CHAPTER I: INTRODUCTION

1.1 Background of the Study

Family planning means to enable couples and individuals to decide freely and make responsible for the number and spacing of their children. In short from family planning programs play a key role in providing information and services that help people make informed reproductive choices and use contraception safely and effectively (Cited in Wagle, 2005). Family planning is to make the family life happy through appropriate management and mobilization of income and other sources, other major subjects to save mother's health and life.

Family planning is also known as conscious effort of couples or individuals to control the number and spacing of births. The word “Family Planning” is used synonymously with many terms such as birth planning, birth control, fertility regulation as well as Planned Parenthood. The term implies general reproductive strategy; however, and should not be used to mean just contraception, since it comprises practices aimed both at preventing births at certain times and at inducting them at others (Pressat, 1985).

Family planning is being recognized as one of the most important issues in Nepal not only as a popular “numbers” problem but as an issue, which affects the health and lives of thousands of women and children. The full range of the family planning and family welfare benefits available for the responsible planning of families itself has often been hidden and lost from public view by religious, socio-cultural and ethnic controversies. Even though the awareness of at least one method of family planning among eligible women of reproductive age has increased to over 92.5 percent, more than 50 percent interested in the use of contraceptive method. The reported percentage did not exceed 24 percent in 1996 (Manandher, 1996).

The Cairo Conference, 1994 argued that the aim of family planning programs must be to enable couples and individuals to decide freely and responsibly the number and spacing 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 methods. The success of population and family planning programs in a variety of setting demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The principle of free choice is essential to the long-term success of family planning programs (ICPD, 1994).

Family planning programme was initiated in Nepal in 1959 by a group of medical doctor under the umbrella of Nepal Medical Association. Latter in the same year, with the help of Medical Association and in collaboration with the path finder found, a volunteer organization called the Family Planning Association of Nepal (FPAN) was established. Information, education and family planning source were provided to a limited population in and around Kathmandu Valley. The government, however, offered family planning services only from 1965. In 1968, the Family Planning and Maternal Child Health board was created under which the FP/MCH project was formally established. The project then assumed the government's responsibility of providing government family planning and maternal child health services in Nepal. Since the early 1990s the Family Health Division and Ministry of Health has been given the responsibility of providing family planning services in Nepal (MOHP, 2005).

Since the initiation of the family planning programme, the knowledge and utilization of family planning services have been rising gradually over the years. Substantial increase in the level of knowledge has been observed since the mid-1970s. In 1976, the proportion of currently married women aware of at least one family planning method was only 22 percent. By 2001, almost all (99.5%) married women of reproductive age knew at least one modern of contraceptive method, which showed the knowledge of at least one modern method of contraceptive among ever married and currently married men was universal (New ERA, 2003).

Nepal is a country with fairly high fertility rates. The high rate of adolescent childbearing is a result of early age at marriage for females. One of the measures to check the early childbearing is to use contraception since age at marriage associated with socio culture

factors in Nepal. As a result it is not possible to rise marriageable age in a short period of time. It is well documented that almost all respondents of any survey related to contraception were aware of one modern method of contraception (NDHS, 2002:2003, MOH, New Era, ORC, Macro, 2002).

The meaning of family planning is not to post pond birth to give freedom to the people about the number and spacing of their children, to have the information and means to do so and to ensure informed choices and make available to full range of safe and effective methods are the aim of the FP programme in a variety of setting demonstrate that informed individual everywhere can and will act responsible in the right of their own needs and those families and communities. The principal of informed choice is essential to the long-term success of Family Planning programme (ICPD, 1994).

The greatest contribution of family planning programme lies avoiding unwanted pregnancies and their by unplanned birth making sure that all the births are planned. According to world data less than half the births are unplanned. Many women have terminated unwanted pregnancies in induced abortion. Family Planning is very important component to maintain the reproductive health of male and female (Wagle, 2005).

The Contraceptive prevalence rate has gradually increasing with the increases of women's level of education. Knowledge of contraception is nearly universal in Nepal. The NDHS, 2001 indicates that 39 percent of currently married women are using a method of Family Planning. The main causes of low use of contraception in Nepal are high infant mortality rate, old age security, joint family and lack of communication between husband and wife (Tuladhar, 1989).

