REASON FOR NON-USE OF FAMILY PLANNING METHODS AMONG ABORTION CASE ATTENDING

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DECLARATION

I do hereby declare that this thesis entitled 'Reason for Non-use of Family Planning Methods among Abortion Case Attending' submitted to Maiya Devi Girls' College, Faculty of Education, Tribhuvan University is my original work. It is done in the partial fulfillments of the requirement for the degree of Master of Health Education (M. Ed.) under the supervision and guidance of Mr. Bhoj Raj Neupane, Lecturer Maiya Devi Girls' College.

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ABSTRACT

The research entitled 'Reason for Non-use of Family Planning Methods among Abortion Case Attending'. The specific objectives were: to measure the socio-demographic status of abortion clients. To identify availability and accessibility of family planning services and to examine the reasons of non-use of contraceptive among abortion clients. Data has been collected from Sunaulo Bhabishya Nepal in Chitwan district. Only 200 respondents were selected for sample of this study. The purposive sampling technique has been used in this study.

It is also found that 99 percent of the respondents reported to have knowledge on at least one of the family planning methods. Among them, 94 percent respondents reported to have knowledge about Depo, 92 respondents pills, 90 percent respondents condom, 59 percent respondents IUCD, 51 percent respondents implant, 33 percent respondents vasectomy and 31 percent of the respondents reported mini lap.

Out of total, 86 percent of the respondents said that family planning services are available in hospital, 69 percent said health post, 59 percent said private clinic, 54 percent said sub-health post, 46 percent said PHC, 20 percent said FCHV and 13 percent said outreach clinic and 6 percent of the respondents reported others.

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TABLE OF CONTENTS

	Page No.
DECLARATION	I
RECOMMENDATION	II
APPROVAL SHEET	III
ABSTRACT	IV
ACKNOWLEDGEMENT	V
TABLE OF CONTENTS	VI
LIST OF TABLES	VIII
LIST OF FIGURES	IX
ABBREVIATIONS	X
CHAPTER I: INTRODUCTION	**1-7**
1.1 Background of the Study	1
1.2 Statement of the Problems	3
1.3 Objectives of the Study	5
1.5 Significance of the Study	5
1.6 Delimitation of the Study	6
1.7 Operational Definition of the Key Terms	6
CHAPTER II: REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK	**8-18**
2.1 Review of Theoretical Literature	8
2.2 Review of Empirical Literature	13
2.3 Implications of the Review for the Study	17
2.4 Conceptual Framework	17
CHAPTER III: METHODS AND PROCEDURES OF THE STUDY	**19-20**
3.1 Research Design	19
3.2 Population, Sample and Sampling Procedure	19
3.3 Data Collection Tools	19
3.4 Data Collection Procedure	20
3.5 Data Analysis and Interpretation Procedure	20
CHAPTER IV: ANALYSIS AND INTERPRETATION OF RESULT	**21-37**
4.1 Socio Economic and Demographic Status	21

4.1.1 Type of Family 21
4.1.2 Cast/Ethnic Groups 22
4.1.3 Religious Distribution 23
4.1.4 Food Sufficiency 23
4.1.5 Number of Living Child among Abortion Clients 24
4.1.6 Educational Status 25
4.1.7 Occupational Status 26
4.2 Knowledge and Use of Family Planning Methods 27
4.2.1 Knowledge on Family Planning Methods 27
4.2.2 Place to Available Family Planning Services 28
4.2.3 Source of Information on Family Planning Services 29
4.2.4 Knowledge on Side Effects of Family Planning Methods 30
4.2.5 Use of FP Methods 31
4.2.6 Reasons for Nonuse of FP Methods 32
4.2.7 Feeling of Necessity of Son 33
4.2.8 Distance to the Source of Family Planning Services 34
4.3 Summary of Findings 35
CHAPTER V: CONCLUSIONS AND RECOMMENDATIONS 38-39
5.1 Conclusions 38
5.2 Recommendations 38
5.2.1 Recommendation for Policy Related 38
5.2.2 Recommendation for Practices Related 39
5.2.3 Recommendation for the Further Study 39
REFRENCES
APPENDICES

LIST OF TABLES

Table No.	Title	Page No.
4.1	Distribution of Respondents by Family Type	21
4.2	Distribution of the Respondents by Caste/Ethnic Groups	22
4.3	Distribution of Respondents by their Religious belief	23
4.4	Distribution of the Respondents Food Sufficiency	24
4.5	Number of Living Child among the Abortion Clients	25
4.6	Educational Status of the Respondents	26
4.7	Occupation Status of the Respondents	26
4.8	Knowledge on Family Planning Methods	28
4.9	Places to Available Family Planning Services	29
4.10	Source of Information on Family Planning Services	30
4.11	Knowledge on Side Effects of Family Planning Methods	31
4.12	Use of any FP methods within last 6 months	32
4.13	Reasons for Non-use of FP Methods	33
4.14	Feeling of Necessity of Son	34
4.15	Time to Reach Source of Family Planning Services	35

LIST OF FIGURES

Figure No.	Title	Page No.
4.1	Number of Living Child among the Abortion Clients	25
4.2	Occupation Status of the Respondents	27
4.3	Knowledge on Family Planning Methods	28
4.4	Reasons for Non-use of FP Methods	33

ABBREVIATIONS

CBO	Community Based Organization
CBR	Crude Birth Rate
CBS	Central Bureau of Statistics
CDPS	Central Department of Population Studies
CMR	Child Mortality Rate
CPR	Contraceptive Prevalence Rate
CRS	Contraceptive Retail Sales
DH	Department of Health
DHS	Demographic Health Survey
FP/MCH	Family Planning/Maternal Child Health
FPAN	Family Planning Association of Nepal
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
INGO	International Non-Governmental Organization
IUD	Intra Uterine Device
MOH	Ministry of Health
NCPS	Nepal Contraceptive Prevalence Survey
NDHS	Nepal Demographic and Health Survey
NFFHS	Nepal Fertility, Family Planning and Health Survey
NFFS	Nepal Fertility, Family Planning Survey
NGO	Non-Governmental Organization
NLSS	Nepal Living Standard Survey
PRB	Population Reference Bureau
UN	United Nations
UNFPA	United Nations Fund for Population Activities
WFS	World Fertility Survey
WHO	World Health Organization

CHAPTER-I

INTRODUCTION

1.1 Background of the Study

Abortion is the termination of a pregnancy by the removal or expulsion of a fetus or embryo from the uterus. An abortion can occur spontaneously due to complications during pregnancy or can be induced. An abortion induced to preserve the health of the gravid (pregnant female) is termed as therapeutic abortion, while an abortion induced for any reason is termed as elective abortion. The term abortion most commonly refers to the induced abortion of a human pregnancy, while spontaneous abortion is usually termed as miscarriages.

Induced abortion remains a huge public health problem worldwide and particularly in developing countries. Every year, throughout the world, approximately 210 million women become pregnant and 135 million delivered live born infants. The remaining 75 million pregnancies were stillbirth, or spontaneous or induced abortion. It was estimated that in 2003 approximately 42 million pregnancies were voluntarily terminated, 22 million safely and 20 million unsafely (Global Safe Motherhood Initiative, 2003). Safe abortion is can be defined as "termination of pregnancy by skilled professional either by surgical or medical methods in a secure environment" (Singh, 2009).

In the International Conference on Population and Development held in Cairo, Egypt in 1994, one hundred seventy nine countries agreed on 20 year Plan of Action to the abortion. Nepal, as one of, signatory countries of this conference has adopted abortion law and legalize abortion. The law enables women right to control and decide on their unintended pregnancy (Bankole, 2009).

So abortion has been legalize in Nepal since September 2002 by the amendment to the "Muluki Ain". According to law; the women can practice abortion if she wishes for any pregnancy up to 12 weeks of the gestation and up to 18 weeks if the pregnancy follows rape or incest. Abortion can be done if the

fetus has a major congenital anomaly, incompetence with life. Abortion can be done if continuation of pregnancy poses a serious threat to the mother's life. However the law prohibits abortion done without the consent of pregnant women, sex selective abortions, and abortions performed outside the legally permissible criteria (WHO, 2012).

More than half of these abortions are performed under unsafe condition resulting highest maternal mortality rates in the world. As supported by different research findings, an apparent causal relationship between abortion and maternal mortality exits (WHO, 2011).

