive life. In the absence of it no one can use the contraceptive devices properly. Due to lack of it the reproductive life of man may not be easier. In the process of study some data are found about the knowledge of the contraceptive devices which are shown in the table 1.

Table 1: Knowledge about contraceptive devices

Description	**Frequency**	**Percentage**
Used by married couple	90	75
Found in SHP	7	5.83
Used by female	20	16.66
Used to cure the diseases	3	2.5
Total	**120**	**100**

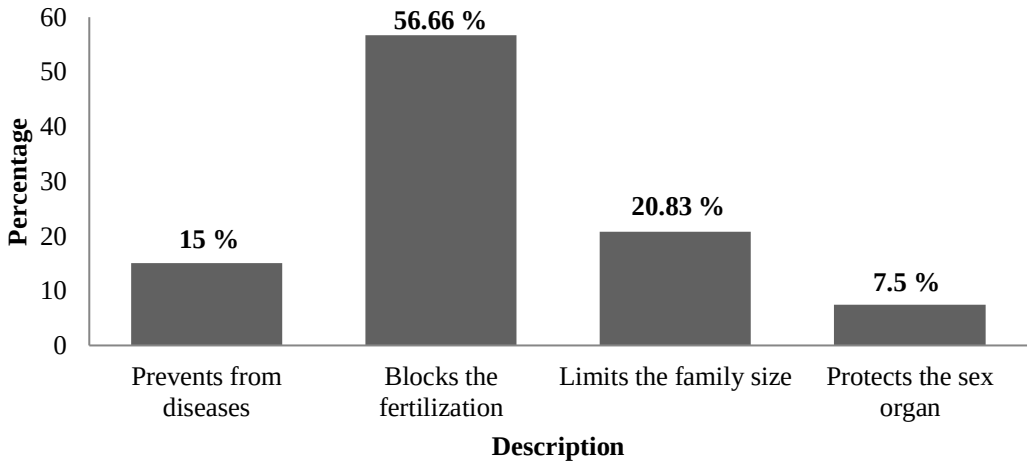
Source: Field Study, 2074.

Table 1 shows that among 120 respondents majority (75%) of them have understood about the contraceptive device as it is used by the married couple, 16.66 percent as used by female, 5.83 percent as found in SHP and only 2.5 percent as the device which cures the diseases. This data shows that some (25%) people are in confusion about the contraceptive devices yet. They have not proper knowledge about the contraceptive devices. According to the theory of planned behavior there is lack of knowledge which hinders in changing the behavior of contraceptive device use. In a research conducted in former Ageuli VDC of Nawalparasi district (Khadka, 2062 B.S.) had shown that there was lack of proper knowledge about the contraceptive devices. Such problems are also seen in the study. Majority (75%) of the respondents are well known about the contraceptive devices which is positive part. This means people of the study area aware about the contraceptive devices.

4.1.2 Knowledge about the function of contraceptive devices

Unless the people know about the function of the contraceptive devices they do not accept to use in the behavior. In the study some questions about the function of the contraceptive devices were asked to the respondents. The data obtained is explained in the figure 1.

Figure 1: View about the function of contraceptive devices



Source: Field Study, 2074.

From figure 1 out of 120 respondents majority (56.66%) of them are well known about the actual function i.e. it blocks the fertilization of the contraceptive devices. Similarly 20.83

percent respondents have partial knowledge about the function of the contraceptive device i.e. it limits the family size. The remaining respondents have less knowledge about the function of the contraceptive devices. 22.5 percent respondents are unaware about the function of the contraceptive devices. It seems there is lack of education and awareness about the contraceptive devices. According to the theory of planned behavior knowledge activates to change in attitude of the individual but in the absence of this it is difficult to follow the contraceptive devices by the people. Present knowledge status about the function of contraceptive device in the study area is satisfactory because more than 50% of the respondents are well informed about it.

4.1.3 Target people of contraceptives device user

Respondents were asked about the target people of the contraceptive device users to identify their knowledge about the focus user in the study area. People may have confusion about the device about its user because some contraceptive devices are for male and some are for female. About this some data are collected in the study area which is presented in the table 2.

Table 2: Target people of contraceptives device user

Description	Frequency	Percentage
Married couple	29	24.16
Married male	16	13.33
Married female	62	51.66
Any one	13	10.83
Total	**120**	**100**

Source: Field Study, 2074.