1.2 Statement of the Problem

Population growth is a serious problem in every developing countries like Nepal so governments of these countries are motivating the people towards small family norms. But being developing and the poorest country in the world, Nepal is facing the problem of rapid population growth, which is caused by lack of industrialization, low productivity,

illiteracy and unemployment. On the one hand, Nepal is conducting many programs through NGO, INGO for the maximum distribution of contraceptives to reduce fertility rate. On the other hand, it is found that contraceptive prevalence rate in Nepal is very low in the world, though Nepal has invested 15 percent – 19 percent of its total expenditure in family planning programme (CBS, 1987).

Various activities are conducted in Nepal regarding family planning. Many governmental and non-governmental agencies are involved in family planning programmes. These organizations are distributing different kinds of temporary and permanent types of family planning means in different parts of the country. The main objective of these programmes is to reduce fertility rate and control population. But most of these programmes have been failed to reach in the poor and rural part of the country. That is why, Nepal is lacking behind in using family planning means.

Nepal is multi-ethnic country. The census of 2001 has listed 103 caste/ethnic groups including "unidentified group". There have been a number of studies conducted at the national level. Different communities have their own different ideas, attitudes, beliefs and assumptions, which determine the knowledge and use of contraceptives methods. In Pakawadi VDC ward 2 and 3, there are different ethnic groups; most of them are illiterate and ignore about contraceptive methods. They have their own belief, system and health care practices that consequently influence the contraceptive knowledge and use. Poor socio-economic and educational status of people at the study area may profit them from proper contraception. In different community of the selected ward of this VDC, people depend on agriculture. Though this VDC is multi regions and multi castes but no one has conducted the studies regarding the knowledge, attitudes and practices of the contraception. So it is needed to conduct the research on this issue to give some information of the research area for the related issues (District profile, 2007).

1.3 Objective of the Study

The general objective of this study is to analyze the knowledge, attitudes and practices of contraception of among currently married women aged 15-49 at Pakawadi VDC ward 2 and 3 of the Syangja District.

The specific objectives of the study are:

a. To examine the knowledge, attitudes and practice of contraception among the currently married women aged 15-49 of the selected wards of this VDC.
b. To analyze the attitudes towards the use of contraceptive devices among the currently married women aged 15-49.
c. To identify the cause for using and non-using of family planning methods among the women of reproductive age 15-49 years.
d. To identify the socio-economic and demographic determinants of contraceptive methods.

1.4 Significance of the study

There is less information and understanding about contraceptive knowledge and use in the community. This study will generate basic information and data on contraception. The impact of family planning is less in family health in the study area. High maternal mortality and complications during pregnancy are observed. In a high maternal mortality society, people may fill the need to have many babies to be sure that a few may survive. Most of the people give birth in young age and in less birth interval.

This study provides knowledge, perception and utilization of family planning methods of the women aged 15-49 years of Pakawadi VDC ward 2 and 3 of the Syangja District. Policy makers, administrator, demographer, NGOs/INGOs are always seeking more detail information about not only national level but also about grass root level. So it provides reliable information on knowledge, perception and utilization of Family Planning methods that helps to implement the family planning programme in related VDC.

1.5 Limitation of the study

The knowledge, attitudes and practices of contraception of any society is determined by the various socio economic and demographic factors of this region. This study is fully concentrated to the Pakawadi VDC ward 2 and 3 of the Syangja District.

The following are the some limitations of this study:

- This analytical study is cantered only to the Pakawadi VDC ward 2 and 3 of the Syangja District. So it cannot represent the real situation of knowledge, attitudes and practices of contraception of whole nation.
- The presence of male has been ignored and it is fully concerned with currently married women aged 15-49.
- This study only focuses on knowledge, attribute and practice of family planning methods among currently married women aged 15-49.

1.6 Organization of the study

This study is divided into sex chapters. The first chapter deals with introduction, statement of the problem, objectives of the study, significance of the study, limitations of the study and organization of the study. The second chapter deals with review of theoretical and empirical literature review as well as conceptual framework. The third chapter deals with methodology. The fourth chapter describes the socio-economic and demographic characteristics of the sample population. The fifth chapter deals with the knowledge and utilization of family planning services, differentials in knowledge of family planning, differentials in current as well as ever used of family planning methods. Similarly, summary, conclusion and recommendations are included in six chapters.

CHAPTER II: REVIEW OF LITERATURE

2.1 Historical Background

Before the discovery of the modern conceptive method, it was considered that the children here are the gift of God and their existence cannot be prevented. After discovery of modern contraceptive methods people have started to practice different birth spacing and birth limiting methods. The modern conceptive method could play the supplementary role for birth spacing to improve maternal and child health, however, it might be due to the lack of contraceptives knowledge or social pressure and copies generally have large number of children therefore some kinds of social change necessary to motivate to have fewer children. In some societies significant number of couple might have preferred fewer numbers of children than they were having (Sigdel, 2006).