Despite the fact that more abortion occurs in developing countries than in developed countries, a woman's likelihood of an abortion is similar in both places, 26 abortion per 1,000 women aged 15-44 years in developed countries, compared with 29/1,000 in developing countries. In 2008, estimated 185 million pregnancies that occurred in developing countries, 40 percent were unintended and 19 percent ended in induced abortion. According to a 2009 report, an estimated 251 million women in developing countries have an unmet need for modern contraceptives and more than four out of five developing countries unintended pregnancies occur among such women may ultimately ends as abortion which may be safe or unsafe (UN, 2009).

Access to contraception is important to save women's life. Family planning can prevent the serious health consequences of women's health by helping women prevent unwanted pregnancies and high risk pregnancies. Thus, ensuring access to contraception can avoid women from entering the risk of the death from pregnancy (Tamang, 2011).

The aim of the family planning services is the prevention of the unwanted pregnancies. Inadequate access to contraceptive methods, due to method failure and no use of effective methods are the reason of unwanted pregnancies which leads women to induced abortion.

The international conference on population and development gave an important impetus to the reproductive and sexual health agenda. It made it a goal for the

word's health services by the year 2015. The right to decide freely and responsibly the number and spacing of their children and to have the information, education, and means to do so was first recognized as a human right in 1968. The right to reproductive health now include the concept that individuals have the right to attain the highest standard of sexual and reproductive health and to make reproductive choices free from coercion. Family planning continuous to be a priority for the Government of Nepal and is highlighted in the current three-year interim development plan (2010-2012). The objectives of the National family planning programme include gradually reducing the population growth rate through the promotion of small family norms to the population in general (MOHP, 2010).

The main aim of the National Family planning programme is to expand and sustain adequate quality family planning services to communities the health services networking such as hospital, PHC, HP, SHP, PHC/ORC and mobile camp (DOHS, 2013). This programme aims to reduces fertility enhance maternal and neonatal health, child survival and contribute to bringing about a balance in population growth and socio-economic development. Abortion should not be means of family planning. The family planning programme started in developing countries in the 1960s to enhance prospects for socioeconomic development by reducing population growth. In Nepal, the concept was introduced in the same period. Since the beginning, the Government of Nepal (GON) has implemented various approaches to fulfill family planning needs of individuals and couples. Family Planning is now an integral part of health system of Nepal. Family Planning is priority programme of the Ministry of Health and Population (MoHP) and a component of the reproductive health package and essential health care services of the Nepal Health Sector Program II (2010-2015) (GON, 2010).

1.2 Statement of the Problems

Approximately 70,000 women die annually from complications relate to unsafe abortion making it one of the major cause of maternal mortality. Unsafe

abortion accounts for 13 percent of maternal deaths in developing countries (WHO, 2011).

Population growth is one of the serious problems of the world mainly in developing countries. So the governments of these countries are being concentrated on motivation activities of family planning. Nepal is also conducting many programs through Government of Nepal, NGOs, INGOs and CBOs for maximum distribution of contraceptives to reduce fertility rate. But it is found that the contraceptive prevalence rate in Nepal is lower than that of other South Asian countries. For instance, the contraceptive prevalence rate (CPR) of any methods was 29% in 1996 and 39% in 2011. According to DoHS-2011 report, the CPR of any methods in Nepal is 44% (DOHS, 2013).

However, the contraceptive prevalence rate increased from 3 percent in 1976 to 7 percent in 1981 to 15% in 1986 (Tuladhar, 2012). The CPR reached 24% in 1991 and it increased 29.9% in 1997 (Subedi, 2012). According to NDHS 2011, out of currently married women aged 15-49, 39% use any method of family planning. DoHS report 2011 shows that the CPR is increased up to 44% till now. This is still lower in the world. On the other hand the knowledge about family planning is wide spread, however the practice differ from community, cast and ethnicity (NDHS, 2011).

Nepal had one of the highest rates of maternal morbidity and mortality in South Asia. More recent estimates place the maternal mortality ratio at 281 deaths per 100000 live births suggesting some success in safe motherhood efforts. Despite that unsafe abortion is still a leading cause of maternal morbidity and mortality in Nepal. A recent national study found that approximately 44 percent of married women of reproductive age using contraceptive methods. Following research problems were formulated:

i. What is the socio-demographic status of abortion clients?
ii. What are the availability and accessibility of family planning services?
iii. What is the reasons of non-use of contraceptive among abortion clients?

1.3 Objectives of the Study

The general objective is to identify reasons for non use of family planning methods by abortion clients of Sunaulo Bhabishya Nepal in Chitwan and the specific objectives were as follows:

iv. To measure the socio-demographic status of abortion clients.
v. To identify availability and accessibility of family planning services.
vi. To examine the reasons of non-use of contraceptive among abortion clients.

1.5 Significance of the Study

The rising use of contraception has been found to be the main proximate determinants of the fertility decline in developing countries.

i. The problem of population growth is the serious problem for every village and ultimately a national as a whole.
ii. There is a need of adoption of programmatic methods comprisable to the social norms and values to avert the births.
iii. This study must be carried out on contraceptive methods on the basis of individual compare with different community level, district level and as well as national level.
iv. Different community and regional people have different attitude, perception and practice of family planning services.
v. Variables which afford the acceptance of contraception must be known for implementation of the programs and policies in different community since the social structure of the different communities is different in Nepal.
vi. The study is intended to find out reason for not using of family planning methods among abortion case attending Sunaulo Bhabishya Nepal in Chitwan.

1.6 Delimitation of the Study

Due to the time and financial constraint, the study has been delaminated in following points:

i. The study was conducted only in Suanulo Bhabishya Nepal in Chitwan.
ii. The study has been limited to find reason for non-use of family planning methods among abortion cases.
iii. The study has been based on primary data and interview schedule which is the main tool of eliciting information and knowledge.
iv. 200 respondents were selected purposively from Sunaulo Bhabishya Nepal in Chitwan district only abortion cases.

1.7 Operational Definition of the Key Terms

Sexual Health: Sexual health is the integration of the somatic, emotional, intellectual and social aspects of being; in ways that positively enriching and that enhance personality, communication and love (Kafle, 2011).

Unwanted Pregnancy: When a women finds out she is pregnant and it is not planned or it was not the want of a women, this is called unwanted pregnancy (Tamang, 2011).

Abortion: The expulsion of a fetus from the uterus before it has reached the stage of viability is called abortion (Charity, 2010).

Condom: Condom refers as family planning devices for men used during sexual intercourse to prevent withdrawal of semen in female genitalia (Chiko, 2006).

Depo: Depo refers to injection, which is given to women for prevent them from being pregnant 1 dose for 3 months (Fakeye, 2008).

Education: The highest level of education completed by the respondent taken as educational level. It is measured as illiterate (unable to read and write in any language), just read and write without formal education, primary education (schooling upto grade 5), secondary

education (respondents who completed grade 6-10), SLC and above (respondents who complicated more than 11 years of formal education) (GON, 2015).

Family Planning Services: Family planning refers to these studies family services available in Sub Health Post for provide community people (Kafle, 2011)

Female Sterilization: Female sterilization refers to a permanent method of family planning of women (Mishra, 2009).

IUCD: IUCD refers to family planning devices for women in which copper tube is inserted inside uterus to prevent pregnancies (Mishra, 2009).

Norplant Norplant refers to small capsules placed in their upper arms of women which prevent pregnancies for several years (Devkota, 2009).

Pills Pills refers to tablet taken by reproductive age of women every day to prevent being pregnant 1 dose (28 tablets) for 1 month (Devkota, 2009).

CHAPTER-II

REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK

Review of related literature is an essential part of all studies. It helps the researcher to develop a thorough understanding and insight to preview research works that relates to the present study. It supports the researcher to explore the relevant and true facts for the reporting purpose in the field of study reason for non-use of family planning methods among abortion case attending Sunaulo Bhabishya Nepal in Chitwan.

2.1 Review of Theoretical Literature

In Nepal, Family planning was initiated in 1965 in government sector. In 1968 family planning services were started with establishment of Family Planning and Maternal and Child Health (FP/MCH) project under the Ministry of Health. In 1987 the government adopted an integrated approach to deliver health services including family planning. With the result of this approach, in FY 1988/89 (FY 2045/46), all public health services were integrated into general health services in all 75 districts. The National Health Policy (1991) formulated by first democratic government of Nepal emphasized to encourage NGOs, social marketing organizations, as well as private practitioners to complement and supplement government efforts. In 1994 Family Health Division was established to coordinate family planning program at central level based on new structure of MOH proposed by new health policy 1991 (MOHP, 2010).