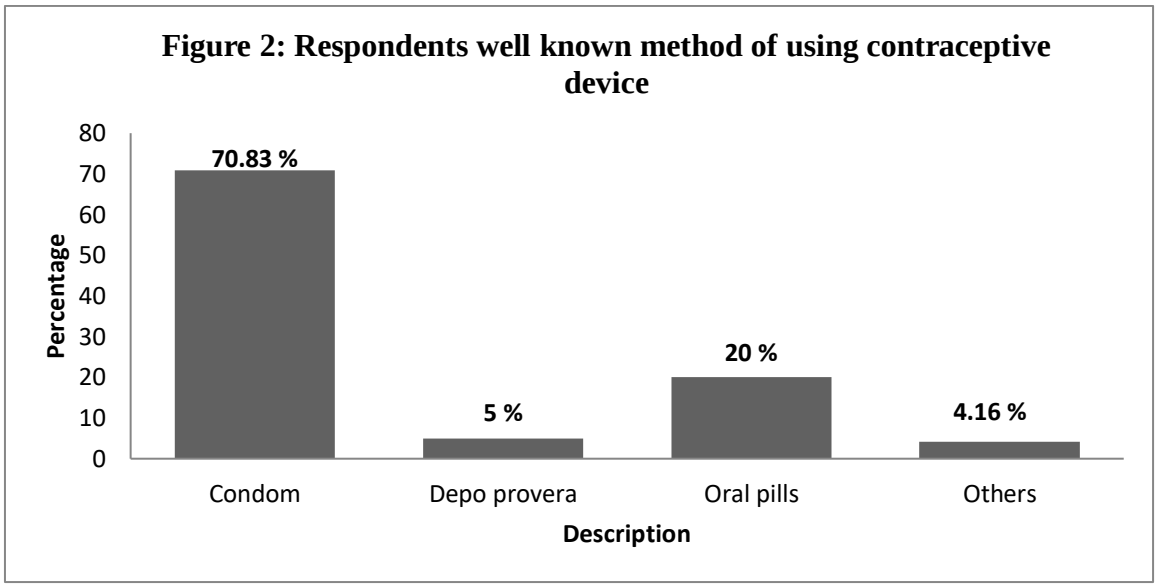
Table 1 shows that majority (51.66%) of the respondents indicated to married female as the contraceptive device user whereas only 24.16 percent to the married couple. Similarly, 13.33 percent indicated the married male and 10.83 percent to anyone. This data shows that only 24.16 percent have the knowledge of user group of the contraceptive devices. More respondents are in confusion about the user group of the contraceptive devices. Either male or female are the user of the device. Higher percent of the respondents are known about the user i.e. male or female. In a research conducted in former Belbari VDC of Morang district found that 86.25 percent of the respondents were known about the contraceptive device user group

(Pokhrel, (2064 B.S.) which is similar to this study. More than half (51.66) of the respondents replied the answer as female are the user of contraceptives. This data shows that female are practicing contraceptive devices more than male. And people are schooled about the contraceptive devices as it is used only by female not male.

4.1.4 Respondents well known method of using contraceptive device

To use the contraceptive devices the knowledge of its using method is necessary. In the absence of it the user of the contraceptive device can't use properly or device can't show its full function which may harm in health. The data related to the respondents' known method for using different devices are expressed in figure 2.

Figure 2: Respondents well known method of using contraceptive device



Source: Field Study, 2074.

According to the data presented in figure 2 majority (70.83%) of the respondents are well known about the using method of contraceptive device condom. Similarly 24% of the respondents are well known about the using method of Oral pills. This shows that condom is most familiar contraceptive device in the study area. It may be due to easier in use and no side effect in health. Oral pills is next to that of condom. Due to easy availability of condom in the study area people are familiar to it. In the study it is found that both male and female were well known about the use of condom.

4.1.5 Own self useable Contraceptive devices

As the respondents know about the contraceptive device whether it can be used by the respondents the rate of use increases. Respondents view about the contraceptive devices, which they use themselves are studied in the study area. The data about this is presented in table 3.