Reproductive health is a state of complete physical, mental, and social well being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and women to be informed and have access to safe, affordable and acceptable method of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right to health care services that will enable women to go safely through pregnancy and childbirth (Pathak, 2001).

The concept of reproductive health gained in the 1980s as a symbol of a fresh perspective on women's right and family planning. The premises of this perspective is the principle that a women has a right to reproductive health that is to regulate her fertility safely and effectively, to understand and her own sexuality and reproduction, to bear and rear healthy children. A reproductive health programme involves more than the delivery of maternal and child health or family planning services as conventionally defined. It is multidimensional. It is right oriented as well as reproductive health as rights are vital elements of physical and emotional well being (Muller, 1993).

WHO (1997) states that contraception provides couples with a means to control the timing of birth, which can greatly influence the health of their families. Women who delay having children until age 18 or older and space pregnancies by at least two years reduce their chances of having an infant or child died compared to those have early frequent births.

In 1950's population studies got its separate discipline after the establishment of National Family Planning Association most of the governments realized that rapid population growth needs to be maintained through family planning program. The aim of the family planning programs must be enable couples and individuals to decide freely and responsibly the number and spacing their children and to have the information and means to do so and to ensure inform choices and make available a full range of safe and effective methods. The success of population and family planning programs in a variety of setting demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The principal of informed free choice is essential to the long-term success of family planning programs (UN, 1994).

On the past three decades, the availability of safer method of modern contraception was increasing in the world. Currently about 55 percent of couples were using some family planning methods in developed countries. Family planning programme helps to decline in the average fertility rate for developed countries. But the full range of modern family planning method still remains unavailable to at least 350 million of couples in worldwide. Only 120 million women worldwide were using a modern family planning method. During the decades of 1960s the number of couples of couple of reproductive age i.e. 15-49 yrs will grow by about 18 million per year. Thus family planning and contraceptive supplies will need to expand very rapidly over the next several years (UN, 1994).

2.2 Theoretical Literature

Different governmental and non-governmental organizations related to family planning activities are engaged in overcoming problems emerged due to population growth. In

1959 A.D. the Family Planning Association established with the objective "SANO PARIWAR, SUKHI PARIWAR" means small family is happy family. Like the family planning association Nepal, there are other organizations too concerned with family planning programmer. The objective of all these organization is to control the haphazard growth of population. By the use of family planning means, any women can give birth to desired number of children.

The meaning of family planning is not to postpone birth. To give freedom to the people about the number and spacing of their children, to have the information and means to do so and to ensure informed choices and make available to full range of safe and effective methods are the aims of the family planning programme. The success of population education and family planning programmes in a variety of settings demonstrates that informed individual everywhere can and will act responsible in the light of their own needs and those families and communities. The principle of informed free choice is essential to the long-term success of family planning programme (UN, 1994).

In the middle of twentieth century, the theory of demographic transition summarises the historical transition of fertility and mortality in the countries of Northern Europe. The theory advocates the transition from high fertility and mortality to low fertility and mortality along with the socio-economic development of society. This theory was based on the experience of fertility decline after declining in mortality with advancement of industrialization and urbanization in the west. In 1945, Notestein stated that at pre-industrial society high fertility was required to balance high mortality rate, otherwise, the averages of mortality would have led to population decline and extinction. When the process of modernization had brought the death rates fell down, this results the decline in fertility. Urban industrial society is the crucible of demographic transition theory that is the development of technology lies at the root of matter (Caldwell, 1977).

Bongaarts (1978) showed the four principles proximate determinants of fertility namely proportion of married women, post-partum infecundability, induce abortion and prevalence of contraceptive use. Bongaarts claimed that 96 percent of fertility could be

explained by these four factors. In typical traditional society where fertility, the principal role is generally played by former two determinants and in non-traditional or modern society where fertility is found in transition it is highly affected by later two determinants (Dhakal, 1995).

In 1995, Esterlin proposed a generalized model for fertility decision, according to which a woman varies her child bearing in order to optimize her husband's utility. Her decisions are affected by income, price and cost of regulation on fertility required examination of the net effects via the proximate variables directly. The theory regarding migrant fertility assumes that migrants earn more in cities than in their rural places of origin. The higher income is supposed to raise the living standard and increase the cost of the child bearing which result in decline in fertility. In addition, migrant are expected to adapt and became more like native city dwellers. Urban born women generally have fewer children than rural born women, thus migrant fertility is expected to fall approaching urban fertility level (Sally, 1982).