In 1994, couples in which the husband made family planning decisions were the most likely to be using family planning, followed by joint decision-makers. Couples in which the wife made family planning decisions reported the lowest use. These findings suggest the dominance of husbands in family planning decision-making and the low levels of autonomy of women in Nepal. The

balance of power shifted over time, however, and by 1999, couples in which the husband made family planning decisions alone reported the lowest levels of use. This finding confirms that mutual decision-making about reproductive matters is more conducive to family planning acceptance and that power imbalances within a relationship do not favor family planning communication or adoption of service. Previous studies show that men and women who discuss family planning are more likely to use contraception effectively and have fewer children On the other hand, when men and women who do not know their partners' fertility preference, attitudes towards family planning or contraceptive preference, the consequences are myriad ranging from unintended pregnancy outcomes, STD transmission and unsafe abortions. This study attempts to find out the reasons for not using FP methods by abortion clients. It may be lack of communication with husband, or opposition by the husband, or other fertility related reasons (Becker, 2006).

Although official records showed that contraceptive failure and risk to mother's health are the leading reasons for women seeking abortion, but study showed that main reason for performing SAS was unwanted pregnancy. A study conducted on abortion at Jimma hospital southwestern Ethiopia showed that the cases gave economic problems as the main reason for abortion (Elias, 2005).

The study reports the main reasons given for non-use of contraception by non-pregnant women aged 15-44 who are at risk of unplanned pregnancy and almost 1/3 of respondents gave male opposition to family planning as the reason for current non-use. Another 13.3 percent expressed fear of methods. 6.3 percent did not want to use contraception until the first child was born and 13.6 percent until the desired number of children were born. Socio-economic variable including age, education level, religion and residence as reasons for non-use of contraceptives were reported (Fakeye, 2008).

The gender roles in explaining the contraceptive use and also in explaining the relationship between spousal communication and attitudes towards and use of contraceptive methods. An engagement in spousal communication about family planning could be important in the process of arriving at mutual consensus between husband and wife with regard to the practice of contraception and the maintenance of a desired level of fertility. This may be more crucial particularly in the developing countries like Nepal where contraception is perceived as risky due to their side effects especially among women (Salway, 2009).

In the great majority of the 56 countries, the highest proportions of abortion occur among women aged 20-24 and 25-29. Typically, the proportion is smaller among women aged 30-40 but in several countries, the difference in not great. The proportion drops notably among women aged 35-39 in all countries. The proportion of abortions occurring among women younger than 20 is <10 percent in 21 countries, between 10 percent and 20 percent in 25 countries and at least 20 percent in 9 countries (Bankole, 2009). For not intending to use contraception is higher at ages 25-34. The proportion reporting opposition to Family Planning is also much higher for women age 25-34 than the other two age groups. Controlling for socio-economic variables does not change these findings which indicate the effect of age on reason for not intending to use contraception is largely independent of other variables. The relatively high proportion reporting method problems and opposition to Family Planning in the 20-34 age groups are worrisome because this age group has the highest fertility level (Mishra, 2009).

In the national facility based abortion baseline survey 2006, nearly all married clients with high parity (three or more children) and also those having two children reported that they have sought abortion, since they had no desire for additional children. Among those having one child or no child at all only a quarter of them gave this response. On the country, close to half of the clients

(47 percent) having no child or just on child responded that the current pregnancy they had terminated was mistimed and also since their child is small or breastfeeding (42 percent). The reason that the birth of the child could lead to further economic burden was mentioned by a third of the clients with three or more children and a quarter of those having two surviving children (Charity, 2010).

Due to these efforts governed by GON, and other private sectors, fertility has gradually decreased over the years in Nepal, with the TFR falling from 4.6 births per woman in 1996 to 2.6 in 2011 (NDHS). Contraceptive prevalence rate was very low 29 percent in 1996. The recent DHS, 2011 findings showed a tremendous increase in contraceptive prevalence rate; 49.7 percent.

Despite of these noteworthy achievements, unmet need is still high. (Unmet need refers to a discrepancy between an expressed preference to limit or space births and the absence of contraceptive use.) The DHS 2011 showed 27 percent unmet need for family planning, with 9.6 percent having an unmet need for spacing and 15.3 percent having an unmet need for limiting. Data from DHS 2011 shows that nearly two thirds of women do not intend to use contraception in the future because of fertility related reasons. Twelve percent of women do not intend to use because of opposition to use, with most of citing religious and husband opposition as reasons for non-use. Others are method related reasons.

Many obstacles prevent men and women from talking about sexuality, family planning and reproductive issues and a complex web of social and cultural factors hamper such discussions. In most societies, discussing sexual matters is a taboo subject for men and women. Also, men and women are often afraid of rejection by a sexual partner, especially if the discussion about sexuality takes place at the beginning of a relationship. Consequently, they may not feel comfortable discussing reproductive health issues, such as sexual history or contraception. Also, men sometimes do not wish to discuss a subject about

which they are less informed than their wives. On the other hand, women's inferior position in the household and lack of negotiation power often limit couple communication from either side. Furthermore, a husband might suspect his wife being promiscuous or unfaithful if she tries to discuss contraception with him.

An increase in contraceptive prevalence and in the use of effective contraceptive methods reduces the incidence of abortion. This is empirically supported by data from developed countries. Data from various countries showed that when fertility starts to decline, both abortion and contraceptive use rise simultaneously. Among the various forms of 12 contraceptives, natural contraceptives method like calendar and withdrawal methods were mostly used by these women as the first method after undergoing abortion (WHO, 2011).

The United Nations Population Division (UNDP) some 61.7 percent of women that are married or in cohabiting unions in developing countries use a contraceptive method. However, 11.2 percent of married women had an identified unmet need for family planning, 22.2 percent in Africa, 9.2 percent in Asia and, 10.5 percent in Latin America and the Caribbean. In number, this means that in developing regions some 375 million married/cohabiting women were not using any contraceptive method, and some 110 million had an unmet need for family planning, over 30 million of women with unmet need in Africa, nearly 70 million in Asia and close to 10 million in Latin America. In addition six percent, or about 59 million of women, depend on less effective traditional methods. Other women may not have access to the contraceptive methods of their choices or those best suited to their choices or those best suited to their current contraceptive needs, whether for spacing or terminal methods. In addition, the contraceptive of over 400 million unmet need women of reproductive age, including adolescents, rarely have access to information and counseling on reproductive health, and frequently are excluded from contraceptive services. The percent study showed that 87.7 percent had heard

about family planning and 42.6 percent used the modern family planning methods. Post SAS contraception was adopted by 93 percent. Most preferred method was Injection Depo-Provera (WHO, 2012).

In a community-based study in Rajasthan, only one in six men and women were aware that abortion was legal. Even more alarming was that nearly four in five men and more than one in women believed it was illegal, and formal services are less likely to be sought when perceive abortion to be illegal. Even when women were aware of the legal status of abortion, they may not be fully aware of the condition under which abortion is allowed. For example, in a study in Madhya Pradesh, India while 15 percent of women knew that abortion was legal, only nine percent knew the correct timing under which abortion was legally permitted (WHO, 2012).

2.2 Review of Empirical Literature

The first population policy was made during the nation's third five year plan (1965-70). There was a separate chapter on population and manpower. The section on Health discussed the importance of family planning in reducing the Crude Birth Rate (CBR). However it took two years or organizes and formulates family planning policies and action programs for the 3rd plan. The family planning contraceptive services were actually available to married couples only 1969. Further a three year plan was made for period 1967-70. The objective was to reduce the CBR from an estimated level 39.1 in 1967 to 38.1 per thousand by 1991 (Joshi, 2009)

Education of the women obtaining abortion in 2000, 57 percent had some college education[6]. A study conducted on abortion at Jimma Hospital, Southwestern Ethiopia showed about two –thirds of these of these women included in the study were illiterate who did not read and write and 67.8 percent of them (913 out of 1346) were housewives (Elias, 2005).

Most abortion about 88 percent are obtained by the first trimester of pregnancy.

In fact, over half all abortion are obtained within the first 8 weeks. Fewer than 2 percent occur at 21 weeks or later (Elias, 2005).

The result of the study showed that the majority of the women 81 (55.5 percent) were aged 25 years and below, married 110 (75.3 percent), unemployed 110 (75.3) and many had poor education 69 47.3) and lived in high density residential areas 92 (63.0 percent) (Chiko, 2006).

It has been observed that all women who show an interest in the use of family planning and are keen to space their births do not actually practice family planning during their active reproductive years. In searching for the factors determining contraceptive practices, the link between spousal communication about family planning and modern contraceptive use is well recognized (Biddlecom, 2007).