Table 3: Own self useable Contraceptive devices

Description	Frequency	Percentage
All	4	3.33
None	18	15
Some only	75	62.5
Doctors' help is needed	23	19.16
Total	**120**	**100**

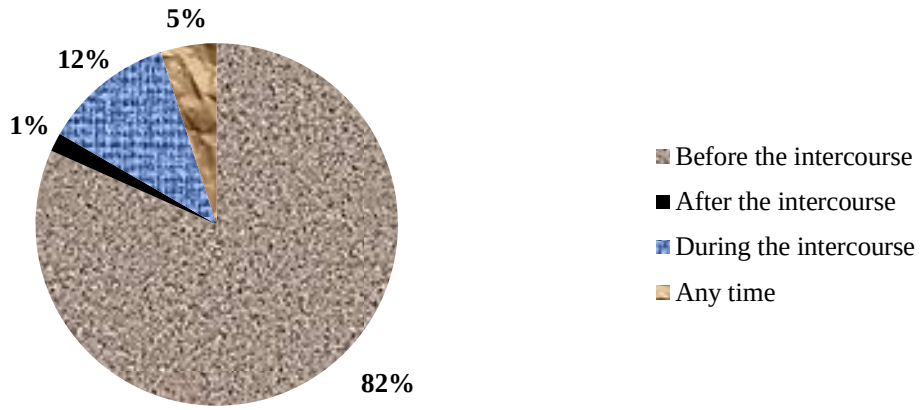
Source: Field Study, 2074.

Table 3 shows that out of 120 respondents 62.50 percent said that some contraceptive devices were usable own self. Similarly 19.16 percent said about doctors' help is needed, 15 percent said about none devices can be used by themselves and 4 percent said to all. More (62.5%) respondents said that only some devices are own self usable or easier to use. This data shows that people want to use contraceptive devices separately. As the number of self usable contraceptive devices increases the rate of its use goes higher and vice-versa.

4.1.6 Time of using the contraceptive devices

In every cases time is very much important. There is a proverb that is Time and Tide Waits for no Man. All contraceptive devices are used before the sexual intercourse but some devices can be used after the intercourse in the emergency cases. In the case of time of using contraceptive device the study found some data which is shown in figure 3.

Figure 3: Time of using the contraceptive devices



Source: Field Study, 2074.

From figure 3 higher (81.66) percent of the respondents out of 120 have right knowledge about time of contraceptive device use i.e. before the intercourse. Only 1.66 percent of the respondents expressed the time is after the intercourse. Approximately all respondents are well known about the time of using contraceptive devices.

From the above discussion knowledge on use of contraceptive device is good and which is accordance to the theory of planned behavior. The initial step of behavior change is knowledge, which is general in the case of use of contraceptive device in the study area. People are aware about the contraceptive devices. They have learnt it from radio and television like means of communication.

4.2 Practice on using contraceptive devices in married couples

For changing any behavior knowledge is the initial step and the practice is the third step. In the process of changing behavior the second step that is change in attitude is the main part. In the absence of it the change in behavior or adoption of new behavior is about to impossible. People may know about the contraceptive devices but not using due to the lack of change in attitude and facing different problems. As the gap between knowledge and practice increases as a result change in behavior decreases. Some data are shown about the practice of contractive devices below.

4.2.1 Recent use of contraceptive devices

Contraceptive device is playing a great role in the promotion of reproductive health of couples. Use of contraceptive device is increasing day by day which is helping in the control of over population growth in Nepal. The use of contraceptive device depends on the knowledge of the user group. In the absence of knowledge and benefits of the contraceptive device people do not use it. In the way of research some data are collected from the study area, are presented in the table 4 below.

Table 4: Recent use of contraceptive devices

Description	Frequency	Percentage
Used	51	42.5
No used	69	57.5
Total	**120**	**100**

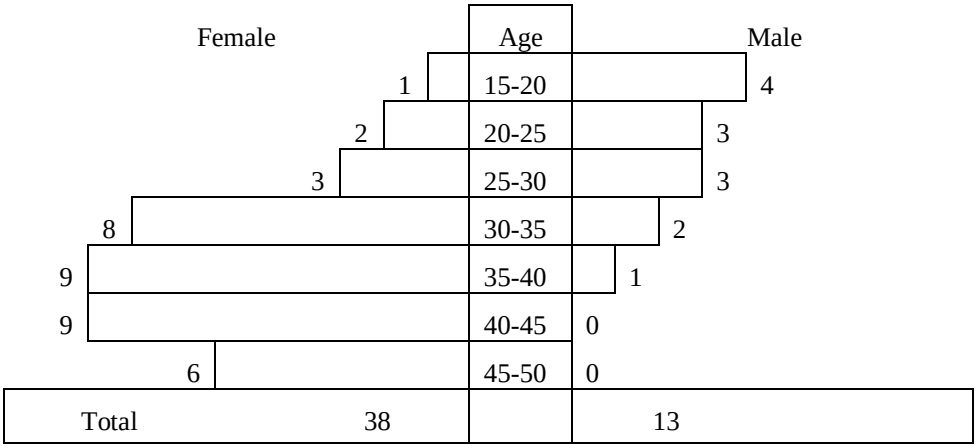
Source: Field Study, 2074.

