CHAPRTE I

INTRODUCTION

1.1 Background

Family planning is a systematized process through which medical science is applied to control and plan the number of children and their spacing as desired by the couple. WHO defines family planning is a way of thinking and living which is adopted voluntary, upon the basis of knowledge, attitude and responsible decision by individuals and couple to promote the health and welfare of the family (WHO 2000). Family planning is a programe which make family happy and satisfying by the use of appropriate management and mobilization of income and resource. Family planning is very important component to maintain the reproductive health of male and female. The main aim of family planning program should be to spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective method.

Family planning is the major component of reproductive health it can save human lives controlling unwanted pregnancy limiting the number of birth limiting birth to the healthiest, age, avoid unsafe abortion preventing transmission of sexual transmitted diseases(STDs) consequently reducing infant and child mortality in one hand on the other hand it directly controls fertility and population growth. So the utilization of the family planning method have been increasing day by day, as a means of birth controls recognize early in the development process and has been viewed as reproductive health and right after the International Conference on Population and Development (ICPD) held in cairo in 1994 (suwar, 2002). The conference put human right human development and individual well-being become the center of program policies as it was recognize the individual health and well-being are prerequisite for women and men to want to have a small family size. The new thinking endorsed in Cairo was also that population growth can be established and development efforts can be enhanced particularly by the development of women and improving the reproductive health (Thapa, 2001).

Nepalese life in a multi-cultural environment economic backwardness and illiteracy are important holding factor about 42 percent of country's total population lives below the universally accepted poverty line and per capita national income is $210. People are no exception in this story of under development rather their problems are more acute.

In the context of Nepal, the women's role in the home is a vitally important one to the happiness of the husband and physical and spiritual development of their children. In Muslim society women have no financial responsibility what so even but very little often personal expenses, she is financially secure. Contraception is useful for following :

- Prevents over crowding and over population
- Prevents unwanted pregnancy
- Prevents communities from becoming poorer
- It helps to save the women life
- Helps to prevents to STDs

Knowledge of FP is very high in Nepal with nearly all ever married women as reproductive age group having heard of a method.

Family Planning program was introduced in 1959 by a group of medical doctors under Nepal medical association of in Nepal. In the same year family planning association of Nepal (FPAN) was established. FPAN remain one of the major agencies to provide family planning services in the private sector. Information, education and family planning services where subsequently provided by this agencies. Government of Nepal started providing family planning and maternal child health services in Nepal (MOHP, 2005, pp: 55)

Despite the existence of government and non-government family planning programs. The total fertility rate in Nepal is 3.1 per women (NDHS 2006) which is still higher than other developing countries The Increasing the contraception prevalence rate from low level to high level controls such high growth rate. It is also found that several studies of FP have shown that most of the developed countries have controlled their rapid population growth by increased CPR from low level to a significant level. FP is not only

related with permanent but it is related with temporary methods. There are various kinds of FP methods such as traditional, modern and indigenous. Urban women are much likely to use the FP method than rural women current use is high in the Tarai than hill and mountain. According to the 2006 DHS CPR is 48 percent, which are other developing and developed countries of the world. There are various tradition values and norms about contraception in different religious, caste and ethnic groups.

FP services are designed to reduce maternal and neonatal death. Assessments of factors affecting unmeet needs are important both for the national family planning program and population policy. Knowledge of existing needs for family planning will help program planners to forcast contraceptive needs and to plan service delivery out let's to meet the existing demand, eliminating unmeet need will also result in substantial decline in fertility. Fertility rate is inversely related with contraceptive i.e., when contraceptive use increases the rate of fertility decreases and if contraceptive use rate becomes low then fertility rate becomes high. Contraceptive prevalence rate is negatively correlated with rural people as well as in different culture, religious, minority groups. Nepalese people use contraceptive only after reaching the desired number of the family size. In Nepal, people of different caste, costumes and economics status live together until we go to the poor people, caste, religious, ethnic groups. The development of the nation is a "sweet slogan" or "Day dream" To follow them in the main stream of development is the challenge of present.

It is believed that due to religious belief, Muslims are far behind in family planning practices. But the reality could be different. Time has changed situation has also diversified. The condition of the country is not taking that of 20-25 year back. Literacy rate has also gradually increased and people have become more conscious towards their health. So the comparative study of FP between two religious groups would be necessary to know the attitude towards the family planning method and religious restriction of family planning method.

1.2 Demographic Situation of Hindu and Islam in Nepalgunj

1.2.1 Nepalgunj

In 1857 A.D. to suppress the revolution of Indian army Janga Bahadur helped to British Indian Government, so in 1876 British government returned a part of land of Nepal as a gift. This returned area of land is known as Naya muluk. Nowadays, the following districts are know as; Banke, Bardiya, Kailali and Kanchanpur.

1.2.2 Demographic Situation

In these four districts of Nayamuluk Banke, Bardiya, kailali and kanchanpur, Hindu and Islam are two major religious groups except in Kanchanpur. In Banke population density is 54.3 per square average household size is 8.5 and population of Hindu is 35047 and that of Islam is 24187.

1.2.3 General Introduction of Study Area

Nepalgunj municipality is a headquarter of Banke district. Total area of 1314 Ha. It is 165 meter high from thes sea level. Nepalgunj lies in Tarai. So its temperature is very high in summer. Maximum temperature becomes 42°C in summer and minimum temperature becomes 7.7°C in winter. Total population of Nepalgunj municipality is 59234 among them 31047 are males and 28187 are females.

Table 1: Distribution of Family Planning Users in Nepalgunj Municipality by Types of Methods.

Method	Male	Percent	Female	Percent	Total	Percent
Permanent	527	5.4	3225	18.2	3752	13.6
Temporary	9236	94.6	14562	81.8	23798	86.4
Total	9763	100	17787	100	27550	100

Source: Statistical Information of Nepalgunj, January 2002.

There are 12 secondary schools, 15 lower secondary and 14 primary schools. To give the Islamic education, there is one Madarasa and 4 other private Islamic schools. There are two institutions working in the field of Islam, which are Muslim ISTHAD SANGA and JAMA MASJIT. There are various institutions to work in the field of Hindu religion. There are 14 temples of Hindu of different god/goddess and 9 masjits and one Idaga of Muslim. Nepalgunj is a mixed culture of society of Hindu and Muslim. Hindu

and Muslim are two parts of coin in the context of Nepalgunj. In the absence of one religious group, any type of the study is not complete.

1.3 Statement of the Problems

Today the world is facing a crucial problem of population growth. According to the world population Data sheet, 2008 the total population of the world has reached to 6.7 billions, whereas Asia shares 4052 million populations to the present world population. Birth rate is 21 per 1000 population and death rate is 8 per 1000 population in the world. Every one, of course, is a member of total population, therefore, whatsoever happens to the size of population one way or another has an effect on every living being in this planet. In fact, every of human life is being affected by population change. Where we live, what we eat, what prices we pay for things we need, are all determined partly by the population. Opportunities for education and employment are also very much affected by the number of people. This in turn will affect the quality of life in any given society.

Present population growth has certainly frightened many high fertility countries. There are, for example, a number of shocking signs that we see happening in the world which are caused by the population growth such as ecological degradation, unusual climate changes, speedy deforestation and desertification of the land, growing crime in cities area, etc.

Education is a backbone of the development. There is a slogan that “Plants are developed by cultivation but men are developed by education.” Nepal is a poorest country of the world, where educational status is not satisfactory and rate of growth of population is very high. The population growth is serious problem for every developing country. Nepal is also facing this problem due to the lack of industrialization, low production and unemployment. Economic active population of Nepal is a facing of various problems of unemployment. Because of application of traditional agriculture methods out food production is unable to feed the rapidly growing population. Thus, how to balance the ratio of total production and population growth? That is a great challenge for the government of Nepal.

The only one way to overcome this problem is population growth control measure. The contraceptive prevalence rate of our country is lower than other Asian countries. Nepal is also certainly facing some of these issues as critical challenges towards managing its resources for the benefit of its people. In regards to managing its population, various family planning activities are being conducted by HMG and NGOs almost for the last three decades. However significant impacts of such family planning activities are yet to be seen. According to world Population Data Sheet (2008) contraception prevalence rate in SAARC countries are – India (56%), Bangladesh (56%), Bhutan (31%), Nepal (48%), Pakistan (30%), Sri Lanka (68%). In Nepal CPR is about 48%, which shows that only 39 couple use contraception among 100 couples and more than 60 % couples are not currently using contraception. Contraception prevalence rate is also different in different religious groups.

Finding of NFHS, 1996 showed levels of unwanted child bearing are high in Nepal, where only one in 3 women uses contraceptive. Although many women in Nepal want to space or limit birth or even if they are in high risk, they are not using any contraceptive due to various enabling, predisposing, and reinforcing factors. The unmet need for family planning services has remained high in Nepal. It was 28 percent in 1991(NFHS, 1991) and in 1896 it was 31 percent (14% to space births and 17% to limit births). Unmet need for spacing methods was higher among younger than among older women (39% of women aged 15-19 years versus less than 2% of women aged 40-49 years), while unmet need for methods of limiting child bearing was higher among older women.

Short birth intervals are common in Nepal, with one in four births occurring within 24 months of a previous birth. Early child and shorts birth intervals remain challenges to policy makers. Despite the decline in fertility, Nepalese women continue to have more children than they consider ideal. At current fertility levels, the average women in Nepal are having almost 50 percent more births than they want. The total fertility rate is 3.1 births per woman according to the world population data sheet 2008.

To restore balance between population pressures and capacity of diverse ecosystems, implementation of family planning programs should address the many motivations for bearing children such as economic value, religion and social belief and fulfillment of emotional needs. No doubt, the role of literate women in the process is vital.

Large number of population of Nepal is still rural and poor. They have large families and growing numbers of families depend on fragmenting land holding for survival. Lacking education and vocational skills, people experience a relentless cycle of to blesses, poverty and reproduction. In this context, the status of women is paramount to reducing fertility and population growth for the maintenance of overall environment.

Hindu and Islam are two major religious groups in Nepal. There is a great prevalence of contraceptive use among the Hindu religious group. The question arises that why Islam religious group significantly differs with Hindu in contraceptive use. The significant variation in the KAP of FP is to be explained by socio-economic variables.

The rate of population growth is 2.25 percent and TFR is 4.1 per woman which is higher than other developing countries. Present rapid growth rate of population has affected every aspect of human life. For example, socio, economic, ecological, agriculture and so on all are influenced by such a fast rate of population growth. In our country we are facing the problem of drinking water and shortage of food in various regions. The speed of food production is growing not so much at the rate of population growth. Family planning is one of the main methods of population control. So the study of family planning is important to control the rapid growth of population in the third world country like Nepal.

1.4 Population Growth and Its Implication

Population growth around the world affects each one of us through its impact on the economy, the environment, safety and health and the habitability of the world children inherit. Analyses have long disagreed about the precise impacts of population growth, which is not surprising, given the difficulty of tracing cause and effect in human affairs. Some experts agree that the cumulative evidence is strong that current rates of population growth pose significant and interacting risk to human well-being and are legitimate concern for the world today (PAI, 1996).

As population is growing rapidly on one side and on the other side the per capita food production has not increasing at the rates of population growth. Not only this, the population growth has also resulted in deforestation, causing floods, frequent landslides and soil erosion. We have already faced that demand of people for better education, health, drinking water and other physical facilities are not easy to provide. The unemployment problem in urban and rural area has been increasing rapidly. People became frustrated from the situation of country which may be causes of conflict in the country.