Abortion is one of the important causes of the maternal mortality contributing the 13 percent of the total global mortality and most of them are unsafe (Strauss, 2007).

Women between the ages of 15 and 19 accounts for about 19 percent of all the abortions, women 20-24 accounts for another 33 percent and about 25 percent of abortion are obtained by women who are 30 or older. Calculating abortion rates, older teenagers and young adults have the highest abortion rates, while women younger than 15 and older than 35 have the lowest (Sedgh, 2007).

According to the study Trends in the characteristics of women obtaining Abortion 1974 to 2004. The majority of abortion 57 percent are obtaining by women in their 20 minors accounts for fewer than seven percent of all abortion (Stanley, 2008).

Tamang (2011), the study induce abortions and subsequent reproductive behavior among woman in urban areas of Nepal. The fact that exposure to previous abortion would increase the chances of repeat abortion is evident from the table 5 roughly, one in four induced cases (63 women) had previous

experience of abortion (68 percent) and miscarriages (32 percent). Moreover, a considerable proportion of these women have been exposed to two or more previous abortions and some four or more abortion.

Kafle (2011), attempted to study on premarital sexual behavior, use of condoms and knowledge on STDs Dhanusha district. The study found that, 42 percent (27 percent male and 15 female percent) respondents have involved sexual activities and 27 respondent (16 male and 11 female) have experienced intercourse, among them 4 respondents have experienced intercourse by force and 3 respondents have experienced it before they reach at age 15 as well as have reported partner's age as less than or equal to 13 years old.

There is a direct association between use of family planning methods and the number of children women have, except in the case of women with five or more children. Only 12 percent of women with no living children use contraception, the percentages increases to 47 percent among women with one or two children and 65 percent among women with three of four children before declining to 54 percent among women with five or more children. Use of female sterilization is highest among women with three of four living children [29 percent], with a decline to 18 percent among women with five or more children. Use of injectables rises with parity, from less than 1 percent of women with no children to 13 percent of women having five or more children. Injectales are popular because they are more easily accessible, with supplying available at most health facilities [MOHP, 2009]. Moreover, the expansion of the sangini Franchising Network, which franchises injectables under a local brand name [Sangini – Tin Mahine Sui] in all 75 districts, has increased rural women's access to injectables [Nepal CRS Company, 2011]. These injectables contraceptives work for a relatively longer duration, they are convenient to use, and there use can be kept private (NDHS, 2011).

There is a direct relationship between contraceptive use by a women and presence or absence of her husband. Use of any methods is almost three times higher among women whose husbands are living with them [62 percent] than

among women whose husbands do not live with them [23 percent]. A similar pattern is seen in use of modern methods [53 percent and 23 percent respectively] (NDHS, 2011).

Overall, use of contraceptives does not vary extensively by ecological zone, although differences in use of modern methods are slightly more pronounced. Much of the variation in use of modern methods is due to difference in the use of female and male sterilization and injectables. Female sterilization is more popular in the terai, where 23 percent of currently married women are using these methods than in Hills [7 percent] or mountain [3 percent]. On the other hand, male sterilization and injectables are more popular in the mountain and hill zone than in the Terai. While 17 percent of women in the mountain zone and 11 percent of women in the hilly zone reported using male sterilization, only 5 percent of women in the terai id so. By development region, use of modern methods is highest in the central development region [50 percent], and lowest in the eastern development region [36 percent]. Female sterilization is especially popular in the central region [20 percent]. There is small variation in the use of injectables by development region, with women in the western region showing the lowest coverage [6 percent] (NDHS, 2011).

A large number of cases (39.9%) had not used any definite contraceptive prior to this pregnancy, 31.1% had used male condom not so regularly and 25.9% were using natural methods including lactation. 38 of 71 cases of second trimester abortions had conceived during lactation. A small number of cases were on oral contraceptive (2.8%) but not regularly. There was one case of IUCD and sterilization failure each. The two commonest indications for abortion in first trimester were failure of contraception (57.9%) and completion of family (41.3%) while it was completion of family 77.4% and detection of congenital malformation (22.5%) in second trimester abortion. 6.7% cases had undergone one or more induced abortions in the past. No abortion was conducted after fetal sex determination. There were 11 unmarried girls who had requested for abortion. 24 cases were denied abortion as duration of pregnancy

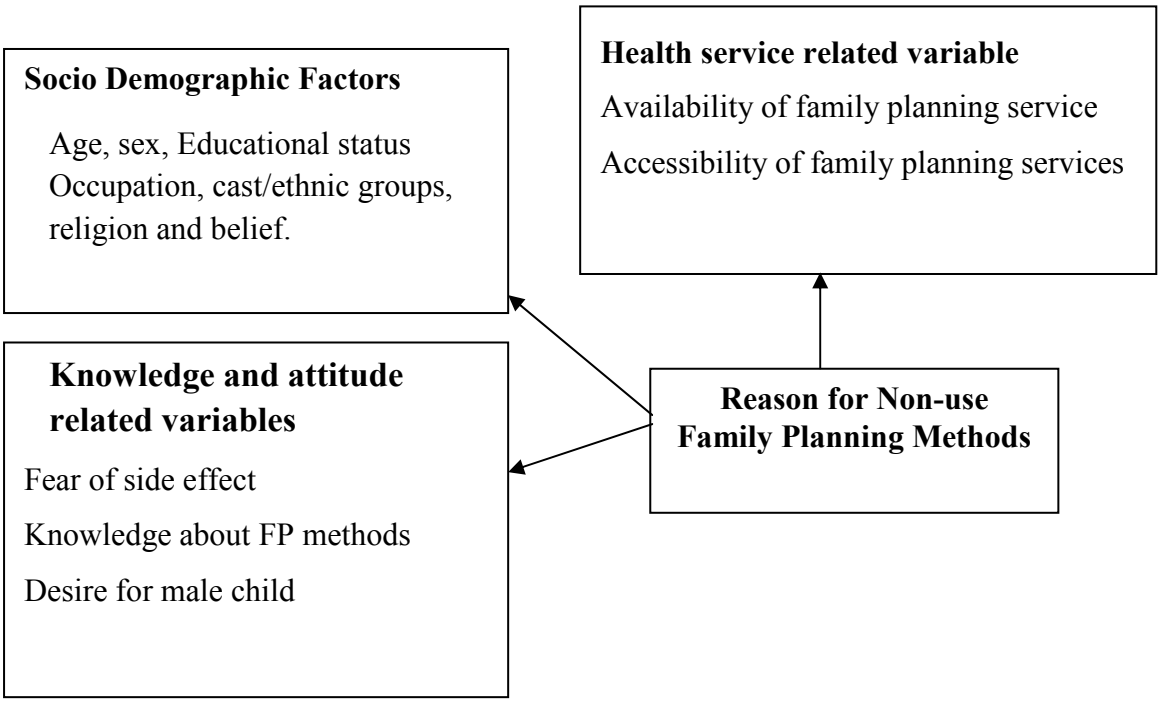
was beyond 20 weeks and two were counseled to continue pregnancy, one had severe anemia and one was a case of previous two cesarean sections and wanted to delay pregnancy (Koirala, 2017).

2.3 Implications of the Review for the Study

The researcher has studied more related books, reports and empirical literatures related to the study. The researcher has gained more knowledge and information about reason for non-use family planning methods in national and international level by reviewing the related literature. The researcher got knowledge of abortion on case attending in Sunaulo Bhabishya Nepal in Chitwan of the reproductive age and the situation. Therefore the results was useful in developing or reviewing the national policy and guideline regarding the reason for non-use of family planning methods among abortion cases.

2.4 Conceptual Framework

Figure 2.1: Conceptual Framework



There is increase in the rates of maternal mortality and morbidity due to reason for non-use of family planning methods among abortion case attending Sunaulo Bhabishya Nepal in Chitwan. These factors have been identified in several studies which are described in the conceptual framework. The factors can be categorized into three groups i.e. socio demographic factors, health service related variables and knowledge and attitude related variables.

CHAPTER-III

METHODS AND PROCEDURES OF THE STUDY

The study reason for non-use of family planning methods among abortion case attending Sunaulo Bhabishya Nepal in Chitwan is a new in its nature. Specially, this chapter deals about selection of the study area population or source of data, sampling design and sampling procedure, tools and instruments, data collection procedure, data analysis and interpretation procedure.