Table 4 shows that out of 120 majority (57.5%) of the respondents are not using the contraceptive device in the study area whereas, only 42.5 percent respondents have used it. Comparing with the description of the title 4.1 the percentage of contraceptive device user are only 42.5 whereas more than 80 percent of the respondents are well known about the device and its use. Between 2001 and 2006, Nepal increased contraceptive use to 48 percent (World Bank, 2008, p.15) which is more than that of the study area i.e. 42.5 percent. This data shows the level of practice is low. So there may some gap between knowledge and practice. According to the theory of planned behavior the major issue of behavior change is change in attitude which is absent in this study.

4.2.2 Age wise Population Structure of Contraceptive Users

Nepal is a male dominance country. Females are highly deprived due to different aspects. More contraceptive devices are made for female to use than males. Male contraceptive devices cannot be used for long period like Copper-T of female. Age wise data are collected in the research from the study area which is presented in figure 4.

Figure 4: Age wise Population Structure of Contraceptive Users



Source: Field Study, 2074.

Figure 4 shows that out of 51 contraceptive device user couples three fourth (74.50%) of them are females whereas only 25.49 percent are males. This figure shows that the rate of using contraceptives by female increases as their age goes up on the contrary the rate of using contraceptives by male decreases as their age goes up. Female used less contraceptives between the age 15 to 30 whereas male used more at that period. This data clarifies that the age 15 to 30 which is good for child bearing for female so male use contraceptives higher for the betterment of female by health but later on female remains under pressure to use contraceptives to give freedom to male for earning. On the contrary the data shows that females are in pressure for using the contraceptive device than males as the age goes up this is due to more choice in female contraceptive devices to use than male.

4.2.3 Females view on using the device only by them

Higher percentage (74.5) of female was using contraceptive devices than male in the study area so they were asked to identify the reason of it. They expressed their opinion about the use of the contraceptive device in higher percent which is presented in table 5.

Table 5: Females view on using the device only by them

Description	Frequency	Percentage
We are forced	5	13.15
We don't go out	6	15.78
More devices are for female	13	34.21
Male don't want	14	36.84
Total	**38**	**100**

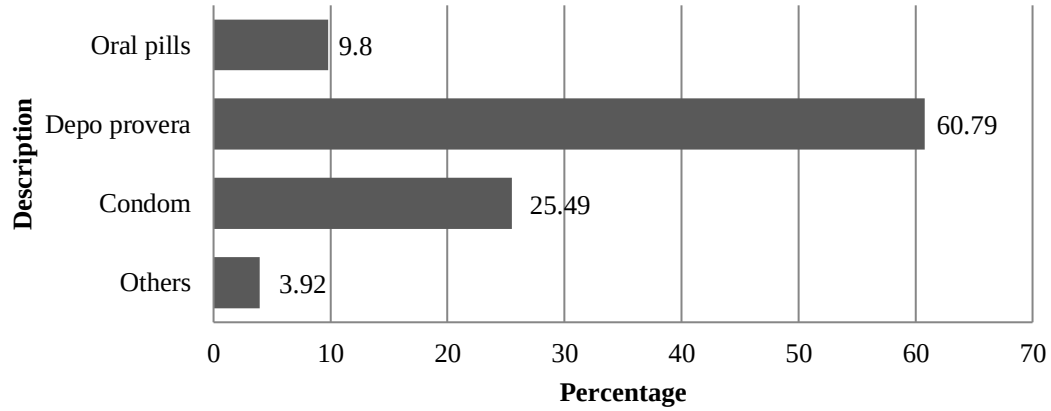
Source: Field Study, 2074.

From the above table 5, out of 38 female respondents 34.21 percent expressed that the reason of using the contraceptive devices by more female is due to number of female contraceptive devices than male. Similarly 36.84 percent due to male don't want to use, 11.15 percent due to force and 15.78 due to females do not go out of the house. This means that there is lack of education and awareness with female empowerment in the study area. According to the theory of planned behavior adoption of new behavior is possible only by democratic method.