Population growth may have different impacts depending on when, whether, and how it occurs through decreases in death rates, increases in birth rates or increases in immigration. The impacts depend not just on the rate of growth but on the size and age structure of the existing population, the relationship between this population and such natural resources as water and cropland, and the adaptability of the societies in which population growth is occurring where natural resources are abundant and population density is low, population growth can be a dynamic force that spurs technological innovation, industrial development and hear political and social institutions. Where cities, mega cities and countries with undiscovered resources or with low technology development approach, unprecedented population size are facing severe threatening in many aspects of their development (PAI, 1996).

Over the course of history, population growth has passed through different phases. In demography, which is called the demographic transition theory, which is defined as;

“The historical shift of birth and death rates from high to low levels in a population is demographic transition. The decline of mortality usually precedes the decline in fertility, thus resulting in rapid population growth during the transition period.”

Considering the above observation, the solution to population growth and its pressures on the environment will largely depend on the quality of overall development of a give country. For the third world countries, there is a great problem for the management of population. They are limited in many ways.

Large number of population of Nepal is still rural and poor. They have large families and they are dependent on agriculture for survival. Lack of education and vocational trading, people are unemployed. In this context, the status of women is very poor. They have no power to decide their sexual life. Female are used only as a power to children birth. So in the developing countries like Nepal population growth is a great problem, which negatively affects all the sectors of human life.

1.5 World’s Scenario

Family planning services are essential parts of reproductive health care and have saved the lives and protected the health of millions of men, women and children. Over the past 30 years, the development of modern contraceptive use has increased from less than 10 percent of couple to some 60 percent of couples today and family size has fallen from an average of six children in the 1960s to less than three. However, at least 350 million couples do not have access to full range of safe and effective modern methods of family planning nowadays. Surveys from more than 60 developing countries indicate that more than 100 million women, who are not currently using a contraceptive method, want to delay the birth of their next child or to stop child bearing altogether.

One of the most important choices, a women or a couple can decide is to use contraception even if a couple want a child as soon as possible after marriage. Therefore child “spacing” is a sensible decision, data shows that optimal spacing between children at least three to four years, family planning allows giving the child the chance possible for the nourishment and nurturing its need before another child is born. Spacing is also important for the health of child’s mother and the harmony and financial health of the

family unit. Similarly, using contraception to limit the number of children to only those that the couples can truly care and provide for are also wise decisions. For many couples use of contraception the fear of accidental unwanted pregnancy. It is crucial for the well being of children, families and communities that family planning information and services are to be available to help women and men by whom they learn about the effective use of the methods of contraception. (UNFPA, 2000)

According to the population reference bureau (2008) the world population had number about 6.7 billion people, and the figure grows by nearly 90 million people each year. The growth rate itself has actually declined since 1970, from about 2 percent to 1.3 percent in 2003.

For the first one-half million years of human existence the population rate was about 0 or population stayed about the same size from year to year. After 1700 A.D. the modern era of population growth began. The population climbed to about 760 million in 1750 and reached 1 billion around 1800 A.D. and until 1975 to reach 4 billion. In the developed countries population growth rate is controlled but in developing countries the rate of population growth is still high.

Table 2: World Population Growth Rate

Year	Population in million	Annual growth rate
1800A.D.	378	040
1850	1262	0.50
1900	1650	060
1950	2526	1.60
1975	4066	1.89
1980	4432	1.72
1985	4842	1.67
1987	5000	1.63
1997	5840	1.50
2003	6314	2.30
2008	6700	1.2

Source: Preventive and Social Medicines 1991, Population Reference Bureau, 2003.

Table 2 indicates that in the beginning growth rate is very low. In the 1900 to 1975 population growth rate is high but after 1975 growth rate is slightly decreasing.

1.6 Population Growth and Its Impact in Nepal

Fertility, mortality and migration are 3 major components of population change in demography among them fertility increase the Population, mortality helps to decrease population and migration has a both roles in population change it help to increase in destination and decrease in origin. Question may be arising which factors contributing to the rapid growth of the population in Nepal.

Primarily decline in mortality and high fertility can be regarded as the first one. Because of the modern medical facilities and its services being accessible to the mass, a substantial decline in mortality is taking place. At the same time, the fertility rate has been not decreasing. These two factors are the major causes of the net-natural increase of the population.

On top of these two factors, one more alarming (hunting) factor, which is the trend of immigration, is also very much active in creating a huge population growth in Nepal. Because of the open boarder system people coming in from our neighboring country India has a significant role to play in creating population growth. After the restoration of democracy, the flow of people coming in from India has increased substantially. Even the government of Nepal has been unable to take a necessary step towards managing this factor. The present population growth can be regarded as a threatening symptom for the development of overall country. Nepal could have avoided this if there was a significant improvement in decreasing the birth rate along with the decline in death rate. The total population, growth rate and doubling time are given from 1911 to 2001.

Table 3: Population of Nepal, 1991-2001.

Population size census	Total population	Growth rate	Doubling time
1911	5638749	-	-
1920	5573788	-0.1	-
1941	5532574	1.2	60
1952/54	6283649	2.3	34
1961	8256625	1.6	43
1971	11555983	2.1	34
1981	15022839	2.7	27
1991	18491097	2.1	34
2001	23151423	2.3	31

Source: CBS, 2004.

The above population figure speaks that population growth rate is one great problem of our country. Population growth rate Nepal is still high. This high rate of growth of population has affected almost every aspect of life, both social as well as economics, it has caused increased pressure on limited land resource as more and more marginal land is being cultivated.

The population growth has also led to shortages of food at places. Because of the need to farm marginal land for food production, forests are being depleted, which have resulted in frequent landslides, floods as well as soil erosion. High rate of population growth also warrants increased spending on the social services such as education, health, drinking water and other basic needs. It has increasingly been difficult to meet the growing demands of people for these services.

1.7 Significance of the Study

Family planning is the priority program in context of reproductive health. The main thrust of national policy is to expand coverage and adequate quality family planning services in order to reduce TFR, increase CPR and reduce IMR and MMR.

Total population of Nepal according to 2001 census, is 23151423 among which Hindu is first largest religious group and Islam is third largest religious group after Hindus and Buddhist.

Holding such an immense density in Nepal their needs, problems and health seeking practice simply could not be ignored. Particularly, this community has put a great challenge on the basic need fulfillment program of HMG, especially in the reduction of fertility rates which are a key issue and also a priority program of the government in today's context. Although family planning is widely accepted and practiced in Hindu community, still there is a marked difference in the pattern of contraceptive use in Islam. These differences reflect availability is high in urban areas while in rural areas the percentage is comparatively lower. There is still a wide information gap on their contraceptive practice to the local and government level. Almost no comparative study has been done in Nepal in such religious group. Family planning is widely accepted in Hindus there is no any religious barrier about family planning. But Islam religious leaders who are often viewed as real or potential obstacles to family planning. Research is needed to understand more fully Hindu and Islam opinion about family planning. Religious scholars who have a fuller understanding of religious texts than the general public, may be better able disentangle traditional views of family planning from religious percepts regarding fertility regulation. No doubt, the value of reliable data on family planning program can be very much utilized towards the effective development of family planning strategies and their implementation. Therefore, comparative studies and research on this field will add significant value to the overall efforts towards population control by various sectors.

This study endeavors to find out the general outlook of attitude and awareness of family planning programs, the levels of knowledge and practice of family planning method and religious restriction in the two major religious groups of Nepalgunj municipality of ward no 6. If we could motive them towards positive attitude in family planning practice, it could certainly assist government to run family planning program more effectively and more successfully. The out come of this study could be helpful to

launch appropriate intervention program in such community. This research could explore unresolved issues and knowledge about family planning of that community and hence, give contribution to help HMG program more effective.

1.8 Objective of the Study

The main objective of this study is to describe the state of KAP of family planning and religious restriction among the married women of Nepalgunj municipality of Banke, and other specific objectives are:

- To find out the traditional values and norms, religious belief about contraceptive use between Hindu and Islam.
- To identify the knowledge, attitude practice of contraceptive and religious restriction between Hindu and Islam.
- To identify the side effect of the modern contraceptive method.
- To identify the reason for use and non-use of contraceptive.

1.9 Rational of the Study

i) To help the effective implementation of the FP

ii) To assert the various types of research study.

iii) To make useful family planning policies for different religious, caste, and ethnicity groups.

iv) Family planning related projects, agencies, NGOs; etc may get useful feedback with particular focus on how do Islam and Hindu rejects and accept the family planning devices.

1.10 Limitation of this Study

i) The study limited on the modern of contraceptive it excludes traditional methods.

ii) Only ever married women of age group 15-49 years were taken.

iii) It is based on Nepalgunj's society it may or may not be generalized in all over the country and other areas.

iv) The survey is concentrated only Islam and Hindu settlement areas of ward number 6 of Nepalgunj municipality of Banke district.

CHAPTER II

REVIEW OF LITERATURE

Hindu and Islam are two major religious groups in Nepal. There is different prospective about family planning in these groups. The family planning method is widely acceptable in Hindu community but in Islam community there is cultural, religious barrier to use family planning.

2.1 Birth Control Permissible in Islam?

Oxford advanced learner's dictionary of current English (2000) describes the family planning as use of birth control, contraceptives for planning the number of children, intervals between birth etc, Family planning as used in this text refers to the use of contraceptive method by husband or wife with mutual agreements between them, to regulate their fertility with a view toward of health, social and economic hardships and to enable them to shoulder their responsibilities towards their children and society" (Family planning in the legality of Islam, n.d.).

The reference sources of Shari'ah law as to permissibility (halar) or prohibition (haram) are the glorious Qur'an and the traditional of his messenger (PBHU).

"It is not fitting for a believer, man or woman, when a matter has been decided by Allah and his messenger, to have any option about their decision. If anyone disobeys Allah and his messenger, he is indeed on a clearly wrong path" (Al-Ahab Suarez, n.d.).

An Islam has three sources of knowledge to obtain answers to the questions pertaining to various aspects of human life. These sources are:

1. The Holy Qur'an
2. Sayings (hadith) and acts (sunnah) of the Holy Prophet (pbuh) :
3. The views of the leaders of juristic schools qualified to interpret the teaching of Islam.

1. The Holy Qur'an

No Qur'an text forbids prevention of conception. There are, however, some Qur'an verses which prohibit infanticide and these are used by some Islam to discourage birth control.

But contraception does not amount to killing a human being. These verse in fact were revealed to forbid the pre-Islamic Arab practice of killing or burying alive a newborn child (particularly a girl) on account the parent's poverty or to refrain from having a female child. Perhaps in those days people did not know safe method of contraception and early abortion.

2. Hadith

The principle of preventing conception was accepted in those of the prophet (pbuh) which allowed some of his followers to practice 'azl' or coitus interrupts. There is a sufficient number of hadith on contraception. The most commonly quoted ones are the following.

1. According to Jabir, "we need to practice "azl in the proper's (pbuh) lifetime while the Qur'an was being revealed." There is another version of the same hadith, "we used to practice coitus interrupts during the prophet's (pbuh) lifetime. News of this reached him and he did not forbid us."
2. According to Jabir, A man came to the prophet (pbuh) and said, "I have a slave girl, and we need her as a servant and around the palm groves. I have sex with her, but iam afraid of her becoming pregnant." The prophet (pbuh) said, "Practice azl with her if you so wish, for she will receive what has been predestined for her."
3. According to Abu said, "we rode out with the prophet (pbuh) to raid Banu al-Mustaliq and captured some female prisoners…. We desired women and abstinence became hard. (But) we wanted to practice azl and asked the prophet (pbuh) about it. He said, "You do not have to hesitate, for god has predestined what is to be created until the judgment day."