3.1 Research Design

The design of this research is basically non-experimental as it is suitable for collecting descriptive information as well as for doing small case study. The present study has been based on interview schedule in order to fulfill the specific objective of the study. The descriptive research design has been applied for the study. This study has been conducted among the respondents of Sunaulo Bhabishya Nepal in Chitwan attending about the abortion case clients.

3.2 Population, Sample and Sampling Procedure

The data has been collected from Sunaulo Bhabishya Nepal in Chitwan district. The total 1200 clients has been attending for abortion case in Suanulo Bhabishya Nepal in Chitwan, but some of secondary data were obtained from different sources such as curriculum, books and journals for this study. Out of total 1200 clients of Sunaulo Bhabishya Nepal only 200 respondents were selected for sample of this study. The purposive sampling technique has been used in this study.

3.3 Data Collection Tools

The interview schedule is the major tool of data collection which was structured to minimize respondent confusion. It contained questions related to research topic. As a research tool, interview schedule has been prepared consulting literature, research expert and teachers. Developed schedule was pre-tested among 10 abortion clients in FPAN, Bharatpur before finalizing the

tools. After pre-testing, necessary modifications were made for the convenience and reliability of the tools. Then after, the tools were prepared for the final interview.

3.4 Data Collection Procedure

For the collection of data the researcher prepared the time schedule visiting Sunaulo Bhabishya Nepal in Chitwan district for collected data as per the limitations. The respondents were motivated to participate in interview so that the true data about the unwanted pregnancy abortion could be obtained. The essential secondary information's were also collected from educational statistics, related books, journals and newspapers.

3.5 Data Analysis and Interpretation Procedure

After completion of data collection, raw information's has been checked, edited and post coded accordingly. The data has been represented in the table. Descriptive approach has been applied for analyzing and interpretation of primary data. Frequency tables, charts, average and percentage analysis was calculated.

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF RESULT

This chapter deals with the analysis and interpretation of data concerning reason for non use of family planning methods among abortion case attending Sunaulo Bhabishya Nepal, Chitwan. All the data obtained from the field survey were analyzed and interpreted on the basis of research objectives.

4.1 Socio Economic and Demographic Status

Socio cultural and economic status of a case also determine the non use of family planning methods among abortion cases attending related organization. A total 200 respondents were made participated in the study. Social value and norms, cultural belief and economic status have been seen dominance among the cases.

4.1.1 Type of Family

Family structure has changed dramatically over the last 50 years. The "Leave it to Beaver" family is no longer the standard, and several variations on family have been created. There are six specific types of family structures identified by society today i.e., nuclear family, single parent family, extended family, childless family, stepfamily and grandparent family, however, these are categorized traditionally in this study.

Table 4.1: Distribution of Respondents by Family Type

Family Type	No. of Respondents	Percent
Nuclear	146	73
Joint	54	27
Total	**200**	**100.0**

The above table 4.1 shows that out of total of 200 respondents, 73 percent were nuclear family and 27 percent of the respondents had joint family. It was found that the case who attended related organization for abortion were from nuclear family.

4.1.2 Cast/Ethnic Groups

The basic elements of social composition include race, as ethnicity/caste; language or mother tongue; and religion or belief. Many tend to include all these three under the rubric of 'ethnicity'. This seems misplaced. One such example leading to confusion is the terms 'Nepalese ethnic' used as in the case of refugees from Bhutan. They, however, include many ethnic/castes and are considered refugees because of their non-Nepalese political identity. They are indeed a group of people sharing Nepali language of which some have their own Tibeto-Burman mother tongue. Again, not all of them are Hindus as some follow their tribal belief. These so-called 'Nepalese ethnics' are actually a language group whether they subscribe to the semantics of Bhandari's 'Nepali' or Ghising's 'Gorkhali' Ethnicity, language, and religion do tend to overlap but treating them as discrete entities for analysis will contribute to clarity. The caste/ethnic groups are listed in cohorts of ten names commencing from tarai, hill, and then of mountain origin. There is no sequence as to their alphabetical order by name or size of their population. The 1991 census lists 60 ethnic and caste group. According to the regional grouping, these include 29 from the tarai, 29 from the hill and 2 from the mountain. Among those listed, three are actually religious groups: Churaute (hill Muslim), Muslim, and Sikh. The National Population Census of Nepal 2011 reported 125 caste/ethnic groups. So, it can be concluded that Nepal is a culturally diverse but unified in its nature (WHO, 2012).

Table 4.2: Distribution of the Respondents by Caste/Ethnic Groups

Caste/Ethnicity	No. of Respondents	Percent
Brahmin/Chhetri	70	35.0
Janajati	112	56.0
Dalit	16	8.0
Muslim	2	1.0
Total	**200**	**100.0**

The above table 4.2 shows that among the total of 200 respondents, 35 percent belonged to Brahmin/Chhetri, 56 percent belong to Janajati, 8 percent were Dalit and 1 percent of the respondents were Muslim. It is clear that most of the Janajati caste were attending abortion case in Sunaulo Bhabishya Nepal in Chitwan.

4.1.3 Religious Distribution

Religion in Nepal is not only a system of social coherence based on certain rituals and beliefs. It is the binding force that ties its people from the highest peak to the lowest land surface in the world giving equal respect to all the religions.

Table 4.3: Distribution of Respondents by their Religious belief

Religion	**No. of Respondents**	**Percent**
Hindu	134	67.0
Buddhist	60	30.0
Muslim	2	1.0
Christian	4	2.0
Total	**200**	**100.0**

The above table 4.3 shows that out of the total respondents, majority 67 percent of the respondents were Hindu, 30 percent were Buddhist, 1 percent were Muslim and rest 2 percent were Christian. These data clearly show there is dominance of Hindu respondents.

4.1.4 Food Sufficiency

Nepalese economy dominated by agriculture, 65.6 percent of total population is directly or indirectly depend on agriculture. Since last couple of years, population dependent on agriculture have been decreased. Country poverty is root cause for food insecurity, under nutrition, social, education, healthcare and employment deprivations. Low productivity in agriculture is a major contributor to poverty and food insecurity.

Table 4.4: Distribution of the Respondents Food Sufficiency

Food Sufficiency	No. of Respondents	Percent
Sufficient for whole year	140	70.0
6-12 months	54	27.0
Less than 6 months	6	3.0
Total	**200**	**100.0**

The above table 4.4 shows that out of total respondents most of 70 percent of the respondent had sufficient food for whole year, 27 percent respondents had food sufficiency for 6-12 months and 3 percent of the respondents had sufficiency a food for less than 6 months.

In aggregate and percentage terms, the deficit is usually 3-5 percent of total utilization in cereal equivalent. Situation of food availability and access are very unevenly distributed over the country, and areas with the lowest production and greatest deficit per capita also tend to be the ones with low incomes, highest rates of poverty and malnutrition, and they are often the most remote and inaccessible. Since 1990, at national level, overall food production is deficit and Nepal has been a net cereal importer for most years during the last two decades.

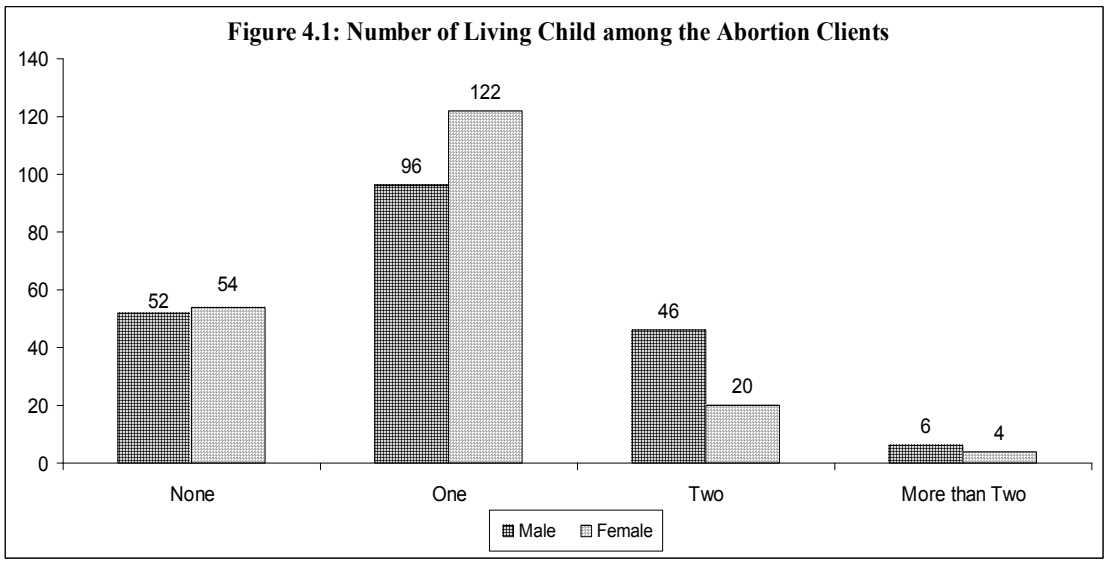
4.1.5 Number of Living Child among Abortion Clients

World population continues to grow, but the number of children in the world has now reached its peak. In 1960 there were one billion children below 15 years of age which accounted 35 percent of the world population. Now there are 1.9 billion children in the world, which accounts 27 percent of the world population. In 2050 there will still be an estimated 1.9 billion kids, but that will be only 20 percent of the world population. The reason of decreasing child proportion is 40 percent of the world population has less than 2 children per women and thus compensating for the 18 percent that get more than 3 children per women (www.gapminder.org/world-peak-number-of-children-is-now/).