Since 1965, The Government of Nepal adopted a policy of Family planning and commenced integrated service with MCH activities. The government supported the provision of family planning services through maternal and child health board under whose umbrella, Nepal Family Planning, Maternal and Child Health Project is established in 1968. At first the services were concentrated only within the Kathmandu valley. Later the services were gradually expanded including other parts of the country. In 1968 a semi-autonomous body called Nepal family planning and MCH board was established. Family planning and maternal and child health project is responsible for the delivery of FP/MCH services to the entire population of whole society.

There are 40 district offices of the project, which carry out the action programmes in 52 districts out of 75 districts of the kingdom since 1996. The community health and integrated project under the Ministry of Health is responsible for providing family planning services in the rest 23 districts (BCHIMES, 1983).

The ministry organization was restructured to accommodate a majority of vertical projects staff members. In 1987, His Majesty Government made a decision regarding to family planning services would be provided by integrating all vertical projects in all 75 districts with the restructuring to the ministry, the Integrated Community Health Services Department Project (ICHSDP) was abolished and converted into the public health division in 1987. Furthermore, it is integrated with reproductive health in 1996 and adopted some strategies.

2.3. Empirical literature

Over the past three decades, the availability of safer methods of modern contraception was increasing in the world. Currently, about 55 percent of couples were using some family planning methods in developing countries. This data represented nearly five fold increased since the 1960s. Family planning programmes helps to decline in average fertility rate for developing countries. But, the full range of modern family planning methods still remains not available to at least 350 million of couples in worldwide. Only 120 million women worldwide were currently using modern family planning methods. During the decade of the 1960s, the number of couples of reproductive age i.e. 15-49 will grow by about 18 million per year. Thus, family planning and contraceptive supplies will need to expand very rapidly over the next several years (UN, 1994).

UN (1999) estimated that 570 million of couples were using modern method of contraception worldwide in 1998. At the same estimated, the world contraceptive prevalence rate (CPR) for 1998 was 58 percent, for less developed countries was 55 percent and more developed countries was accounted 70 percent. In the context of South Asian countries, family planning indicators showed that the CPR was highest in Srilanka(66%), followed by Bangladesh(49%) India (41%), Nepal(29%), Pakistan(18%) and the lowest percent in Afghanistan which was accounted only 2 percent (UN, 1999).

More than 50 percent married women in the child bearing age (15-49 years) were using one or another from of contraception. This contraceptive prevalence varies widely between countries, ranging from 1 percent to 75 percent. The trend for increasing

contraceptive use was, however, universal in developing countries. Between 1960-60 and 1985-90, the number of contraceptive users in all developing countries had increased from 31 to 381 million in East Asia from 18 to 217 millions in Latin America from 4 to 44 million, in south Asia from 8 to 94 million, and in Africa from 2 to 18 million. Most of these users were women. The number of male users of contraceptive method was only one-third of the number of female users in worldwide (Fathalla, 1992).

The study on contraceptive failure rates in 15 developing countries includes that average first-year failure rates for oral contraceptives, IUDs, rhythm and withdrawal were generally comparable to these in developed countries but vary considerable within and between regions. The major difference between developing and developed countries, in developing countries the average first year failure rate for oral contraceptives (6.8%) was higher than that for IUDs (19.3%) and withdrawal (16.3%) were comparable to developed country rates (WHO, 1994).

Tuladhar's study indicated that, the knowledge of family planning methods had been increasing. In 1981, about one third of the exposed women knew to get modern contraceptives in contrast to only 6 percent in 1976. He had also shown that the highest level of knowledge has been found among the women aged 25-34 years. High caste, urbanized and better educated groups have a higher level of knowledge in family planning method. Basically, two high cast group i.e. Brahmins and Newars dominated in their knowledge of family planning services in rural areas. The women who took formal schooling, no-agriculture occupation, good communication with husband and wives have higher knowledge of family planning methods than other (Tuladhar, 1989).

Knowledge of contraception was nearly universal in Nepal. About 98 percent of both ever-married and currently married women age 15-49 know at least one method of family planning. A greater proportion of currently married women reported knowing a modern method (98%), the traditional method (4.4%). Most of the currently married women knew about female sterilization (96%) and nine of ten knew about male sterilization (90%), 85 percent ingectables, respectively (MoH, 1996).