4. According to Abu said, “the Jews say that coitus interrupts is minor infanticide, and the prophet (pbuh) answered, the Jews lie, for if god wanted to create something, no one can avert it (or divert Him).”
5. According to ‘umar Ibn Khattb,” the prophet forbade the practice of azl with a free woman except with her permission.”
6. According to Anas, “A man asked the prophet about azl and the prophet said, ‘even if you spill a seed from which a child was meant to be born on a rock, god will bring forth from that rock a child.”

These a Hadith reflects two points: first that the prophet knew about the practice and did not prophet it (no 1), and second, that the prophet himself permitted the practice (no2 and 3)

3. Views of medieval Islam jurists

Islam jurists do not speak with one voice on the question of birth prevention, on its lawfulness, on conditions for practice and on methods that may be used. Islam jurists determine the lawfulness of an act on the basis of a method which comprises four principles or sources (usul). Two of these (Qur’an and Sunnah) are religious sources. The other two principles include analogical reasoning (qiyas) and the consensus of the ‘ulama(ijma).’

The most detailed analysis of Islamic permission of contraception of contraception was made by the great leader of the shafi’l school of jurism, al-Ghazzali (1058-1111). He discussed this issue in his great work, Jhya’ ulum al-Din (the revival of religious sciences), in the chapter on biology in religion.

Al-Ghazzali stated that “there was no basis for prohibiting azl. For prohibition in Islam was possible only by adducing an original text or by analogy with a given text. In the case of contraception, there was no such text, nor was there any principle on which to base prohibition.”

In his view, coitus interrupts was permitted absolutely (mubah) and this permission could be ratified by analogical reasoning. A man could refrain from marriage; or marry but abstain from mating or have sexual mating but abstain from ejaculation

inside the vagina…azl. Although it was better to marry, have intercourse, and have ejaculation inside the vagina, abstention from these was by no means forbidden or unlawful.

Al-Ghazzali made a distinction between infanticide and contraception. He said that "a child could not be formed merely by the emission of the spermatic fluid, but by the settling of semen in the women's womb; for children were not created by the man's semen alone but of both parents together. So contraception could not be compared with infanticide which was the killing of an existing being while contraception was different."

In the process of contraception, the two (male and female) emissions are analogous to two elements, 'offer' (ijab) and acceptance (qabul) which are components of a legal contract in Islamic law. Someone who submits offers and then withdraws it before the other party accepts it is not guilty of any violation, for a contract does not come into existence before acceptance. In the same manner, there is no real difference between the man's emission and retention of the semen unless it actually mixes with the woman's 'semen'

इस्लाममा परिवार नियोजन

"मुस्लिम समुदायमा वैधानिक रुपमा नै चारवटीसम्म स्वास्नी राख्न पाउने व्यवस्था छ । त्यसै गरी विवाह पश्चात जती बच्चा जन्मिन्छन् ती सवैलाई अल्लाहको आशिवार्दका रुपमा लिदैं खुशी हुने गर्दछन् । यस सम्प्रदायमा परिवार नियोजनका स्थायी अस्थायी साधन प्रयोग गर्नुलाई अल्लाहका विरुद्धको कदमका रुपमा लिइन्छ । परिवार नियोजन गर्ने व्यक्तिले छोएको पानी समेत नचल्ने र त्यस्तालाई सामाजिक वहिष्कार गर्ने चलन पनि मुस्लिमसमाजमा व्यापक छ ।

मुस्लिम समाजमा परिवार नियोजनमात्र होइन शिक्षा समेत साधारण विद्यालयमा नगराई आफैँद्वारा सञ्चालित मदरसामा गराउने परम्परा छ । त्यस्ता मदरसाहरुमा आधुनिक शिक्षाको बदलामा परम्परागत शिक्षा दिने गरिन्छ जो गुणस्तरीयसमेत हुदैन । आधुनिक शिक्षाभित्र परिवार नियोजन तथा यौनशिक्षासमेत समेटिएका हुन्छन् तर मदरसा शिक्षामा यौन र परिवारनियोजन शिक्षा नदिइने हुँदा चेतनाको विकास हुन सकेको छैन ।

अर्को कुरा मुस्लिम नारीहरुलाई खुल्ला रुपमा हिडडुलमा समेत बन्देज छ । त्यही बन्देजका कारण उनीहरुमा चेतनाको कमी छ । चेतना जागृत गराउने प्रयास सरकारी र गैरसरकारी निकायहरुवाट गरियो भने त्यो पनि सम्भव हुदैन किनकी उनीहरु त्यस्तो शिक्षा ग्रहण गर्नै चाहँदैनन् र त्यसमा खटिएर जाने व्यक्तिहरुलाई उनीहरुले उल्टै हप्काएर फिर्ता पठाईदिन्छन् । परिवार नियोजनका वारेमा कुरा गर्दा त्यति वास्तै गर्दैनन् । अलिकति पढेलेखेको महिलाहरुले समेत परपुरुष संग वस्नु पाप ठान्दछन् । यस मामिलामा पूरै मुस्लिम समाज कुरआनबाट

निर्देशित छ । त्यसैले उनीहरु कुरआनमा उल्लेख नभएको परिवार नियोजनमाथि विश्वास गर्दैनन् यस मामिलामा मुस्लिम समाजलाई अन्धकार र अन्धविश्वासमा जकडिएको समाज भन्दा कुनै अन्याय ठहर्दैन ।" (***मधुसुदन पाण्डे, कुरआनमा के छ*** ?)

Al-Ghazzali classified earlier and contemporary opinions into three groups:

1. Unconditional permission for azl
2. Permission if the wife consents but prohibition if she does not.
3. Complete prohibition.

Al-Ghazzali accepts prevention or contraception if the motive for the act is any of these:

1. Desire to preserve a woman's beauty or her health or save her life.
2. Desire to avoid financial hardship and embarrassment.
3. Avoidance of other domestic problems caused by large family. He did not accept avoidance of female birth as a legitimate motive for contraceptive.

2.2 International Review of Literature

The international conference on population and development (ICPD) Cairo, 1994 represented as critical shift in focus I the population field. Before ICPD the concern laid with achieving demo graphing targets largely through the provision of family planning services whereas afterwards the focus shifted towards the provision of broadly defined reproductive health services that recognize women's reproductive right and their needs for empowerment. Human rights, human development and individual wellbeing being became the center of program policies as it was realized that individuals health and wellbeing are a pre-requisite for women and men to have a small family size. The new thinking endorsed in Cairo was also that population growth can be established and development efforts can be enhanced particularly by the development of women and improving their reproductive health.

Bongaart, J and R.G. pottler, 1983 fertility may be considered as natural, may be considered as natural, if no contraception or introduced abortion is used. By analyzing the data from united states, Bongaarts, and pottler(1983) concludes that there are basically two ways in which a population can control its fertility below the level implied by the

natural marital fertility rates. First, the number of years of exposure to child bearing can be limited, second, deliberate control of marital fertility can be exerted either through the use of contraception or by resorting to induced abortion. But the access to legal abortion in different countries depends largely on the extent or restriction imposed by law.

The increase in contraceptive use in developing countries is due in part to government support for family planning services, which has increased the availability of contraceptives. In the early days of organized family planning in the developing world, the primary rationale for such support was that increasing contraceptive use would lower fertility, thereby slowing rapid population growth, which in turn would facilitate economic and social development. Government planners, policy makers, and many politicians accepted the argument that slowing aggregate rates of population growth would accelerate economic development. Public support has also been provided because the ability to determine the number and spacing of one's children has been increasingly recognized as basic human rights reasons; many governments have also encouraged family planning as a means of improving the health of women and children (NAP, 1989).

Since 1991, contraceptive use has risen significantly in Uzbekistan while reliance on abortion has declined; yet reproductive health improvement have not translated into better conditions for sexual health. The prevalence of sexually transmitted diseases increased significantly in the 1990s and UNAID currently identifies the central Asian region has a high HIV growth zone. Structural, institutional, and attitudinal factors have contributed to the disconnection between reproductive and sexual health in Uzbekistan, even though family planning program have been well established during the HIV pandemic, integrating state statistics, demographic and health survey data and focus group discussion results, we highlight the ways in which a heavily centralized program focusing on reproductive health did little to better sexual health, especially among young adults. The example of Uzbekistan reveals pathways by which reproductive health efforts may continue to be compartmentalized, decreasing their potential contributions to sexual health especially among young adults. (PC, 2004) condoms are about 30 percent effective for preventing HIV transmission, and their use has grown rapidly in many countries.

Condoms have produced substantial benefit in countries like Thailand, where both transmission and condom promotion are concentrated in the area of commercial sex. The public health benefit of condom promotion in setting with widespread heterosexual transmission however remains unestablished. In countries like Uganda that have curbed generalized epidemic, reducing the number of individual sex partners appears to have high rates of HIV transmission despite high reported rates of condoms using among the sexually active. The impact of condom may be limited by inconsistent use, low use among those at high risk, and negative interactions with other strategies. Recommendation include increased condom promotion for groups at high risk, more rigorous measurements of the impact of condom promotion and more impact of condom promotion and more research on how best to integrate condom promotion with other prevention strategies (PC, 2004).

In the Turkmenistan it was found that location was the most accepted methods of natural concentration it is used by 39 percent of urban women and 45 percent of the rural women. The CPR is near about 18 percent IUD acceptor of this country followed by 17 percent oral contraceptives (UNFPA, 1995).

A study conducted in Korea in 1981 showed that there are two likely components that may explain these results. First the number of living sons is more important than the total number of children in the use of contraception. Secondly, both very high and very low parity women are not likely to use family planning services (ISI, 1981:12).

The idea of limiting the size of population is not new. Greek roman philosophers suggested only 5040 person in an urban area and 50000 persons in state. Even the oriental philosophers like chanakya and Confucius had their views on sizable population according to the available resources. At he end of the eighteen century and at the beginning of the nineteenth century Thomas Robert Malthus drew attention of the whole world on growing population. He argued that means of subsistence will not match population; if the growth rate is not checked. He was criticized on different grounds like perpetual characteristic of human species, arithmetic progression of means of subsistence and geometric progression of population, poverty and growth: however his work is

considered as a prominent one. The socialist writer's emphasis on production and distribution and later neo Malthusian added the approach of acceptance of artificial methods, he rather advocated in favor of moral restraints (Acharya, 1996).

There has been some increase over time in the proportion of women and men who have heard of methods of family planning. The proportion of all women who have heard of at least one method has increased from 74 percent in 1991-92 to 80 percent in 1994 and 84 percent in 1996. The proportion who has heard of a modern method increased from 72 percent in 1991-92 to 77 percent in 1994 and to 83 percent in 1996. Knowledge of specific methods has increased even more dramatically. For example in 1991-92 only 40 percent of women had heard of the inject able contraceptive by 1996 this figure had increased to 71 percent. Similarly, the proportion of women who know of condoms grew from 51 percent of married women in 1991-92 to 72 percent in 1996 (Tanzania DHS, 1996).

Improvement in the quality of contraceptive use is one of the goals of Indonesian family planning program. One measure of the quality of use is the rate at which users discontinue using a method of contraception. Reasons for discontinuation may include contraceptive failure, dissatisfaction with the method, side effect, availability or other reasons. High rates of discontinuation, method failure, and method switching many indicate that improvements are needed in counseling in the selection of methods, follow up care and accessibility of services (IDHS, 1994).