4.2.4 The used contraceptive device by the couple

There are many contraceptive devices for male and female which are affordable by the community people of the study area. Respondents are using different devices of contraception which are listed with their frequency and percentage in the figure 5.

Figure 5: The used contraceptive device by the copule



Source: Field Study, 2074.

Figure 5 shows that out of 51 respondents 60.78 percent (female) used depo-provera. Similarly, 25.49 percent (male) have used condom, 9.8 percent oral pills and 3.92 others. This data also shows that approximately 70 percent respondents (females) used device whereas male are only 25.49 percent. Depo provera is the most popular contraceptive device between females and condom for males in the study area. Female used depo-provera higher in the study area due to its comfort physically in the comparison to other physical and oral.

4.2.5 Physical problems to the female on using the devices

Female are deprived in Nepalese society, they are less educated and empowered and less opportunity in the involvement of economical activities. Being such backward condition higher percentage of female are using the contraceptive devices so they are asked about the physical condition after using the device. The found data in the way of study from the study area have shown in table 6.

Table 6: Physical problems to the female on using the devices

Description	**Frequency**	**Percentage**
Headache	19	50
Bad smelling	5	13.15
Stomach pain	4	10.52
Bleeding	3	7.89
Difficult to work	7	18.42
Total	**38**	**100**

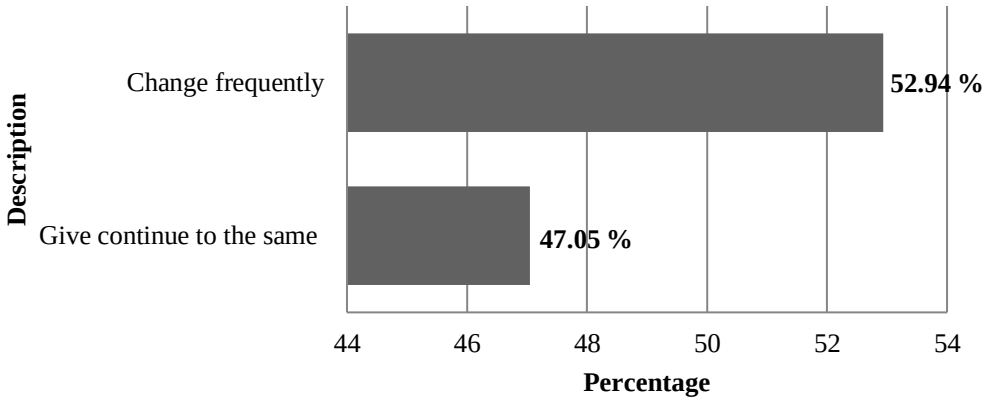
Source: Field Study, 2074.

From the table 6 out of 38 female respondents half of the respondents are suffering due to headache whereas the data of figure 5 shows that majority (60.78%) of them have used depo provera. Comparing these results it can be concluded that female are suffering by headache, although they use depo-provera due to its easiness to use. Other bad smelling, stomach paining, bleeding and difficult to work has percentage 13.15, 10.52, 7.89 and 18.42 respectively. Females who are using the contraceptive devices facing at least one physical problem in the study area. The practice of using the contraceptive device is not satisfactory because the respondents are not satisfied by using the device. According to the theory of planned behavior as the level of satisfaction decreases the rate use decreases which result the failure practice.

4.2.6 About continuity of the used device

The side effect of the contraceptive device depends upon the body chemistry of the individual user and it varies from one people to another. Using same device continuously may be easier than changing frequently. The respondents practice about the issue is shown statistically in the figure 6.

Figure 6: About continuity of the used device



Source: Field Study, 2074.

From the figure 6 out of 51 contraceptive device user couples only 47.05 percent have used the same device continuously whereas 52.94 percent change frequently. This may due to different physical as well as other problems to the respondents in the study area. Changing rate of the contraceptive device is found higher. This means due to availability, daily use, and physical discomfort made to change the device.

4.2.7 Reasons for not using the contraceptive devices

Couples use contraceptive devices to make the reproductive life better and brighter but some people do not use the devices due to different reasons. Majority of the respondents have not used the contraceptive devices in the study area. To find out the reason of not using the contraceptive devices the researcher had asked some questions. The data obtained is shown in the table 7.