In the context of Nepal, there was ready accessibility to contraceptives 53 percent of current users in 1996, which increased from 29 percent in 1991. This was probably due to development of health institutions as envisayed by the new health policy, 1991. Although there was also substantial increase in ready accessibility in rural areas in 1996 compared to 1991. There was, however, marked differential in rural urban. Still more than 50 percent of current users had no ready access to contraceptive in rural areas in 1996, while 82 percent of current users in urban areas were getting contraceptive locally (Pathak, 2000).

Demographic and Health survey data indicated the need for family planning services in six developing countries. Among these countries, the highest proportion of women in union with an unmet need was Haiti (39.8%) followed by Ethiopia (35.8%), Malawi (29.7%), India (15.8%) Nicaragua (14.6%) and the lowest in Peru i.e. 10.2 percent. In contrast, the proportion with a contraceptive need that was highest in Nicaragua (68.6%) and lowest in Ethiopia (8.0%). As family planning programs affect additional methods, contraceptive prevalence increase. Thus, including the Standard Days Methods in programs should help reduce the level of unmet need (Gribble, 2003).

World's contraceptive prevalence rate (CPR) of any modern method had reached 61 percent for the year 2005. But contraceptive prevalence rate was high in more developed regions (69%) than less developed regions (59%). There was also regional variation of contraceptive prevalence rate. Highest CPR was in Latin America and Caribbean (71%) followed by Europe (67%), Asia (64%) and the lowest contraceptive prevalence rate in Africa i.e. 27 percent (UNFPA, 2005).

In Nepal, the most widely used modern methods of contraception were female sterilization (15%) among currently married women followed by ingectables (8%), male sterilization (6%) and condom (3%). The most important causes for not intending to used contraceptives in the future among the currently married women were sub-fecundity or infecundity and fear of side effects. More than one in two currently married women did

not used any methods in future because of their wife's menopause, one in ten citied religions opposition and percent cited fear of side effects. Similarly, 28 percent of the currently married women have unmet need for family planning services in Nepal of whom 11 percent have a need for spacing and 16 percent for limiting purpose (NDHS, 2001).

In Nepal, Knowledge of contraceptive methods among currently married adolescent women was very high (97%) but their use was very low. At the national level no more than 7 percent of currently married women aged 15-19 were using a contraceptive method which was much lower compared with the national average of 29 percent. Even when compared with the slightly higher age group i.e. 20-24, it was less than half practicing contraception. Because of lack of choice of contraceptives and many other reasons, the unmet need for contraception among currently married adolescent women was highest particularly for spacing purpose. The NFHS 1996 result indicated 41 percent total unmet need (39%) for spacing between 1991 to 1996 and this increase was almost only for spacing purpose. The increase in unmet need among adolescents during this period was much higher as compared to women of older age groups (Ban, 1998).

The most widely known modern contraceptive methods among both ever-married and currently married women were female sterilization (99%), male sterilization (98%), injectables (97%), Pills (93%) and condoms (91%). But four in five women knew of implants a little more than one in two women had heard of the IUD, while two in five women had heard of vaginal methods. In Nepal, a greater proportion of women and men reported knowing a modern method then a traditional method i.e. 80 percent and 55 percent respectively (NDHS, 2001).

Within the context of reproductive health, the main objectives of the FP programme in Nepal were to; assist individuals and couples to space and or limit their children, prevent unwanted pregnancies, manage infertility and improve over all RH status of the population. The short and long term target related to FP was to reduce TFR from 4.1 per women to 3.5 per women by the end of 10^{th} 5 year plan and 3.05 by the year 2017. The

plan aimed to raise the CPR to 47 percent by the end of the 10th plan and to 58.2 percent by 2017. Increasing accessibility and availability of RH/FP services through a combination of static, outreach and referral services; mobilizing NGOs and private round and mobile VSC outreach services; providing non-clinical FP methods through static and outreach services; increasing free access to condom by having condom boxes at all health institutions and re-supplying pills and distribution condom through FCHV care some of the strategies adopted by the government to achieved the set targets (MoH, 2005).

Migration was found to be associated with higher prevalence of contraception but increased contraception among non-migrants in Nepal. Which was accounted 34.7 percent for migrant and 24.7 percent for non-migrant. The contraceptive prevalence rate of Nepal was solely associated with the demand for children. Similarly, there were some issues of unmet need, ignorance , access, convenience and affordability of methods. The urban women of age 15-29 years had almost more than two folds (35.7%) prevalence than that of rural respondents (17.5%). This result indicated that, the family planning programmes were urban oriented. Likewise, mountain belt of Eastern development region had lowest contraceptive prevalence (4.4%). The highest CPR was reported to women in central hill (46.2%) followed by Eastern Tarai (41.7%) and Central Tarai (41.1%) (Acharya, 1999).