Knowledge of contraception is still limited in some of the least developed countries of Asia and in much of sub-Saharan Africa. The percentage of women who know of a place to obtain family planning information and services is often lower than the percentage knowing about contraception. Lack of knowledge of service may reflect either their inaccessibility or ineffective publicity. A minority of women (between 17 and 48 percent) know of family planning outlet in Yemen, Burkina faso, Mali, Nigeria, Senegal, liberal, Madagascar and Pakistan (UNFPA, 1989: 57-69). The same source shows that proportion between 50 and 80 percent were registered in another 14 of the 50 countries with this indicator available. There are also many countries (27 of the 50)

where 80 percent or more women know of an outlet (UNFPA, 1999: 67-69 cited in K.C. et al, 2000).

The level of current use varies greatly among the developing regions from an estimated 17 percent of couples using contraception in sub-Saharan Africa to 39 percent in south Asia and to 68 percent in Latin America and Caribbean. For individual developing countries, for which data are available, the proportion range from one percent to 80 percent, while in developed countries at least 50 percent of couples are currently using contraceptives and in most developed countries, 68-80 percent are using it (UNICEF, 2000: 108-111 cited in K.C., at el. 2000).

Delegates at the 79 countries international forum on population in the 21 century held in Amsterdam in November 1989 called for stronger family planning and maternal and child health services in both the public and private sectors. Since the Amsterdam declaration was adopted in 1989 support for greater emphasis on population activities has been given by UNFPA'S governing council , ECOSOC and the general assembly of the united nation by the organization for economic cooperation and development : by the second united nations conference on the least developed countries: and by the world summit for children. The principles of the Amsterdam declaration are reflected in the international development strategy for the fourth United Nations development decade (UNFPA, 1991).

The use of modern family planning techniques in developing countries has grown from less than 10 percent of married couples in the 1960s to 45 percent in 1983, and to 51 percent today. However it has been estimated that birth would be fewer by about a quarter in Africa and about a third in Asia Latin America if women were able to have only the number of children that they desired (UNFPA, 1981).

Lack of access to services points may not be the main reason women do not make use of family planning services. Using data from demographic and health surveys from Africa, Asia and Latin America, UNFPA (1995) found that one of the main reasons for non-use was the concern about health and side effects associated with contraceptive use. Accessibility of high quality family planning services was also highlighted in Cairo in the

1994 international conference on population and development (ICPD) program of action on quality of care. The most appropriate concept is access with quality, clients need both (Bongaarts and Bruce, 1995: cited in K.C., et al. 2000).

Modern method of fertility regulation such as IUDS have been available for some 25, 30 years and the common metabolic changes and short term adverse and beneficial medical effects of these methods have been addressed in a large number of publications. The great majority of published studies, however, have been conducted in developed countries and corresponding information from developing countries is scanty. Since people form developing countries may differ markedly with respect to genetic, environmental, nutritional and other risk factors for disease, and since risk benefits ratios are also very different, it is of questionable validity to extrapolate conclusions about contraceptive safety from developed to developing countries. Moreover, developing countries may dramatically differ from each other with respect to risk factors for diseases. Hence, there are compelling arguments to obtain comparative data for every important method, from a variety of developing and developed countries (WHO, 1985).

Several studies have demonstrated that IEC can be as strong as other determinants in explaining differences in contraceptive use. As the figure shows, IEC is often a stronger determinant than such other influences as number of living children, education, age and employment status. In the studies illustrated here, the investigators examined exposure to family planning IEC messages while controlling for the effected of other well known correlates of contraceptive use. They found that IEC exposure played a key role in encouraging of contraceptive use among married women aged 15-45. In Salvador, exposure to family planning messages was more powerful than any of the other variables in Guatemala. It was the second most important variable, almost as powerful as education. On panama, all five variables were about equally important. Studies in the early 1970s in India, Colombia, South Korea, and Taiwan found that mass media campaigning were important sources of information about family planning for many people in the target communities.

Until the early 1980s contraception received attention purely as a means of spacing or limiting births. While the emergence of the pandemic of HIV/AIDS, however, the use of contraceptives and in particular barrier method takes on a whole new meaning. The condom is currently the only way of preventing the transmission of HIV during sexual intercourse. Negotiating the use of condoms within a couple, therefore, carries under tones beyond the desire simply to avoid pregnancy. How do these considerations affect couples decision making? (WHO, 2004).

The contraceptive methods available to men are currently limited to condoms, vasectomy and withdrawal, for some years. Now researchers have sought to develop a hormonal method for use by men that would be as safe convenient and effective as those available for women. The program events such as acrosome and flagellum formation, the expression and function of sperm specific proteins, and specific intracellular pathway or events required for sperm function (UN, 2004).

2.3 National Review of Literature

By the late 1968, the family planning program was formally established by the mention of a semi autonomous body referred to as the FP/MCH board. Under this board, which was chaired by the health minister the FP/MCH project was created. This project was responsible for the delivery of FP/MCH services to the entire population of country.

Family planning services in Nepal were started by FPAN in 1959, initially, its services were limited. Currently, government run family planning services has become an integral part of health services. Health services in Nepal are delivered through national, zonal and district hospitals, primary health care centers, health posts, sub health posts and peripheral health workers and volunteers. All of them provide temporary family planning services (FHS, 1996)

The main causes of low use of contraception in Nepal are high infant mortality, old age security, joint family system and lack of communication between husband and wife (Tuladhar, 1989). Another reason low use of contraception is the desired. Family size of Nepali couple is high (Dahal, 1992), Hindu is a largest religious group in the country. Islam followed by 2 second position in the tarai region. Knowledge of

contraceptive method was measured firstly by asking respondents to mentions all the methods they know spontaneously and then by probing the names of contraceptives whether they had heard or not . The former is termed as spontaneous knowledge of contraceptive minted while the later is referred to as probed knowledge of contraceptives method. Similarly practice of method id measured by asking the respondents opinion of usefulness or advantage or disadvantage of any method (KC et al 1996)

The main thrust of the national health policy (1993), related to the national reproductive health and family planning (RH/FP) program is to expand and sustain adequate quality family planning services to the community level through all health facilities hospitals, primary health care (PHC) centers, health post, sub health posts (SHP), out reach clinic and mobile voluntary surgical contraception (VSC) caps. The policy also aims to encourage NGOs, social marketing organization, as well as private practitioners to complement and supplements government efforts. Community level volunteers (TABs, FCHWS) are to be mobilized to promote condoms distribution and resupply of oral pills. Awareness on RH/FP is to be increased through various IEC intervention as well as active involvement of FCHVS and mothers groups as envisaged by the national strategy for female community health volunteers, (MOH, 2002/2003)

Targets of tenth plan

Periodic and long term targets for the family planning program have been established as follows:

TFR

To reduce TFR from 4.1 per woman in 2001 to 3.5 per woman by the end of the 10 five year plan and to 3.05 in 2017.

CPR

To raise the contraceptive prevalence rate to 47 percent by the end of 10 five year period and to 58.2 percent by 2017.

In order to achieve the CPR and TFR approximately 2293100 couple most be using modern contraception by the end of the 10 five year plan period. Having recognized the importance and existing unmet need for birth spacing the family planning

program placed greater emphasis on promoting temporary methods of contraception during 9 plan periods and this effort is continuing. More specifically, the long term objective is to improve the contraceptive method mix by reducing the share of permanent sterilization in overall family planning method use. However, the expected number of VSC cases need to increase in order to meet the unmet demand of those who desire to limit further births (MOH, 2002/2003: 72)

Islam religion leaders are called either maulvi or mullah in local languages have directly or indirectly impact on the behavior change of the community. Islam religious leader are often assumed to hold more conservative attitudes than the general population on FP. Indeed, Islam religious leader's views and attitude toward FP is often misinterpreted. While they can be expected to refer to religious texts for guidance to interpret the acceptability of new ideas. They act as reinforcing factors for the community. Hence their opinion was assessed before making any conclusion.

HMG of Nepal recognized to provide health services by classifying the schemes under preventive, primitive and curative services. It is an strategic thrust of the current health policy of HMF/N to establish one sub health post SHP in each village development committee (VDC) in an integrated way for reaching the rural people with a package of curative, preventive and primitive health services through a single institution (HOH, 1991)

Family planning services make a significant contribution to improving the health of women by reducing birth to high risk mothers and thereby lowering maternal mortality. Similarly, several studies have focused that family planning program under such arrangement can enhance child survival in several ways. To reduce the birth of very high order and lengthens the inter birth intervals and hence it is likely to improve the nutritional status of children (KC et al 1996)

In Nepal family planning program have been carried out by government and non-government organization over last 30 years. In past as an accelerate population growth exerted a strong pressure on available resources and affected the economic development of the nation, HMG/N adopted a policy of family planning in the year 1965, following

HMG's policy statement on population in 1966. The ministry of health established family planning and maternal child health clinic. Maternal and child health services were considered an important component to family planning. Since lowering infant mortality was expected to encourage the adoption of family planning, ministry of health expanded family planning and maternal child health care services to all 75districts through mobile family planning clinics. At present family planning maternal child health services are provided through family health adopted a long term goal of providing integrated health services and other family welfare like control of diarrhea, other control and health education activities, (KC et al 2000)

Knowledge of contraception is nearly universal in Nepal. 90 percent of both ever married and currently married women age 15-49 know at least one method of FP. A greater proportion of currently married women reported knowing a modern method (98%) than a traditional method (44%) . once of the reasons for the low reporting of traditional methods is that these methods are not included in the government family planning program therefore, it is possible that there may be some under reporting of traditional methods. Moreover, women may fell reluctant to maintain the traditional method since they are not widely accepted. Most currently married women know about female sterilization (96%) and nine of ten know about male sterilization (90%). Eighty-five percentages of women know about indictable and 81 percent and 75 percent know about the pills and condom respectively. Knowledge of Norplant and IUD method is much lower. Among the traditional methods periodic abstinence is more widely known than withdrawl (37% compared with 29%) (FHS, 1996).

In the NFHS, currently married, non-sterilized women who knew of a contraceptive method were asked whether they approved or disapproved of family planning use and their perception about whether husband approved or disapproved of family planning. Looking separately at the information for women and their husbands, nine of ten women say approve of couple using family planning and only 7 percent say disapprove. Most women feel that their husbands also approves of family planning. Seventy percent of women report that their husband disapproves. Combining the

information on women's attitudes and their perceptions on their husband's attitudes, there is general agreement to use the contraception towards the Nepalese couple about the use of family planning. According to women, both husband and wife approve of using contraception in seven of ten couples and both disapproved in less than 5 percent of couples. As expected, approval by couples is higher among the more educated women. Similarly literate women are more likely to say that both they and their husband approve of family planning than illiterate women. The use of contraception varies according to the differing demographic and socio-economic characteristic of women. It is substantially higher among older, high-parity, urban and educated women than among their counterparts these women are generally those who have attained their desired family size and wish to end their child bearing years. On the average they have four or more living children at the time of sterilization. Demographically speaking the program would have reached a target of 2.5 total fertility rate by recruiting women high parity.

Married men are consistently more likely then married women to report that they are currently using a family planning method. Among currently married men, 49 percent report use of method, while 44 percent is using a modern method. The largest difference in current use by gender is in the reported use of condoms. Men are twice as likely to report use of condoms as women (6% compared with 3%) respectively. Such a large discrepancy may be due to several reasons: The higher reported use of condoms by married men may be due to use with women other than their wife, men may be over reporting due to insufficient knowledge of female methods like injectable or because they are embarrassed to admit that they are not practicing family planning, women may be underreporting they are too shy to report use or for fear of either by women or men as unreliable, since the majority of methods are female methods, women's reports may be closer to actual use (DHS,2001).