Table 4.5: Number of Living Child among the Abortion Clients

Number of child	Male		Female	
	Frequency	Percent	Frequency	Percent
None	52	26.0	54	27.0
One	96	48.0	122	61.0
Two	46	23.0	20	10.0
More than two	6	3.0	4	2.0
Total	**200**	**100.0**	**200**	**100.0**

The above table 4.5 shows that 48 percent of the women who visited for abortion had one male child, 26 percent had no male child, 23 percent had two and 3 percent had more than two male children. Likewise, 61 percent of the visiting clients for abortion had one female child, 27 percent had no female child, 10 percent had two and 2 percent had more than two female child.



4.1.6 Educational Status

In Nepal, population growth during 2001-2011 was 1.46 percent per year. This is considered to be relatively high growth rate. The population growth exerts continuing pressure on provision of primary education in the short term and on provision of other levels of education in course of time. In the same way, Nepalese education is theory based rather than practical. So, unemployment as well as literate unemployed is rapidly growing in the country.

Table 4.6 Educational Status of the Respondents

Educational status	No. of Respondents	Percent
Illiterate	10	5.0
Can read and write	42	21.0
Primary level (1-5)	44	22.0
Secondary (6-10)	44	22.0
Above S.L.C.	60	30.0
Total	**200**	**100.0**

The above table 4.6 shows that among 200 respondents, 30 percent had education above SLC, each of 22 percent had primary 1-5 class and secondary level 6-10 class education respectively, 21 percent could only read and write and 5 percent of the respondents were illiterate.

4.1.7 Occupational Status

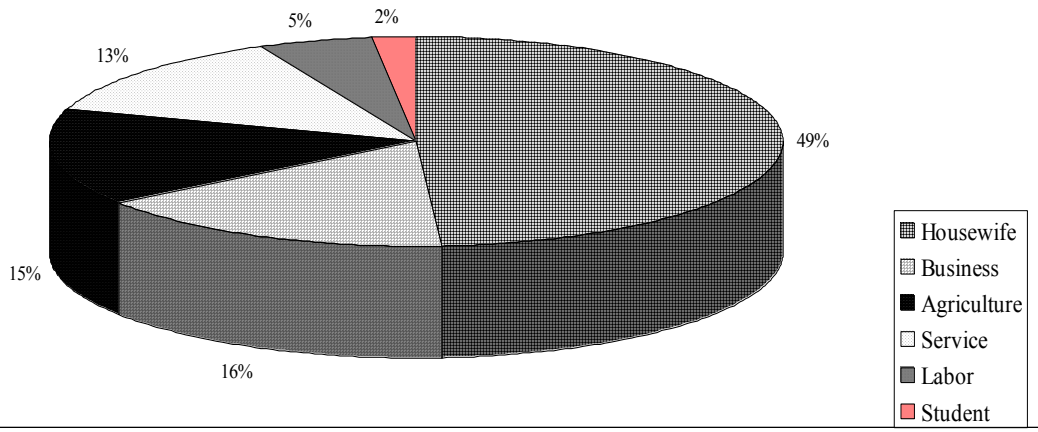
Occupational status is one of the main determinants of unwanted pregnancy. In this study respondents' occupational status was also explored. Study results were presented in the table given below:

Table 4.7: Occupation Status of the Respondents

Occupation	No. of Respondents	Percent
Housewife	98	49.0
Business	32	16.0
Agriculture	30	15.0
Service	26	13.0
Labor	10	5.0
Student	4	2.0
Total	**200**	**100.0**

The above table 4.7 shows that among 200 respondents taken for the study, 49 percent of the respondents were housewives, 16 percent were involved in business, 15 percent had agricultural occupation, 13 percent had service, 5 percent were labour and rest 2 percent of the respondents were students.

Figure 4.2: Occupational Status of the Respondents



4.2 Knowledge and Use of Family Planning Methods

Family planning is the planning of when to have children and the use of birth control and other techniques to implement such plans. Family planning services have the potential to improve the quality of the lives of people. This study was aimed to explore the non use of family planning methods among abortion clients attending Sunaulo Bhabishya Nepal, Chitwan. To fulfill the objective, respondent's knowledge and use of family planning were also explored.

4.2.1 Knowledge on Family Planning Methods

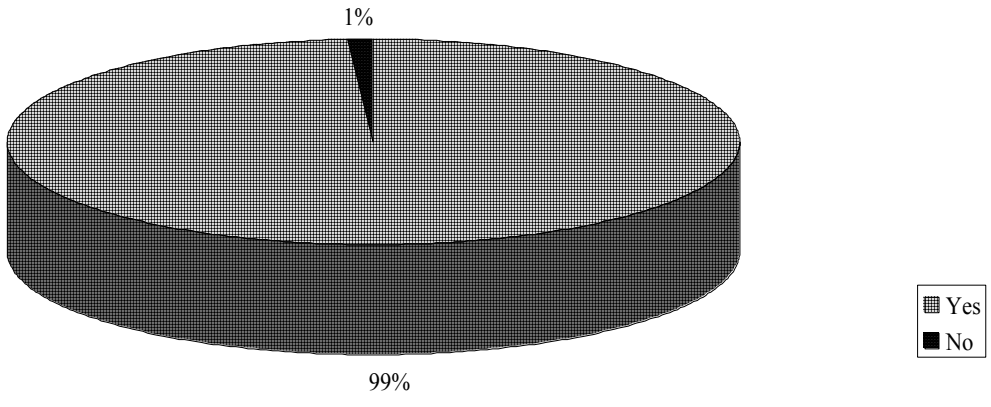
Family planning is regarded as an important preventive measure against maternal and child morbidity and mortality. Appropriate use of family planning methods improve pregnancy planning and spacing, and prevent unintended pregnancy. Family planning is one of the major public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size, and contributes to improved health outcomes for infants, children, women, and families. Appropriate use of such devices depends upon the knowledge about these devices and methods which ensures to get these benefits. In this study, respondent's knowledge on family planning were also explored. Study findings are shown in the table given below:

Table 4.8: Knowledge on Family Planning Methods

Knowledge on FP methods	No. of Respondents	Percent
Yes	198	99.0
No	2	1.0
If yes, (n=198)		
Mini lap	62	31.0
Vasectomy	66	33.0
Condom	180	90.0
Pills	184	92.0
Depo	188	94.0
IUCD	118	59.0
Implant	102	51.0

The above table 4.8 shows that almost 99 percent of the respondents reported to have knowledge on at least one of the family planning methods. Among them, 94 percent respond having knowledge about Depo, 92 respond pills, 90 percent respond condom, 59 percent respond IUCD, 51 percent respond implant, 33 percent respond vasectomy and 31 percent of the respondents respond mini lap.

Figure 4.3: Knowledge on Family Planning Methods



4.2.2 Place to Available Family Planning Services

Family Planning Association of Nepal (FPAN) was established in 1969 as a first national NGO aiming to provide comprehensive sexuality education to all

women and men. Then after, several other organizations including Sunaulo Bhabishya Nepal involve in the field. This task involves to provide information on sexual and reproductive healthcare; prevention and treatment of HIV and AIDS; safe abortion; and the prevention and support for the victims of gender-based violence (GBV). So several organizations including FPAN, Sunaulo Bhabishya Nepal, Merie Stopes and government health institutions are the reliable place to find such services. Respondent's knowledge on the place to find FP service is presented in the table given below.