Table 7: Reasons for not using the contraceptive devices

Description	Frequency	Percentage
Lack of knowledge	6	8.69
Due to side effect	14	20.28
Partner is absent	12	17.39
Religious belief	9	13.04
Not available	20	28.98
Pregnant	2	2.89
Want children	6	8.69
Total	**69**	**100**

Source: Field Study, 2074.

From table 7, out of 69 respondents higher (28.98) percentage have not used the contraceptive device due to unavailability. Similarly 20.28 percent due to side effect and 17.39 percent due to absence of sexual partner. 13.04 percent of the respondents have not used the device due to religious belief. From the above data, majorly unavailability of the device, side effect, absence of sexual partner and religious belief are hindering in use of the contraceptive device. Among these factors if the life partner is absent there is not necessary to use contraceptives. So 17.39 percent respondents cannot include in contraceptives non user group. The data gives meaning that 20.28 percent respondents had used the device once but due to side effect they left using.

From the above discussion of the findings it can be concluded that according to the knowledge of the respondents about the contraceptive devices there is not practice of it in the study area. This indicates there may be gap between knowledge and practice which can be fulfilled by changing the respondents' attitude and social economical and educational circumstances.

4.3 Suggestions on using the contraceptive devices for married couples

The reproductive life of women is more critical than man so that female should be more sincere in the case. For a successful family the reproductive life of the couple should be good. Knowledge is the basic step for the use of contraceptive device and more benefit of using it is for the practice. There are numerous contraceptive devices likewise physical, chemical etc. More contraceptive devices are made for female but they are unknown about it.

As a result females are not using modern devices. Higher percentage of female is using the devices so male should replace them in use of contraceptive devices because females are weak physically than males. In the study area more couples are well known about the contraceptive devices but are not practicing. On the issue of knowledge practice of contractive devices newly elected ward chairman of ward no 5 says:

> couples of this ward do not discuss about the devices because there is gap in education level in them as a result more female are using devices. Similarly other parameters like education, economic and socio-cultural and religious barriers also hinder the use of it. People have known about the contraceptive devices they have heard by radio and television, the knowledge they gained is not complete because they are unknown about the merit and demerit of the device on use. This resulted the gap in knowledge and practice.

People of the study area are suggested to aware the community people about the knowledge on use of contraceptive device, different activities to change attitude and make the people to practice more by showing the benefits of the device use as a movement. Before using the contraceptive devices it would be better to consult to the doctor. Being the study area hilly region there is lack of contraceptive devices in the health posts which should be managed properly. Health education campaign should be conducted in the study area. Problems of the study area in the perspective of contraceptive device use the health personnel view is:

> in this modern era people of the study area feel use of contraceptives is the matter of shy, female don't want to expose their problems which results different health problems, due to poverty people cannot manage time for the use of devices, they do not come to health institutions for regular health checkup, geographically health institutions are out of reach of the people etc are the major problems. To overcome such problems mostly education, awareness and empowerment are needed.

From the above suggestions it can be concluded that to decrease the gap between knowledge and practice on use of contraceptive device is education, empowerment, income and health related programs should rise.

4.4 Findings and summary

4.4.1 Findings

After analyzing and interpreting the data obtained from the study area in the issue knowledge and practice of contraceptive device, the following findings have been detected:

1. Out of 120 respondents majority (75%) of them have understood about the contraceptive device as it is used by the married couple.
2. Most of the respondents (56.66%) have well known about the actual function i.e. it blocks the fertilization of the contraceptive devices.
3. 20.83 percent respondents have partial knowledge about the function of the contraceptive device. It is found that 51.66% of the respondents indicated to married female as the contraceptive device user whereas only 24.16 percent to the married couple.
4. Majority (70.83%) of the respondents have known about the using method of contraceptive devices. Similarly 24% of the respondents have known about the using method of Oral pills.
5. Out of 120 most of the respondents (62.50%) said that only some contraceptive devices were usable own self. Similarly 19.16 percent said about doctors' help is needed.
6. Higher (81.66) percent of the respondents out of 120 have right knowledge about time of contraceptive device use i.e. before the sexual intercourse. Only 1.66 percent of the respondents expressed the time as after the intercourse.
7. Most (57.5%) of the respondents are not using the contraceptive device in the study area whereas, only 42.5 percent respondents have used it.
8. Out of 51contraceptive device user couples three fourth (74.50%) of them are females whereas only 25.49 percent are males. Out of 38 female respondents 34.21 percent expressed that the reason of using the contraceptive devices by more female is due to the availability of number of female contraceptive devices than male.
9. 36.84 percent due to male don't want to use, 11.15 percent due to force and 15.78 due to females do not go out of the house. Out of 51 respondents 25.49 percent (male) has used condom similarly 60.78 percent (female) used depo provera and remaining oral pills and others.
10. Majority of the female respondents (60.78%) have used depo provera and half of the respondents are suffering due to headache.
11. Lesser number (47.05%) of contraceptive device user has used the same device continuously whereas 52.94 percent change frequently. The changing of devices due to unmatching to the body chemistry.