Family planning services should be viewed in the larger context of reproductive health care for women. The overall goals of any programe that address women's reproductive health issues should be to contribute to the improvement of the health and

wellbeing of women. Provision of an appropriate contraceptive method is integral component of a comprehensive RH care programe [WHO, 1994].

According to the Nepal Fertility and family Health Survey, 1986, overall knowledge of at least a method of family planning among currently married women aged 10-49 years was 55.9 percent. According to the Nepal fertility and family Health Survey 1986, the current use of contraceptive among currently married and non-pregnant women aged 15-49 years was 15.1 percent. The corresponding figures for1981 was 7.8 percent [NFFS, 1986].

Although there are involvements of private sectors, the Nepal contraceptives Retail Sales Company [NCRSC] and the non-government sector in the family planning programe, the largest share of service is provided by the governments outlets, that is a ministry of health[Pathak,1996].

The periodic demographic surveys namely 1976 Nepal Family Survey [NFS],1981 Nepal Contraceptive Prevalence Survey[NCPS], 1986 Nepal Fertility and Family Planning Survey (NFFS), 1991 Nepal fertility family planning and health survey (NFFHS), 1996 Nepal family health survey (NFHS) 2001and 2006. Nepal demographic and health survey (NDHS) provide information on the use of contraception and family in Nepal.

In Nepal 1996 Nepal birth, death and contraception survey (NBDCS) showed that about 74 percent of currently married women had knowledge of any family planning method, while the percentage of currently married women using contraceptives was found to be 30 percent.

It is well documented that of the total annual births in the world, about 14 million babies(10.6%) born to adolescents mothers and in Asia 6 millions babies (8%) are born to adolescents mothers (Gubhaju, 2002). Nepal is also a country with fairly high adolescent fertility rates. the high rate of adolescent childbearing is a result of early age at marriage, to check the early childbearing is to use contraception since age at marriage is associated with socio-cultural factors in Nepal (DHS, 2001) according to assessment of fertility in Nepal by subedi (1998), Nepal’s experience about the effectiveness of family planning

program in reducing fertility is not so strong, although it has make it easier for contraception. The desired overall family size of Nepali couples is not going to radically change due to son preference. For economic and religious point of view, a woman's desired for a son is stronger than that of a man (Subedi, 1998) women's dependence on male family members is very high in Nepali society. Women perceive sons as having special value as insurance against the risk of divorce, widowhood, abandonment or the taking of the second wife (Subedi, 1998). The presence of son is the most important variable in the achievement of family planning program.

The number of children ever born per 15-19 year old woman has decreased form 2.6 in 1985/96 to 2.4 in 2003/4 while total fertility rate declined from 5.1 to 3.6 during the same period. The proportion of the women (15-49 year) who have knowledge of at least one family planning method has increased by 17 percent points to 77 percent in 2003/4. On the other hand, the proportion of married couples currently using some from of family planning methods has increased from 15 to 38 percent (CBS, 2004)

Among currently non-users of family planning methods, reasons reported are as follows, want more children (36%), followed by husband away home (24%), scared of side effects (14%) and husband not wanting and religious reason (4% each). This pattern holds across most groups, younger women want more children while older ones are scared of side effects.

In the national survey, NFHS 1996, it was noted that one of the main reasons for not using family planning was menopausal or women who had a hysterectomy (19%). Fear of side effects also appears to be an important reason for non-use (16%), and then came the desire to have more children (15%). There were also religious prohibitations (9%), infrequent sex (7%), health concern (6%), and husband's opposed to use (4 %). About 3% reported that it was because of lack of knowledge regarding the family planning methods.

According to the NFHS 1996, the national wide trend regarding the knowledge about contraceptives, over the past 20 years, has been a five fold increase in the percentage of currently married women who know about modern methods. It has

increased over the last two decades, from 21 % in 1976 to 1996. Knowledge regarding both female and male sterilization has also increased substantially. Since 1976 from less than 20 percent to 90 percent or more.

A study in chit wan districts (1994) by stash. S. on unmeet need showed that many women with unmet need did not use contraceptive because they received or expected poor treatment at clinics of they heard side effects or husband opposed the use of Family planning and contraceptives would have less relatives of friends.

A study done by family planning association of Nepal in 1997 on growing unmet need for Family planning Association of Nepal operation area (24 districts) found following factors affecting unmet needs .Lack of necessary knowledge of contraceptive perception that contraceptive are socially and culturally unaccepted, fear of side effects, inadequate family planning services, disapproval of husbands, perception of being low risk of conceiving.

Information about knowledge of contraceptive method is presented for all women and men as well as for currently married and never married women and men by specific method. Findings from 2006 NDHS shows that knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men. The most widely known modern contraceptive method among currently married women are inject able (99%), female sterilization (99%), condom (97%), male sterilization (96%) and contraceptive pills (95%). Use of a modern method among currently married women is highest in the Tarai (48%), followed by Hill (41%) and Mountain (36%).

2.4 Conceptual Framework

This study focus on the relationship between knowledge, attitude and practice of contraceptives and religious restriction and some selected socio-economic and demographic variable in two major religious groups Hindu and Islam. This study concludes the literacy is the most important variables for enforcing the use of CP.

Demographic variables include age, age at marriage, number of living son, and age at marriage which affects contraceptive knowledge and use. Likewise, socio-

economic variables, education and the focused on the IEC variables like radio, TV. Religion is an important variable for affecting use of contraception.

CHAPTER III

RESEARCH METHODOLOGY

3.1 Selection of Study Area

In Nepal there are various religions, caste and ethnic groups. In Nepalgunj there are different religious groups among them Hindu and Islam are main. The western part of Nepal. Nepalgunj municipality that lies in Banke district is selected purposively for this study. There is a society where both Hindu and Islam are living together. The study would be a special and it can represent the social problem of this particular society.

3.2 Sources of Data

This study is mainly based on primary data. Data are collected form a well-structured questionnaires from eligible 85 Hindu and 90 Islam women respondents of age group 15-49. As complementary data the secondary data the secondary data are obtained from different secondary sources, such as journal, educational statistics, monograph, survey report, bulletins, Nepalgunj municipality office, local FPAN office, etc.

3.3 Sampling Procedures

To collect the information the lottery sampling procedure was used.

Table 4: Distribution of Respondent by Ward.

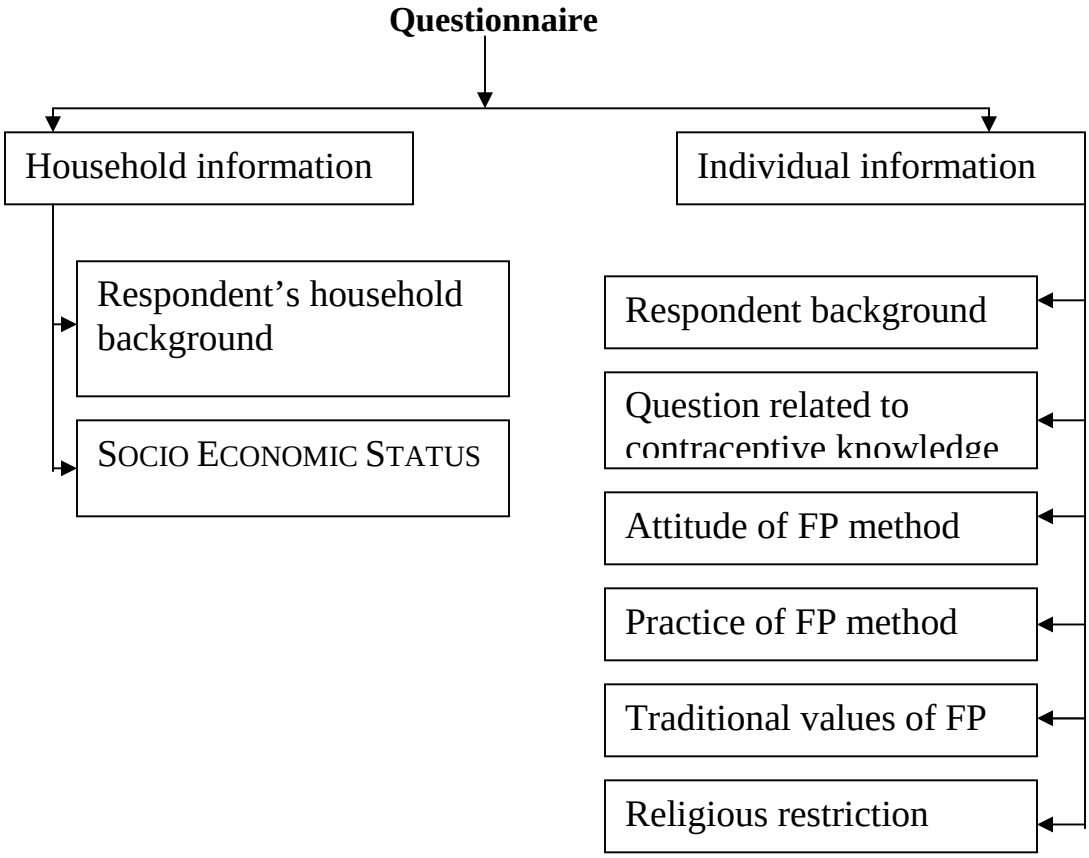
Ward no	Localities	Hindu Respondents		Islam Respondents	
		No	Percent	No	Percent
6	Ram nagar	25	18.5	33	26.4
	Ranitalu	93	68.9	19	15.2
	Kumrahan Tole	17	12.6	125	58.4
Total		135	100.0	125	100.0

Source: Field survey 2008.

3.4 Questionnaire Design

The questions are designed to obtain two types of information household and individual. Household information is divided into two parts respondent's household background and socio-economic status of household. Second parts questions are divided into 6 sections. First section provides the information of respondents about age, age at

marriage, educational status, ever born children etc. second section's questions are related to contraceptive knowledge. In third section questionnaire are collected about the information attitude of family planning. Practice of family planning related questions are in section four. Section five provides the information about traditional values of family planning and section provides the information about religious restriction.



3.5 Collection of Data

The semi-structured interview schedule is used for the purpose of field survey. Questions are asked to women of reproductive age group. Gathered information is socio-culture and economic condition of the respondents and also demographic characteristics such as family size, marital status, age, sex and education. These are directly related to knowledge attitude and practice of family planning.

3.6 Research Design

This study is based on descriptive and exploratory. This study is both qualitative and quantitative in nature. Socio-economic characteristics of respondents are related with

descriptive knowledge, perception and practices of family planning between two major religious groups Hindu and Islam residing in Nepalgunj municipality of Banke.

3.7 Data Processing

Filled up questionnaires were carefully checked to remove possible errors and inconsistencies. The data were processed with help SPSS software package of Pentium -4 computer. Before analyzing data, through editing was carried out to maintain consistently and accuracy. The required frequency tables and cross tables are generated by SPSS software program.

3.8 Technique of Data Analysis

Collected data have been analyzed mainly descriptively as well as statistically demographic information have been analyzed in simple tabulation by process of percentage and number. Other information has been analyzed in descriptive process through cross- tabulation.

CHAPTER IV

BACKGROUND CHARACTERISTICS OF THE RESPONDENTS

This chapter provides some demographic and socio-economic characteristics of the household background of Hindu and Islamic religious group. Demographic characteristics provides age, sex structure and marital status and socio economic characteristics provide educational attainment, major occupation, size of land holding of the study area. This chapter deals with the demography and socio-economic characteristics of the respondents.

4.1 Demographic Characteristics

4.1.1 Types of Family

There are 3 types of family in the world which are nuclear, joint and extended. Nowadays, especially nuclear and joint families are existed in our country. In this study also only two types of family are found which are nuclear and joint.