Table 4.9: Places to Available Family Planning Services

Places to find FP services	No. of Respondents	Percent
Outreach clinic	26	13
Sub health post	108	54
Health post	138	69
PHC	92	46
Hospital	172	86
FCHV	40	20
Private clinic	118	59
Others	12	6
Total	**200**	**100.0**

The above table 4.9 shows that among 200 respondents, most 86 percent of the respondents said that family planning services are available in hospital, 69 percent said health post, 59 percent said private clinic, 54 percent said sub-health post, 46 percent said PHC, 20 percent said FCHV and 13 percent said outreach clinic and 6 percent of the respondents said others.

4.2.3 Source of Information on Family Planning Services

To knowledge about the source of family planning methods is important for the use of any methods of family planning. Here at first the respondents were asked either they know any source of family planning method or not which is described in below table.

Table 4.10: Source of Information on Family Planning Services

Source of Information	No. of Respondents	Percent
FM/Radio	84	42
TV	130	65
Newspaper	66	33
Friends/Neighbors	124	62
FCHV	94	47
Others	10	5

The above table 4.10 presents the source of information regarding family planning among the abortion clients attending Sunaulo Bhabishya Nepal, Chitwan. Data showed that television 65 percent and friends/neighbors 62 percent were the most common source of information on FP methods. Likewise, 47 percent of the respondents were informed about family planning from FCHV, 42 percent from FM/radio, 33 percent from newspaper and 5 percent of the respondents got from other sources.

4.2.4 Knowledge on Side Effects of Family Planning Methods

The difference is magnitude of effect and nature of their work. Some methods like condoms and natural methods have very low effect whereas others like hormonal methods may have high side effect if not used properly. Respondent's knowledge on side effects of family planning methods are presented in the given table.

Table 4.11: Knowledge on Side Effects of Family Planning Methods

Knowledge on side effects on FP methods	No. of Respondents	Percent
Yes	198	99
No	2	1
If yes, (n=198)		
Obesity	122	62.2
Lean and Thin	116	59.2
Bleeding	184	93.9
Headache	128	65.3
Abdominal pain	88	44.9
Others	8	4.1

The above table 4.11 shows that among 200 respondents, almost 99 percent of the percent had knowledge on side effects of family planning methods. Among them, 93.9 percent said the side effect as bleeding, 65.3 percent said headache, 62.2 percent said obesity, 59.2 percent said lean and thin, 44.9 percent said abdominal pain and 4.1 percent of the respondents said other effects.

4.2.5 Use of FP Methods

One in two currently married women in Nepal is using a method of contraception, with most women using a modern method. The three most popular modern methods used by married women are female sterilization, injectables and male sterilization. Use of modern methods has increased by 66 percent in the past 15 years. Government sector is the major provider of contraceptive methods, catering to more than two in three users. Use of family planning methods and devices are determined by various factors like age, marital status, education, religion, ethnicity etc. Several statistics shows that trend of bearing unwanted pregnancy is increasing. It is due to the changing values norms and import of western culture. Respondents using family planning within last 6 months are presented in the given table.

Table 4.12: Use of any FP methods within last 6 months

Used FP methods within last 6 months	No. of Respondents	Percent
Yes	102	51.0
No	98	49
If yes, (n=102)		
Condom	27	26.5
Pills	27	26.5
Depo	17	16.7
IUCD	18	17.6
Implant	13	12.7
Total	102	100

The above table 4.12 shows that among the total of 200 respondents, 51 percent said to have used FP methods within last 6 months period. Among them, 26.5 percent of each said that they use of condom and pills, 17.6 percent used IUCD, 16.7 percent used Depo and 12.7 percent used implant during the period.

4.2.6 Reasons for Nonuse of FP Methods

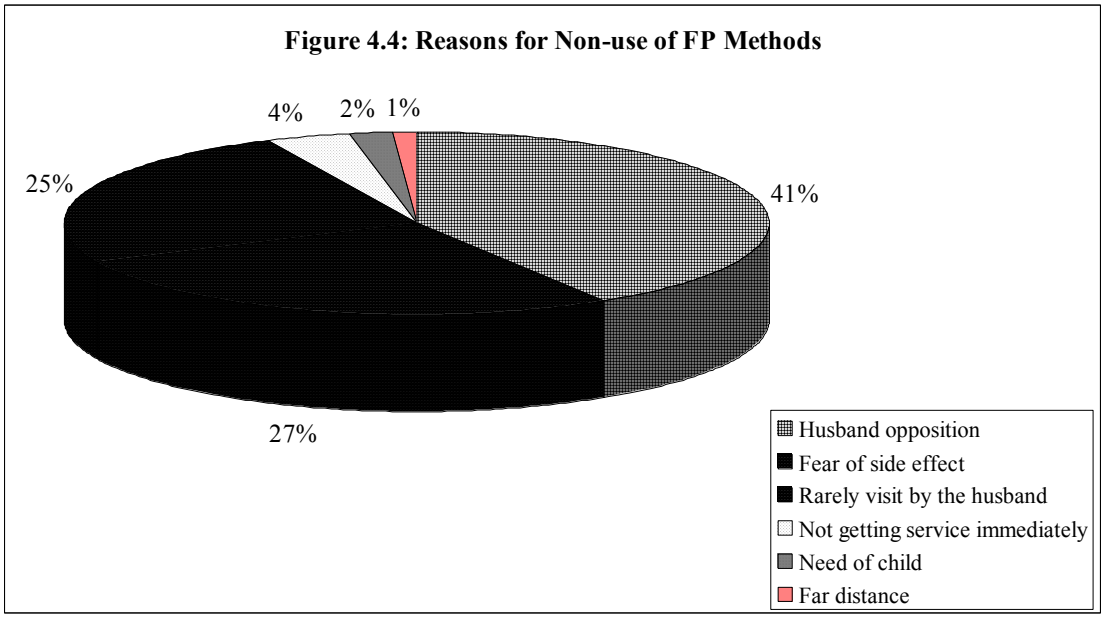
Attitudes and perceptions of currently married women and their partners towards family planning plays vital role in using family planning methods. By definition those who have no knowledge of family planning do not use contraceptives. Identifying the major reasons for nonuse of contraceptives is important in designing and implementing appropriate family planning intervention strategies. There could be numerous reasons that prohibit women from using contraceptives. Reasons for nonuse may differ by socio-cultural and religious status. Other reasons may fear of unfecundability, objection of the husband/wife, lack of spousal communication, shyness to get service etc. In this study, respondent's reason of nonuse of family planning was explored. Finding of the study are presented as follows:

Table 4.13: Reasons for Non-use of FP Methods

Reasons for non-use of FP methods	No. of Respondents	Percent
Husband opposition	82	41
Fear of side effect	54	27
Rarely visit by the husband	50	25
Not getting service immediately	8	4
Need of child	4	2
Far distance	2	1
Total	**200**	**100**

The above table 4.13 shows that topmost reasons for not using FP methods were husband opposition 41 percent, fear of side effect 27 percent and rarely visit by the husband 25 percent. Other reasons include not getting service immediately 4 percent, need of child 2 percent and far distance 1 percent. The finding have been presented in the following figure:

Figure 4.4: Reasons for Non-use of FP Methods



4.2.7 Feeling of Necessity of Son

Gender discrimination and son preference are key demographic features of South Asia region and are well documented for India. Sex preference in Nepal has received little attention, possibly because the overall sex ratio at birth (105) is similar to the expected value. In addition, Nepal is in the early stages of

fertility decline; hence, sex-selective abortion is rare. Son preference is generally viewed as a socially determined bias: In a patriarchal society, couples prefer to raise a child who has the culturally accepted characteristics, status and economic potential associated with the male gender. This preference often influences behavior and may result in gender biases that negatively affect girls' and women's welfare, health and survival. Thus, preference leads to discrimination. Sex preference is an important barrier to increase the use of contraceptives and decline fertility in a country. Study result on son preference among abortion clients are presented below.

Table 4.14: Feeling of Necessity of Son

Son necessary or not	No. of Respondents	Percent
Yes	128	64
No	72	36
Total	**200**	**100**

The above table 4.14 shows that among 200, most of 64 percent of the respondents said for the necessity of son in their family and 36 percent said that having son is not necessary for them.

4.2.8 Distance to the Source of Family Planning Services

Distance to the source of family planning services plays a vital role in reducing fertility, unwanted pregnancy and abortion which ultimately save the life of mother and child. Studies show that distance to the source of FP services determines sexual behaviour in two ways. On the one hand, the low distance or widely availability of such services increases the sexual activities of adolescents. Inappropriate use or failure of contraceptive devices results to increase frequency of abortion. On the other hand, availability of such devices makes happy family life, low fertility, maintains desired birth spacing and low abortion. Distance to the source of family planning services for the abortion clients are presented in the following table.