12. Out of 69 respondents higher (28.98) percentage have not used the contraceptive device due to unavailability. 20.28 percent due to side effect and 17.39 percent due to absence of sexual partner.
13. Finally 13.04 percent of the respondents have not used the device due to religious belief.

4.4.2 Summary

Different data are collected on the study of knowledge and practice of contraceptive devices among married couples. The data are grouped, analyzed, interpreted and finally presented. The respondent shared different knowledge and practice on contraceptive devices which they have got for long. The couples have good knowledge about the contraceptive devices but lack of practice. Out of 120 respondents 75 percent have knowledge about the contraceptive devices whereas only 42.5 percent used contraceptive device. So huge gap found between knowledge and practice on contraceptive device in the study area. People are well known about the function of contraceptive. Out of 51 contraceptive device user couples, 38 were female and 13 male. Depo provera was mostly used contraceptive device. Most people were able to use condom themselves. Higher percentage of the respondents used to change the device and less (20.28%) people lost to use due to side effect. People were not using the device due to different problems like lack of time, availability of the device, female unempowerment, religion, superstition, lack of education and due to matter of shy. The couples of the study area have found knowledge about the device but due to different barriers lacking in practice.

CHAPTER - V

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusions

It can be concluded that respondents of the study area have more knowledge about the contraceptive devices and about its use but higher percentage of them are not using the contraceptive devices. In other words they are not practicing the device more. There is gap between knowledge and practice on use of contraceptive devices. They have known about the use of the device but internally they are not active and different parameters are hindering to use it. Such as lack of time, availability of the device, female unempowerment, religion, superstition, lack of education, un necessary bourdon of household work, and socio-cultural problems and due to matter of shy. According to the theory of planned behavior changing behavior is a long process. Likewise the adoption of contraceptive device is a slow and steady process. Finally it can be concluded that according to the level of knowledge on use of contraceptive device there is not practice. So a huge gap was found between knowledge and practice on the adoption of contractive devices in the study area.

5.2 Recommendation

According to the conclusion of the study following recommendations have been made which are especially focused on the behavior change of the respondents of the study area.

5.2.1 Policy level

1. Health policy should be formulated on the basis of need identification of the grassroots people.
2. During health policy formation education, awareness, economy, geography, socio-cultural norms of the people should be made main focusing point.
3. Separate health education and counseling cell should be established with experts of the subjects.
4. The population and health workers ratio should be decreased.
5. Weak points from central level to local level of health institutions should be searched and decreased by treatment.
6. Training programs should be managed time to time for the concerned persons.

7. Adequate amount of ontraceptive devices as well as other materials and medicines should be managed to supply to different health institution at the appropriate time and exact duration.
8. Health related persons should be modernized by computer and information technology.
9. Health institution should be established on the basis of settlements and distance between institutions should be maintained.

5.2.2 Implementation level

1. First of all, all the concerned persons of health service should be honest in their profession.
2. Seminars should be conducted in local and village level by the health institutions.
3. Different health awareness training should be organized for the active persons of the community and they should be motivated for health progress.
4. The relation between health institutions and community should be maintained well.
5. Female health empowerment programs should be implemented in local levels so that they can expose their health problems easily.
6. Men are encouraged to use contraceptive devices by providing them proper education and motivated internally. Social taboos, myths, superstitions and gender discrimination in the perspective of reproductive health and especially on the use of contractive devices are highly rooted in the study area so as in the Nepalese society which should be eradicated.
7. To decrease the gap between knowledge and practice of contraceptive devices the local health institution should coordinate the local organizations to lunch package programs jointly to minimize the problems like unavailability of the device, female unempowerment, superstition, blind faith to some religious actions, lack of education, un necessary bourdon of household work, and socio-cultural problems and matter of shy.

5.2.3 Recommendations for Further Study

After drawing findings and conclusion of the study the researcher come to a conclusion that there are so many study areas remained in this field. It is therefore attempts have been made to recommend some problems for the further study.