Table 5: distribution of respondents by types of family

Types of family	Hindu respondents		Islam respondents	
	No.	Percent.	No.	Percent
Nuclear family	62	72.9	54	60
Joint family	23	27.1	36	40
Total	85	100.0	90	100.0

Source: Field Survey 2008.

Table 5 shows that 72.9 percent Hindu respondents have nuclear family and 27.1 percent are in joint family. In joint family some are unmarried, some are living with parents, some go to out side the home for employment leaving their wife and children in their family. Many people want to liver in nuclear family because of the modernization process. In world most of people support nuclear family. Similarly, among Islam respondents 60 percent are in nuclear family and 40 percent are in joint family. The table shows both Hindu and Islam people preferring to live in the nuclear family. But nuclear family preference rate is high in Hindu i.e. more Islam respondents are living in joint family than Hindu.

4.1.2 Size of Household

The structure of family depends on the number of family. In this study area, most of the respondents have nuclear family. In the study area the situation on number of family member is presented in Table 6.

Table 6: Distribution of Respondent by Number of Family Members.

No. of family member	Hindu respondents		Islam respondents	
	No.	Percent	No.	Percent
1-5	46	54.1	20	22.2
6-10	22	25.9	48	53.3
More than 10	17	20	22	24.4
Total	85	100.0	90	100.00

Source: Field Survey, 2008.

Among Hindu respondents 54.1 percent have 1-5 members, 25.9 percent have 6-10 members and 20 percent have more than 10 members. Among Islam respondents, 22.2 percent have 1-5 members, 53.3 percent have 6-10 members and 24.4 percent have more than 10 family members which show that Hindus respondents have small family size compared to Islam respondents.

4.1.3 Age at Marriage

Age at marriage directly affects the period of sexual union with in the reproductive period, where premarital sexual union is restricted. Age at marriage plays vital role in fertility as well as in population growth. First age at marriage is very low in our country. Age at the time of marriage in study area is presented in Table 7.

Table 7: Distribution of Respondents by Their Age at Marriage

Age at Marriage	Hindu respondents		Islam respondents	
	No.	Percent	No.	Percent
Below 14	4	4.7	29	32.2
14-19	30	35.3	47	52.2
20-24	37	43.5	11	12.2
25+	14	16.5	3	3.4
Total	85	100.0	90	100.0

Sources: Field Survey, 2008.

Table 7 show that, 4.7 percent Hindu respondents married at below 14 years of age, 35.3 percent married at 14-19 years of age, 43.5 percent married at 20-24 years of age and 16.5 percent married at above 25 years of age. Among Islam respondents 32.22 percent married at below 14 years of age, 52.2 percent married at 14-19 years of age and 12.2 percent each married at 20-24 and 3.3 percent married at 25+ years of age respectively.

The data shows that most of Hindu marry at 20-24 years of age and of Islam marry early than Hindu at age of 14-19 years.

4.2 Socio-economic Characteristics

4.2.1 Occupation of Household Head

There are different types of occupation among household heads. Agriculture is the main occupation of Hindu's house-hold heads but that of Islam is business. The household heads occupation in study area is classified in table.

Table 8: Distribution of Respondents by Household Heads Occupation.

Occupation	Hindu respondents		Muslim respondents	
	No.	Percent	No.	Percent
Agriculture	25	29.4	21	23.3
Business	16	18.8	45	50
Service	39	45.9	10	11
Wages	5	5.9	12	13
Other	-	-	2	2.2
Total	85	100.0	90	100.0

Source: Field survey 2008.

Table 8 shows that, among Hindu religious group that highest proportion (45.9%) of household heads is engaged in services and followed by agriculture, business, and wages respectively with 29.4, 18.8 and 5.9 percent. Among Islam religious group, highest proportion of household heads is involved in business with 50 percent followed by agriculture, wages, service and other 23.3, 13, 11 and 2.2 percent respectively.

Highest proportion of Hindu household head's occupation is services are agriculture compared to that of Muslim's most of whom are involved in business. It may show that most Muslim people are interested in business but Hindu in other fields.

4.2.2 Agriculture Land

Nepal is agricultural country. Most of the Nepalese people are engaged in agriculture. In the study area also many people are engaged in agriculture. The size of land holding assumes the level of socio-economic status of the population. So, the respondents are classified by their agriculture land in the table.

Table 9: Distribution of Respondents by Agriculture Land.

Agriculture land	Hindu		Islam	
	No.	Percent	No.	Percent
Yes	64	75.3	73	81.1
No	21	24.7	17	18.9
Total	85	100.0	90	100.0
Size of agricultural land				
More than one bigaha	39	60.9	27	37
Less than one bigaha	25	39.1	46	63
Total	64	100.0	73	100.0

Source: Field survey 2008

Table 9 shows that 75.3 percent of Hindu respondents have land for agricultural but 24.8 percent have no any land for agricultural. Among the Hindu respondents who have a land for agriculture 60.9 percent have more than one bigaha of land and 39.1 percent have less than one bigaha. Among Islam respondents 81.1 percent have land for agriculture and 18.9 percent have no any land for agriculture, among those who have agriculture land, 36.9 percent have more than one bigaha and 63.1 percent have less than one bigaha. Above information shows that more Hindus have agriculture land than Muslim.

4.2.3 Agriculture Production

Nepal is a agriculture country. Many people depend on agriculture but agriculture production is not sufficient for food demand. Situation of agriculture production in study area is presented in table

Table 10: Distribution of Respondent Dependent by Sufficiency of Agricultural Production for a Whole Year.

Sufficient	Hindu		Islam	
	No	Percent	No.	Percent
Yes	47	73.4	32	43.8
No	17	26.6	41	56.2
Total	64	100.0	73	100.0

Source: Field survey 2008

From table 10 it is found that 73.4 percent Hindu respondents have sufficient agriculture production 1 year and 26.6 percent have not sufficient food production for 1 year. Similarly among Islamic respondent 43.8 percent have sufficient food production for 1 year and 56.2 percent have not sufficient food production for whole year. It shows that more Hindu respondents have food sufficient for whole year than Islamic respondents.

4.2.4 Domestic Animal

In the study area 62.4 percent Hindu respondents have any domestic animals and only 37.7 percent have no any domestic animal. Among Islamic respondents 53.3 percent have any domestic animal and 46.7 percent have no any domestic animals. More Hindu respondents have domestic animal than Islamic respondents, which shows that Hindus are more interested than Islamic to keep a domestic animal.

Table 11: Distribution of Respondent by Household Domestic Animals.

Domestic animal	Hindu		Islam	
	No	Percent	No.	Percent
Yes	53	62.4	48	53.3
No	32	37.6	42	46.7
Total	85	100.0	90	100.0

Source: Field Survey 2008

4.2.5 Income

Nepal is developing country. Economic status of Nepalese people is very poor. Many people are in the below of poverty line. They are struggling for hand to mouth problem. The economic condition of people of study area is also poor. The monthly household income of respondents is presented in table.

Table 12: Distribution of Respondents by Monthly Household Income.

Monthly HH income	Hindu respondents		Islam respondents	
	No	Percent	No.	Percent
Less than 5000	36	42.4	48	53.3
5000-10000	26	30.6	30	33.3
10000-20000	17	20	9	10
More than 20000	6	7.7	3	3.4
Total	85	100.0	90	100.0

Source: Field Survey 2008

Table 12 shows that, among Hindu religious group, 42.4 percent people have less than Rs.5000 monthly income, 30.6 percent have Rs. 5000-10000 monthly households' income, 20 percent have Rs. 10000-20000 monthly households income and 7.7 percent have Rs. More than 20000 monthly households' income. Among 53.3 percent people have less than Rs.5000 monthly income, 33.3 percent have Rs. 5000-10000 monthly households' income, 10 percent have Rs. 10000-20000 monthly households income and 3.3 percent have Rs. More than 20000 monthly households income. Above information shows that Hindus religious group have good economic condition compared to Muslim.

Table 13: Distribution of Respondents by Source of Drinking Water.

Sources	Hindu respondents		Islam respondents	
	No	Percent	No.	Percent
Piped water	36	42.4	19	21.1
Tube well	43	50.5	53	58.9
Well	6	7.1	18	20
Total	85	100.0	90	100.0

Source: Field Survey 2008

In this study area, among Hindu religious group 42.4 percent respondent use piped water for drink, 50.6 percent use tube well and 7.1 percent use well for the drinking water. Similarly, among Islamic group, 21.1 percent use piped water, 58.9 percent use tube well and 20 percent people use well for drinking water. In this area tube well is the mostly popular source of drinking water followed by piped water and well among both religious groups.

Table 14: Distribution of Respondents by Educational Attainment and ever use of contraception

Educational Background	Hindu respondents		Muslim Respondents	
	No.	Percent	No.	Percent
Illiterate	24	28.3	52	57.8
literate	61	71.7	38	42.2
Total	85	100.0	90	100.0
Level of Education	No.	Percent	No.	Percent
Primary	17	20	10	11
Secondary	25	29.4	9	10
SLC and Above	12	14.1	5	5.5
Non schooling	7	8.2	14	15.5
Total	61	100.0	38	100.0

Source: Field Survey, 2008.

In Hindu group, who ever use of contraception, 28.8 percent respondents are illiterate and 71.8 percent are literate. Among ever use FP methods, 20 percent have primary level, 29.4 percent secondary and 14.1 percent have SLC and above and 8.2 percent have no schooling. In Islam group who ever used of contraception, 57.8 percent respondents are illiterate and 42.2 percent literate. Among 11.1 ever user of FP methods, 11.1 percent have primary education level, 10 percent have secondary level, 5.6 percent have SLC and above level of education and 15.6 percent have no schooling.

Table 15: Distribution of Respondent According to Major Occupation by Ever Use of Contraception

Educational Background	Hindu respondents		Muslim Respondents	
	No.	Percent	No.	Percent
Agriculture	22	25.9	15	16.7
Service	37	43.5	6	6.7
Business	14	16.5	40	44.4
Wage Labor	4	4.7	11	12.2
Housewife	8	9.4	18	20
Total	85	100.0	90	100.0

Source: Field Survey, 2008.

Table 15 shows that, among Hindu respondents who ever used of FP method 25.9 percentages were engaged in Agriculture 43.5 percentage in service 16.5 percent in business, 4.7 percent in wage labour and 9.4 percent in housewife.

Within Islamic group, among ever used of FP method 16.7 percent were engaged in Agriculture, 6.7 percent in service 44.4 percent in business, 12.2 percent in wage labour and 20 percent in housewife .

CHAPTER V

COMPARATIVE STUDY OF FAMILY PLANNING BETWEEN HINDU AND ISLAM COMMUNITIES

5.1 Knowledge of Contraceptive Device

Information regarding family planning had started in 1958 by the family planning association of Nepal (FPAN). However, family planning services was available to general public only in 1968 after the implementation of the third five year plan. The government has been very much involved since than to provide various family planning services to it's people.

To find out the knowledge of respondents regarding the family planning method in the study area, a question was asked to currently marry respondent aged 15-49 years about the contraceptive method which they had heard or knowledge of use. According to this study knowledge of contraceptive among Hindu and Islam respondents are presented in table.

Table 16: Distribution of respondents by knowledge of contraception

Knowledge	Hindu respondents		Islam respondents	
	No	Percent	No.	Percent
Yes	81	95.3	79	87.8
No	4	4.7	11	12.2
Total	85	100.0	90	100.0

Source: Field Survey 2008

From the table and diagram, it can be seen that in the study area, 95.3 percent Hindu people have knowledge of any method of family planning but 4.2 percent have no knowledge of family planning. Similarly, among Islamic group 87.8 percent people have knowledge and 12.3 percent have no knowledge of any method of family planning. Higher proportion of Hindu people have knowledge than Islamic people about family planning method.