Table 4.15: Time to Reach Source of Family Planning Services

Time to reach source of FP services	No. of Respondents	Percent
Less than ½ hrs	118	59
½ to 1 hrs	46	23
1-2 hrs	24	12
More than 2 hrs	12	6
Total	**200**	**100**

The above table 4.15 represents that most of the respondents had less than half hour distance to the source of FP services i.e., 59 percent had to spend half an hour and 23 percent had to spend half to one hour time to get such services. Likewise, 12 percent of the respondents had one to two hours distance and 6 percent had more than 2 hours distance to get FP service.

4.3 Summary of Findings

i. Result of the study shows that out of total of 200 respondents, most of 73 percent were from nuclear family and 27 percent of the respondents had joint family. Among the total of 200 respondents, 35 percent belonged to Brahmin/Chhetri, 56 percent belong to Janajati, 8 percent Dalit and 1 percent of the respondents were Muslim and among them 67 percent of the respondents were Hindu, 30 percent were Buddhist, 1 percent were Muslim and 2 percent were Christian.

ii. Likewise, 70 percent of the respondent responded having sufficient food for whole year, 27 percent responded food sufficiency for 6-12 months and 3 percent responded sufficiency of food for less than 6 months. Above data showed that 48 percent of the women visiting for abortion had one male child, and 61 percent of the women visiting for abortion had one female child, 27 percent had no female child, 10 percent had two and 2 percent had more than two female child. It is found that among 200 respondents, 30 percent had education above SLC, each of

22 percent had primary and secondary level education, 21 percent could read and write only and 5 percent of the respondents were illiterate.

iii. It is also found that 99 percent of the respondents reported to have knowledge on at least one of the family planning methods. Among them, 94 percent respondents reported to have knowledge about Depo, 92 respondents pills, 90 percent respondents condom, 59 percent respondents IUCD, 51 percent respondents implant, 33 percent respondents vasectomy and 31 percent of the respondents reported mini lap. Out of total, 86 percent of the respondents said that family planning services are available in hospital, 69 percent said health post, 59 percent said private clinic, 54 percent said sub-health post, 46 percent said PHC, 20 percent said FCHV and 13 percent said outreach clinic and 6 percent of the respondents reported others.

iv. Above data showed that television 65 percent is the main source of information FP methods and friends/neighbors 62 percent were the most common source of information on FP methods. Among 200 respondents, 99 percent of the respondents reported that they had knowledge of side effects of family planning methods. Among them, 93.9 percent said the side effect such as bleeding, 65.3 percent headache, 62.2 percent obesity, 59.2 percent lean and thin, 44.9 percent abdominal pain and 4.1 percent of the respondents reported other effects.

v. Out of total respondents, 51 percent of the respondents reported they have used FP methods within last 6 months period. Among them, 26.5 percent of each said that they used condom and pills, 17.6 percent used IUCD, 16.7 percent used Depo and 12.7 percent used implant during the period. Above result shows that topmost reasons for not using FP methods were husband opposition which is 41 percent, fear of side effect 27 percent and rarely visit by the husband 25 percent. Other

reasons include not getting service immediately 4 percent, need of child 2 percent and far distance 1 percent.

vi. Likewise, among 200 respondents, 64 percent of the respondents said that they needed son in their family and 36 percent said that having son is not necessary for them. Above result also shows that 59 percent had to spend half an hour time to get FP service and 23 percent had to spend half to one hour time to get such services. Likewise, 12 percent of the respondents reported that they had to spend one to two hours distance for getting FP services and 6 percent reported that they had to spend more than 2 hours distance to get FP services.

CHAPTER-V

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Family planning can influence all important aspects of quality of life. The study showed majority of clients who visited for abortion were Brahmin and Chhetri. Nearly half of the women visiting for abortion had one male child and more than sixty percent of the women visiting for abortion had one female child. It is found that almost all of the respondents reported to have knowledge on at least one of the family planning methods. Out of total most eighty six percent of the respondents said that family planning services are available in hospital, around seventy percent said health post, nearby sixty percent said private clinic and more than fifty percent said sub-health post.

Most of the respondents were found to be engaged in house work. Most of the clients have to spend less than half hour to reach any kind of family planning services. The main reasons for not using family planning methods since past 6 months were husband's opposition and fear of side effect in using family planning methods.

5.2 Recommendations

Accessibility to family planning information and education as well as the use modern family planning method is associated reason for non-use family planning methods among abortion case attending Sunaulo Bhabishya Nepal in Chitwan.

5.2.1 Recommendation for Policy Related

i. Ministry of health in partnership with other implementing partners, local and International should focus their strategies to the school program, addressing the need reproductive health in female youths at school.
ii. Different partners in partnership with the Government should address the issue of unemployment among females to improve their economic

status which will make them able to take care of themselves as well as their children.

5.2.2 Recommendation for Practices Related

i. Family planning information should be provided to the females to control unnecessary pregnancy which is the major cause of abortion.
ii. Health education should be provided to the grass root level of the Nepalese community.
iii. Radio/television posters, pamphlet and training classes can be use as the effective means of creating awareness. Incorporation of the reproductive health education in school curriculum benefits early learning.
iv. The knowledge about emergency contraception should be given to vulnerable age groups.

5.2.3 Recommendation for the Further Study

i. This study can be helpful to provide baseline information regarding abortion and use of family planning methods for the future researcher. Thus, based on this research other research should be conducted to gather the national scenario of the condition.
ii. Conduct a qualitative study in the community in with regard to abortion in order study deeper and to compare the findings from this study.
iii. The variable population in different regions of the country makes this study a milestone for the clear understanding of the national scenario which might not be reflected from this study as this study was conducted in the semi urban area of the nation, the rural areas and cities might have different results.

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INTERVIEW SCHEDULE

Reason for Non-use of Family Planning Methods among Abortion Case Attending Sunaulo Bhabishya Nepal in Chitwan.

Respondent ID: Date of Interview:

Name of Respondent: Age:

Permanent Address: Sex:

S.N.	Questions	Response
A. Socio-Demographic Characteristics		
1.	What type of family do you have?	1. Nuclear 2. Joint
2.	What is your caste?	.....
3.	Which religion do you follow?	.....
4.	How old are you?	..... years
5.	How old were you at the time of marriage?	..... years
6.	How many children do you	1. Son: ..... 2. Daughter: ..... 3. Total: .....
7.	What is your educational attainment?	1. Illiterate 2. Read and write only 3. Primary (1-5 4. Secondary (6-10) 5. SLC or above

8.	What is your occupation?	1. Agriculture 2. Housewife 3. Service 4. Daily wage earner 5. Business 6. Others (.....)
9.	Sufficiency of income from agriculture and/or regular income for the family	..... months
B. Knowledge & Attitude Related Characteristics		
10.	Have you heard about family planning?	1. Yes 2. No
11.	What are the methods/devices of family planning?	**Permanent** 1. Minilap 2. Vasectomy **Temporary** 1. Condom 2. Pills 3. Depo 4. IUCD 5. Implant 6. Don't know
12.	Where are the family planning services available? (Multiple response)	1. PHC/ORC 2. Sub Health Post 3. Health Post 4. PHC 5. Hospital 6. FCHV 7. Private Clinic 8. Others (.....)

13.	From where did you get information regarding family planning? (Multiple response)	1. FM/Radio 2. Television 3. Newspaper 4. Friends/Relatives 5. FCHV 6. Others (.....)
14.	Are there side effects of contraception?	1. Yes 2. No
15.	What are these effects?	1. Obesity 2. Thin and lean 3. Bleeding 4. Headache 5. Abdominal pain 6. Others (.....)
16.	Did you used any family planning devices during the past six months?	1. Yes 2. No
17.	If yes, what did you used?	1. Condom 2. Pills 3. Depo 4. IUCD 5. Implant 6. Others (.....)

18.	Why did you not used family planning devices?	1. No need of child 2. Not getting service immediately 3. Far distance 4. Behave of Health worker 5. Rarely visit by the husband 6. Fear of side effect 7. Not desired by husband 8. Others (.....)
19.	Do you think, son is necessary?	1. Yes 2. No
C. Health Service Related Characteristics		
20.	How is the distance from your house to get family planning service?	3. Below ½ hr. 4. ½ to 1 hr. 5. 1 - 2 hrs 6. More than 2 hrs