1. Similar study can be done in large scale so that the generalization will have wider application.
2. Comparative study can be conducted on knowledge and practice on use of contraceptive device between rural and urban areas.
3. A study on males' attitude on use of contraceptive can be conducted in larger scale.
4. A study on Influence of socio-economic status on the use of contraceptive devices can be conducted.
5. Comparative study between private sector and government sector health institution's contribution to the people on family planning and contraceptive device and its outcomes.

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Appendix-I

KNOWLEDGE AND PRACTICE OF CONTRACEPTIVE DEVICES AMONG MARRIED COUPLES

Questionnaire for the Study

Demographic Study

Name of the respondent: - ---------- / ----------

Age: - --------- / ---------- **Caste: -** ---------- **Religion: -** ----------

Education: - ---------- / ---------- **Occupation: -** ---------- / ----------

Knowledge on use of contraceptive devices

1. Do you know about the contraceptive devices?

a) Yes b) No

2. If yes, what do you know about the contraceptive devices?

a) It is used by married couples b) It is found in sub-health post

c) It is used by female d) It is used to cure the diseases

3. If not, what do you want to know about it?

a) Its use b) Its benefit

c) Its source d) Its cost

4. Actually what the contraceptive device does?

a) It prevents from diseases b) It blocks the fertilization

c) It limits the family size d) It gives protection to the sex organ

5. What are the names of contraceptive devices that you have known about?

a) Condom b) Nilocan white

c) Depo provera d) Others

6. Have you participated in any awareness program on use of contraceptive devices in your locality?

a) Yes b) No

7. If not, why?

a) Due to lack of time b) No such programs are conducted here

c) It is not needed to us d) We do not use

8. Do you discuss about the use of contraceptive devices to each other?

a) Yes b) No

9. If not, why?

a) Not necessary b) Not such environment

c) Partner doesn't want d) We are highly conscious

10. Who can use the contraceptive devices?

a) Married couple b) Married male

c) Married female d) Every one

11. Do you know the method to use some contraceptive devices that you have known?

a) Yes b) No

12. If yes, of which, method do you know?

a) Condom b) Depo provera

c) Oral pills d) Other

13. Who should use the contraceptive device?

a) Male b) Female

d) Male or Female c) Others

14. Can we use all types of contraceptive devices ourselves?

a) Yes b) No

c) Some only d) Doctor's help is needed for some

15. When do we use the contraceptive device?

a). Before the intercourse b) After the intercourse

c) During the intercourse c) Any time

<u>Practice on using contraceptive devices</u>

1. Have you used contraceptive devices?

a) Yes b) No

2. If yes, male or female who has used?

a) Male b) Female

3. If not, why?

a) Not available b) Partner doesn't want

c) Partner is abroad d) No sexual satisfaction

4. If used by female why not by male?

a) Female are forced to use b) Female don't go out

c) More devices are for female d) Male don't want to use

5. Which device you have used?

a) Condom b) Depo provera

c) Oral Pills d) Other

6. What is the duration that you have used the contraceptive devices?

a) One year b) Two year

c) Five year d) More than

7. Have you felt some side effect after using the device?

a)Yes b) No

8. Who brings the device from the market?

a) Male b) Female

c) FCHVs give d) Others

9. Have you left to use the contraceptive device?

a)Yes b) No

10. If yes, why?

a) Due to side effect b) Not found easily

c) It is remote to go to the SHP d) Partner is absent now

e) Difficult to work by using

11. Do you have any fear in using the devices from your society?

a)Yes b) No

12. If yes, why?

a) It is the matter of secrecy b) The society do not accept

c) Due to religion d) People exaggerate negative

13. Do you change the contraceptive devices frequently?

a) Yes b) No

14. How do you dispose the used contraceptive devices?

a) Buried b) Incineration

c) Throw to the cannel d) Others

15. How many children do you have?

a) One b) Two c) Three

d) Four e) More than four

16. What is their average age difference?

a) One b) Two c) Three

d) Four e) Five f) More than five

17. What advice do you give to your friend about use of the contraceptive devices?

a) It is better to use b) It has both positive and negative effect

c) Don't use as much as possible d) First check up your health

18. What are the reasons for not using the contraceptive devices?

a) Lack of knowledge b) Due to side effect

c) Partner is absent d) Religious belief

e) Not available f) Pregnant

g) Want children

The End