Because of modern communication media, most of the respondents had at least basic knowledge about family planning. The knowledge of family planning method in this study is defined simply as having heard of method. The contributing factor for high knowledge of contraceptive is continuous effort from governmental institution and other NGOs, INGOs and mass media etc. this study indicates that the family planning program has been very much successful in Hindu than Islamic religious group.

5.2 Knowledge of Specific Contraceptive Methods.

Table 17: Distribution of Respondents by Knowledge of Specific Methods.

Method	Hindu respondents		Islam respondents	
	No	Percent	No.	Percent
Condom	31	36.5	26	28.9
IUD	7	8.2	3	3.3
Pills	4	4.7	9	10
Sangini / Depo-Provera	15	17.5	28	31.1
Norplant/Copper T	9	10.6	24	26.7
Male sterilization	5	5.9	-	-
Female sterilization	14	16.5	-	-

Source: Field Survey 2008

Table 17 shows that condom is the most popular method of contraception in both religious group 36.5% among Hindu and 28.9% among Islam). Sangini/ Depo-Provera is also one of the most popular methods of contraception. Hindu religious have used female sterilization but Islamic religious have not male or female sterilization due to their religious restriction. IUD is the least popular method of contraceptive device.

5.2.1 Sources of Information about Contraceptives

Respondents get information about different devices and methods form different sources. When the respondents were asked how they had first comet to know about family planning methods, most of them said that they had heard in different sources, which are presented in table.

Table 18: Distribution of Respondents by Source of Knowledge of FP

Sources	Hindu respondents		Islam respondents	
	No.	Percent	No.	Percent
Mag./Radio/TV	42	49.4	39	43.3
Hosp./clinic	10	11.8	19	21.1
Friends/relative	14	16.5	17	18.9
Teacher	12	14.1	9	10
FP office	7	8.2	6	6.7
Total	85	100.0	90	100.0

Source: Field Survey 2008

In Hindu group 49.4 percent respondent have information of contraceptives devices from communication media, 11.8 percent from hospital or clinic, 16.5 percent from friends and relative, 14.1 percent from teacher and 8.2 percent from FP office.

With in Islamic group, 43.3 percent have information from communication media, 21.1 percent from hospital or clinic, 18.9 percent from friends and relatives, 10 percent from teacher and 6.7 percent from FP office.

From table the mass media plays vital role in dispersing knowledge about family planning. Therefore, in future as well as, the radio/Tv program should be utilized properly to reach the people with family planning messages. This study shows that there is a high level of awareness regarding the family planning methods. The credit goes to the government, NGOs and INGOs working in the field of family planning.

Table 19: Distribution of Respondents who Heard FP Advertisement on TV/Radio

Heard	Hindu respondents		Islam respondents	
	No.	Percent	No	Percent
Yes	82	96.5	83	92.2
No	3	3.5	7	7.8
Total	85	100.0	90	100.0
Advertisement process right or wrong				
Right	85	100	85	94.4
Wrong	-	-	5	5.6
Total	85	100.0	90	100.0

Source: Field Survey 2008

Islamic respondents watch/hear advertisement about FP method on radio and TV, whereas only 3.5 percent Hindu and 7.8 percent Islamic respondent did mot hear

contraceptive methods advertisement on radio and TV . Among those who heard, 100 percent Hindu and 94.4 percent Islamic respondents said that style of FP advertisement is right. However, 0 percent Hindu and 5.6 percent Islamic respondents said that advertisement style is wrong.

5.3 Source of Family Planning Method

There are difference sources to provide the family planning method in the study area. All the respondents knew about the different places where family planning services are currently provided major sources of FP method in study area are presented in Table 20.

Table 20: Distribution of respondents by source of FP method knowledge of place

Sources	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Hospital/ health center	38	44.7	40	44.5
Medical shop	7	8.2	10	11.2
FP office	22	25.9	12	13.3
Health worker	12	14.1	9	10
Others	6	7.1	9	10
Total	85	100.0	90	100.0

Source: Field Survey 2008

About 44.7 percent Hindu respondents said that hospital/health center are sources of FP method, 8.2 percent said medical shops, 25.9 percent said FP office, 14.1 percent said health worker and 6 percent said other sources. Among Islamic respondents 44.4 percent said that hospital/health center are sources of FP method, 11.1 percent said medical shops, 13.3 percent said FP office, 10 percent said health worker and 10 percent said other sources. It is followed by hospital and FP office among both Hindu and Islam religious group.

5.4 Appropriate Age of Child Bearing for Women

“Which is the appropriate age of child bearing?”. There is no exact answer but below 20 years is risky for the health of child and mother. In our country marriage is almost universal and early child bearing is common. All currently married respondents asked about appropriate child bearing age at the time of survey. In the study area, respondent’s view about appropriate age of child bearing is presented in table.

Table 21: Distribution of Respondents by Their View about Appropriate Age of Child.

Age	Hindu respondents		Islam respondents	
	No.	Percent	No.	Percent
Under 20	7	8.2	22	24.5
20-24	52	61.2	58	64.5
25-29	19	22.4	4	4.4
Above 30	4	4.7	2	2.2
Don’t know	3	3.5	4	4.4
Total	85	100.0	90	100.0

Source: Field Survey 2008

From Table 21 it can be seen that 8.2 percent Hindu respondents perceive under 20 years of age as the appropriate for child bearing, 61.2 percent said for 20-24 years, 22.4 percent said 25-29 years, 4.7 percent said above 30 years and 3.5 percent have no idea about the appropriate age of child bearing.

Among Islamic respondents 24.4 percent Islam respondents perceive under 20 years of age as the appropriate for child bearing, 64.4 percent said for 20-24 years, 4.4 percent said 25-29 years, 2.2 percent said above 30 years and 4.44 percent have no idea about the appropriate age of child bearing. Most of the respondent of Hindu and Islam perceive that 20-24 years of age as the appropriate age of child bearing.

5.5 Birth Spacing

The difference between the time of two birth first and second birth interval is called as birth spacing. Several studies show that there is negative relationship between birth spacing and risk of death of child and mother. In other words it can be said that shorter the birth spacing higher the mortality rate of child and mother longer the birth spacing lower the mortality rate of child and mother. “What period of birth spacing is better for good health of women and child?” Different respondents gave different answers. Studies area’s respondent’s views about birth spacing are tabulated in table

Table 22: Distribution of Respondents about Their View on Birth Spacing.

Birth spacing	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
1 year	3	3.5	-	-
2 year	11	12.9	14	15.6
3 year	19	22.4	38	42.2
4 year	29	34. 1	22	24.4
Above 4 year	23	27.1	16	17.8
Total	85	100.0	90	100.0

Source: Field Survey 2008.

About 34.1 percent Hindu respondents said that 4 year birth spacing is better for health of women and child whereas, 3.5 percent said 1 year, 12.9 percent said 2 year, 22.4 percent said 3 year and 27.1 percent said above 4 year as the appropriate birth spacing time. Among Islamic respondents 42.2 percent said 3 year birth spacing is the better for health of women and child whereas, 15.6 percent said 2 year, 24.4 percent said 4 year and 17.8 percent said above 4 year is the appropriate age of birth spacing. Most of the respondents have knowledge about the birth spacing probably. It may be reason of mass Media’s advertisement.

5.6 Visit to Health Centers for FP Method

“Are you visiting health center for family planning method?” this is a main question to know about attitude of respondents about family planning in the study area.

“How many respondents visited health center for family planning method in the study area?” this question’s answer is given in table

Table 23: Distribution of Respondents by Visit to Health Centers for FP Method

Visit	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Yes	82	96.5	60	66.7
No	3	3.5	30	33.3
Total	85	100.0	90	100.0

Source: Field Survey 2008

Table 23 shows that 96.5 percent Hindu respondents visit to health center for FP method but 3.5 percent do not visit health center for FP method. Among Islamic respondents 66.7 percent visit FP center and 33.3 percent do not visit. Among Hindu there is more tendency to visit FP center than Islamic religious group. Hindu respondents are more conscious their reproductive health than Islam respondents group. It may be the reason of good educational status and economic condition of Hindu than Islam.

5.7 Desire for Additional Children

“Do you want (additional) other children?” Among Hindu respondents 11.8 percent said that they want more children (additional) but 88.2 percent said that they don not want more children.

Similarly 41.1 percent Islamic respondents said they want more children and 58.9 percent do not want more children, which shows that Islamic people are interested to more children than Hindu respondents.

Table 24: Distribution of respondent who want to have more children .

Want more child	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Yes	10	11.8	37	41.1
No	75	88.2	53	58.9
Total	85	100.0	90	100.0
Sex of Child				
Son	6	60	30	81.1
Daughter	4	40	7	18.9
Total	10	100.0	37	100.0

Source: Field Survey 2008

Among Hindu respondents who want child, 60 percent want son and 40 percent want more daughters. Similarly among Islamic group 81.1 percent respondents want son and 18.9 percent want daughter. The above information shows that Islamic respondents want to have more son than Hindu respondents.

5.8 Advantages of FP Method

There are various advantages of FP methods. The advantages of FP method as told by the respondents of study area are illustrated in Table 25.

Table 25: Distribution of Respondents by Their View about Advantage of FP Method.

Type of Advantage	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
To improve economic condition and education	46	54.1	39	43.3
To delay and to limit the births	12	14.1	10	11.1
Better health of child and mother	6	7.1	21	23.3
To make appropriate care for child	20	23.5	18	20
Other's (don't know)	1	1.2	2	2.2
Total	85	100.0	90	100.0

Source: Field Survey 2008

Table 25 shows that 54.1 percent Hindu and 43.3 percent Islamic people believe that FP helps to improve economic condition and education: 14.1 percent Hindu and 11.1 percent Islamic respondent said that FP helps to delay and to limit the birth, 7.1 percent Hindu and 23.3 percent Islamic respondents said that the advantage of FP is better health of child and mother. Similarly, 23.5 percent Hindu and 20 percent Islamic respondents said that the advantage of FP is to make appropriate care for children and 1.2 percent Hindu and 2.2 percent Islamic respondents have no idea about the advantage of FP method.

Majority of Hindu and Islamic respondents agree that family planning helps to improve economic condition and education.

5.9 Ideal Family Size

"Two children are the gift of god" is popular slogan of family planning association. The family, which has more than two children, is not ideal family. A ideal family size of Hindu and Islam religious group in study area is presented in table.

Table 26: Distribution of Respondents by Their Ideal Size of Family

Ideal family size	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
One son and one daughter	56	65.9	41	45.6
Two sons	6	7.1	14	15.6
Two daughter	-	-	-	-
Two sons and one daughter	16	18.8	27	30
Two sons and two daughter	3	3.5	2	2.2
Don't know	4	4.7	6	6.7
Total	85	100.0	90	100.0

Source: Field Survey 2008.

Table 26 shows that among Hindu religious group 65.9 percent people have ideal family size of one son and one daughter, 7.1 percent preferred 2 sons, 18.8 percent preferred two sons and one daughter, 3.5 percent preferred two sons and two daughter and 4.7 percent have no idea about ideal family size.

Among Islamic respondents, 45.6 percent people have ideal family size of one son and one daughter, 15.6 percent preferred 2 sons, 30 percent preferred two sons and one daughter, 2.2 percent preferred two sons and two daughter and 6.7 percent have no idea about ideal family size.

Both Hindu and Islam group preferred two children for ideal family size. It was noted that though we have been continuously debating about the equality of son and daughter, the deeply rooted traditional Nepali thinking of a need for a son is still powerful in our society.

5.10 Ever Use of Family Planning Methods

Ever use meaning the use of family planning method at least once currently or in the past. Family planning devices helps the people to prevent from unwanted pregnancies. Contraceptives prevalence rate in Nepal is 48 percent according to the 2006, NDHS that is still very lower than other developing countries. The respondents were asked whether they had ever used a contraceptives method or not contraceptive prevalence rate in study area is presented in table.

Table 27: Distribution of Respondent by Ever Use of Family Planning Method.

Use	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Yes	79	92.9	55	61.1
No	6	7.1	35	38.9
Total	85	100.0	90	100.0
Name of device				
Condom	41	51.9	23	41.8
Norplant	11	13.9	15	27.2
Pills	3	3.8	11	20
Sangini	9	11.4	6	10.9
Vasectomy	6	7.6	-	-
Female Sterilization	9	11.4	-	-

Source: Field Survey 2008

From table 27 it can be seen that 92.9 percent Hindu respondents have ever used contraceptive while 7.1 percent have not ever used any contraceptive method.

Among Islamic respondents 61.1 percent have ever used contraceptive method and 38.9 percent have not ever use any method of contraceptive. It shows that Hindu have more contraceptive prevalence rate than Islam. This study shows that a higher number of respondents were using contraceptive at least once. This data indicates success of program encouraging using the family planning methods among the eligible couples of

both religious group (92.94%) Hindu and (61.11%) Islam. Condom is the most popular method among both religious groups out of given devices.

The possible reasons being this gap is discussed in the following title 'reason for non-use of family planning method.'

5.11 Side Effect of Contraceptive Devices

There is different negative effect of medicine in human life. Contraceptive method also shows the negative effect in some cases. Some side effects of contraceptive device occurred to user of study area is presented in table.

Table 28: Distribution of Respondents by Side Effects of FP

Side effect	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Yes	13	48.1	7	50
No	14	51.9	7	50
Total	27	100.0	14	100.0
Types of side effects				
Headache	2	15.4	1	14.2
Weakness	1	7.7	-	-
Backache	1	5.7	-	-
Weight loss/ gain	5	38.5	3	42.9
Disturbed of menstruation4	4	30.8	3	43.9
Total	13	100.0	7	100.0

Source: Field Survey 2008

27 Hindu and 14 Islam respondents are currently using the contraception in the period of field survey. Hindu respondents of current users 15.4 percent feel headache, 7.7 percent each feel weakness and backache, 38.5 percent feel weight loss/gain and 30.8 percent feel disturbed menstruation. Among Islam, 14.2 percent feel headache, 42.9 percent feel weight loss/gain and 42.9 percent feel menstruation disturbed.

5.12 Consultations with Doctor

Person who faced side effect and consulted with doctor about the side effect of family planning in the study area is presented in table

Table 29: Distribution of Respondents who Consulted with Doctor about Side Effect

Consult	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Yes	12	92.3	5	71.4
No	1	7.7	2	28.6
Total	13	100.0	7	100.0

Source: Field Survey 2008

Among the persons who have side effect, 92.3 percent Hindu and 71.4 percent Islam consulted with doctor but 7.7 percent Hindu and 28.8 percent Islam did not consult with doctor. Consultations are is higher in Hindu than Islam.

5.13 Satisfaction with Treatment

The number of effected person that are satisfied with treatment of side effect in the study area is presented in table.

Table 30: Distribution of Respondents View about Treatment

Satisfaction with treatment	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Yes	11	91.7	3	60
No	1	8.3	2	40
Total	12	100.0	5	100.0

Source: Field survey 2008.

About 92 percent Hindu and 60 percent Islam are satisfied with treatment of side effect whereas 8.3 percent Hindu and 40 percent Islam are not satisfied about the treatment of side effect. However, satisfaction rate is high among Hindu than Islam.

5.14 Reason for not Using FP Method among those who have not Ever Used.

All the ever married couple has not ever used the contraceptive device. 'Why the married people of reproductive age have not ever used the contraception'. Those respondents were requested to tell the reason for using any contraceptive methods which couple has never used the contraceptive. The reason for not using the contraception in the study area is presented in table.

Table 31: Distribution of Respondents by Reason for not Using Contraception who have not Ever Used among those

Causes	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Against the religion	-	-	21	60
Fear of side effect	2	33.3	4	11.4
Desire for child	1	16.7	-	-
Desire for son	-	-	-	-
Lack of knowledge	3	50	10	28.6
Total	6	100.0	35	100.0

Source: Field Survey 2008.

Among Hindu who were not using FP method, 33.3 percent reported reason as fear of side effect, 16.7 percent said desire of son and 50 percent lack of knowledge. Similarly, among Islamic respondents 60 percent said that they are not using family planning because it is against their religion, 11.4 percent said each because of fear of said effect and 28.6 percent said lack of knowledge about the family planning device.

5.15 Traditional Value about FP

These values which transfer from one generation to another generation are known as traditional value. In every society there are different types of traditional values in every sector. In family planning and marriage there are also some traditional values in different cultural and religious society. Some traditional values about family planning in study area in different religious groups are described in below.

Every society, caste, ethnic group, and religious have their own norms and value in every thing. In family planning there are different traditional value and norms in Hindu and Islam religious group in a study area which are presented in table

Table 32: Distribution of Respondents by Their Traditional Value, Norms and their Religious Restriction Towards FP Methods.

Is there any traditional norms, values and religious restriction	Hindu respondents		Islam respondents	
	No	Percent	No	Percent
Yes	-	-	60	66.7
No	85	100	17	18.9
Don't know	-	-	13	14.4
Total	85	100.0	90	100.0

Source: Field Survey 2008

From the table 32, it is seen that there is no any traditional restriction regarding use of FP method in Hindu as 100 percent respondents. 66.7 percent respondent Islam said there is religious restriction regarding use of FP method. However, 18.9 percent said no restriction and 14.4 percent have no idea about it.

The data show that there is traditional restriction to use family planning method in Islam religion but there is no any such traditional obstacle to use FP method in Hindu religion.

CHAPTER VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary of the Finding

The main purpose of the comparative study was to assess the knowledge, attitude, practice of family planning and religious restriction in Hindu and Islam religious group in Nepalgunj municipality of Banke. To find out the situation of side effect from modern contraceptive method and traditional restriction on family planning in Hindu and Islam are the other objectives of the study.

The major findings of the study are as follows:

- it was found that most of the Hindu and Islam respondents have nuclear family (72.9% for Hindu and 60% for Islam).
- Majority of household head's occupation is services among Hindu (45.3%) but in Islam majority of household head's occupation is business, which is 50% percent.
- Majority of Hindu respondent have 1-5 number of family members but majority of Islam have more than 6-10 number of family members.
- It was found that 75.3 percent Hindu and 81.1 percent Islam have land for agriculture. Among them 60.9 percent Hindu and 36.9 percent Islam have more than 1 bigaha of land and 39.1 percent Hindu and 63.1 percent Islam have sufficient food for 1 year.
- About 62.4 percent Hindu and 53.3 percent Islam respondents have domestic animal. Majority of Hindu and Islam people's source of drinking water is tube well, (50.6% for Hindu and 58.9% for Islam). Majority of respondents have less than Rs. 5000 monthly household income.
- Majority of respondents have at least some educational background, 71.8 percent Hindu and 42.2 percent Islam are literate, which is higher than national literacy rate.

- Majority of Hindu 43.2 percent marry at the age of 20-24 years but majority of Islam 52.2 percent marry at the age of 14-19 years.
- It is quite encouraging to know that 95.3 percent Hindu respondents have knowledge of contraceptive devices. Among Islam respondents 87.8 percent have knowledge of contraceptive devices. Condom is a most popular method of contraceptive among Hindu and Sangini / Depo-Provera is most popular among Islam.
- This study also showed that mass communication (radio/TV/Newspaper) is major sources of knowledge about family in both religious groups.
- More than 96.5 percent Hindu and 92.2 percent Islam respondents have heard family planning advertisement in radio/TV among them 100 percent Hindu and 94.4 percent Islam said that its style is good.
- Majority of Hindu and Islam respondents said that hospital is a major source of FP method provider.
- About 61.2 percent Hindu percents and 64.4 percent Islam respondents said that appropriate age of child bearing for women is 20-24 years of age.
- Most of the Hindu respondents (34.1%) said that more then 4 year's birth spacing is good for the health of child and mother but 42.2 percent Islam respondents said that 3 year's birth spacing is good for the health of child and mother.
- Most of the Hindu Islam visit hospital or health center for FP services (88.7% Hindu and 66.7% Islam)
- About 11.8 percent Hindu and 41.1 percent Islam respondents want more children, among them 60 percent Hindu want son and 40 percent want daughter, 81.1 percent Islam want son and 18.9 percent want daughter.
- About 92.9 percent Hindu and 61.1 percent Islam have ever used family planning method and condom is the most popular method among both religious groups.

- About 44 percent Hindu and 22.6 percent Islam are currently using contraception. Among them 13 Hindu and 7 Islam have faced side effects in various ways like menstruation period, sterility body pain etc.
- Among the side affected persons, 92.3 percent Hindu have consulted with doctor and 71.4 percent Muslim have also consulted with doctor.
- No one said, there is any traditional restriction to use family planning among Hindu whereas 66.7 percent Islam respondents said that there is traditional restriction to use family planning.
- Among non user of family planning method, majority of Islam 77.8 percent said it is against their religion while majority of Hindu 33.3 said due to lack of knowledge.

6.2 Conclusions

As per the main objective of this study, the current state of knowledge, attitude, practice of family planning and religious restriction among the ever married women of two major religious group of Nepalgunj municipality of Banke. From the study it is clear that knowledge of FP is nearly to the national level among Hindu but among Islam it is quite lower than Hindu. Through the study, it becomes clear that the CPR of both religious groups in the study area is higher than the national rate. The major contributing factor for this was that in the recent years, district hospital, health post, FPAN district office, THARU MAHILA UTHAN KENDRA, and other NGOs, have been continuously providing family planning services in this area through various ways.

The knowledge and attitude toward family planning methods in the study area at present is found to be satisfactory. Nearly all Hindu respondents have knowledge but among Islam, knowledge is quite low. The practice of family planning method is low in both groups compared to knowledge. Practice rate of Islam is lower than Hindu. Low use of contraception have some specific reasons which are as follows, against the religion, lack of knowledge, fear of side effect, desire of son/more child, etc.

Since the majority of the respondents had ever used contraceptive method, the understanding of people towards having small family size was well recognized in the

study side. This indicates that the family planning program is creating positive value towards having small family size norms in this area.

In Islamic community also people are not very conservative towards use of family planning method. They also use contraceptive method. Nearly all the respondents said that only sterilization is rejected in their religion but there is no any restriction to use other contraceptive methods.

From this study it is found that mass communication plays vital role to give the information of FP method to the grass root level public. Lack of education and occupation, poor economic condition, lack of knowledge because of lack of good counseling, fear of side effects, so called traditional value and norms, lack of knowledge on advantage of small family size, many people are not using contraceptive devices. With this background, the following recommendations are presented.

6.3 Recommendations for the Further Areas Research

1. This study suggests following areas for further research. This study covers the comparative study of FP and religious restriction between Hindu and Islam in Nepalgunj municipality. Similar types of study with larger sample size would help generalization finds to community at large.
2. This is the quantitative research, qualitative research should focus on this area in future research.

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