Periodic abstinence, withdrawal and other natural methods are the three components of traditional methods. Although the knowledge of traditional family planning method was increasing rapidly over time its use was very low in Nepal because family planning programs in Nepal had given little priority to the traditional methods. Only about 2.5 percent currently married women in Nepal were currently using traditional methods at 1996, almost 44 percent women have reported the knowledge of these methods. Most popular traditional method in the world was withdrawal. The estimates provided by Population Action International in 1991 showed that 38 million couples, or 13 percent of all users of temporary methods, currently rely on withdrawal to prevent pregnancy. Similarly, about 30-35 million couples rely on the rhythm (safe period) method (Acharya: 1999).

According to HMIS and DOHs (2003/4), the most popular methods of Depo-Provera was used by clients (48.1%) followed by condoms (25.4%) and pills (24.4%). This study also indicated that the overall recruitment of FPA clients in 2003 was 79.9 percent as against the expected results. FPAN provided FP services to total of 207763 clients of which 38 percent were new clients. The total family planning services provided by the association during the year 2003 declined by 2.6 percent and new clients by 27.0 percent as compared to the previous year. The decline was mainly due to the shift of programmatic thrusts from more FP services to other RH issue. From the same study, the CPR of Nepal was increasing trend. It was increased from 37.08 percent in FY 2059/60 to 10.02 percent in FY 2060/61 (HMIS & DoHS, 2003/4).

Sterilization was the most widely used contraceptive method in the world. Srerilizaion (male &female) accounted for nearly 40 percent of the world. The prevalence of sterilization was highest in Asia. Female sterilization was higher than male sterilization (18%, vs 4%) of couples with the women of reproductive age, for the world as a whole. Even in Nepal, sterilization was the most commonly used method and 19.3 percent of the current use accounted for by male and female sterilization was in increasing trend; it was 2.6 in 1981, 6.8 in 1986, 12.1 in 1991 and that reached 13.3 percent in 1996 but male sterilization was in decreasing trend; it was 3.2 in 1981, 6.0 in 1986, 7.5 in 1991 and that decreased at 6.0 percent in 1996. The median age at sterilization was estimated about 28 years in 1996. The unmet need of FP methods was as high as 14.7 percent for spacing and 17.1 percent for limiting purpose (FPAN, 1998).

The causes of unmet need are multiple and include problems of technology (limited or inappropriate choice of methods and experience of side effects); lack of services (because of cost, distance and legal or regulatory issues) poor quality of services (primarily, in appropriate client-provider interactions, substandard technical competence of providers, inadequate informations poor design and poor management of services delivery); and broader social issues (luck of knowledge and socio-cultural, religions and gender barriers). Over the last three decades, use of contraceptives have increased worldwide,

particularly in developing countries, where CPR among married women has risen from less then 9 percent in the 1960s to over 60 percent in 2001. However, in the developing world as a whole, over 120 million married couples have an unmet need for family planning, either for limiting or for spacing births (WHO, 2002).

Accessibility of family planning service was another determining factor for unmet need in a population. Accessibility of family planning services have many dimensions; distance of travel time to source of contraceptive, convenience in terms of ease and cost of transportation, quality of service in terms of waiting time and competence attitude of the staff, types of services provided, length of time that specified services are available and cost of family planning services (Pathak, 1996).

Family planning helps individuals and couples avoid unwanted pregnancies, bring about wanted births and determine the timing of pregnancies and the number of children in their families. It also slows the rapid population growth that contributes to poverty and environmental degradation (UNFPA 1997:9). Contraceptive choice was a part dependent on the effectiveness of the contraceptive method in preventing unplanned pregnancy, which was dependent for some methods not only on the protection afforded by the method itself, but also on how consistently and correctly used. Most men and women tend to be more effective users as they become more experienced with methods. However, programmatic aspects also have a propounded effect on how effectively the method will be used (WHO, 2004).

Khakural (2005) study had showed knowledge and utilization of family planning services in kumal community of Salyantar VDC of Dhading district. His study indicated that about 82 percent of women in reproductive age (15-49) have ever used at least one methods of contraception. Among them, 40 percent had used injection, 30 percent had used sterilization, 20 percent have used pills and only 10 percent had used condom (Khakural, 2005).

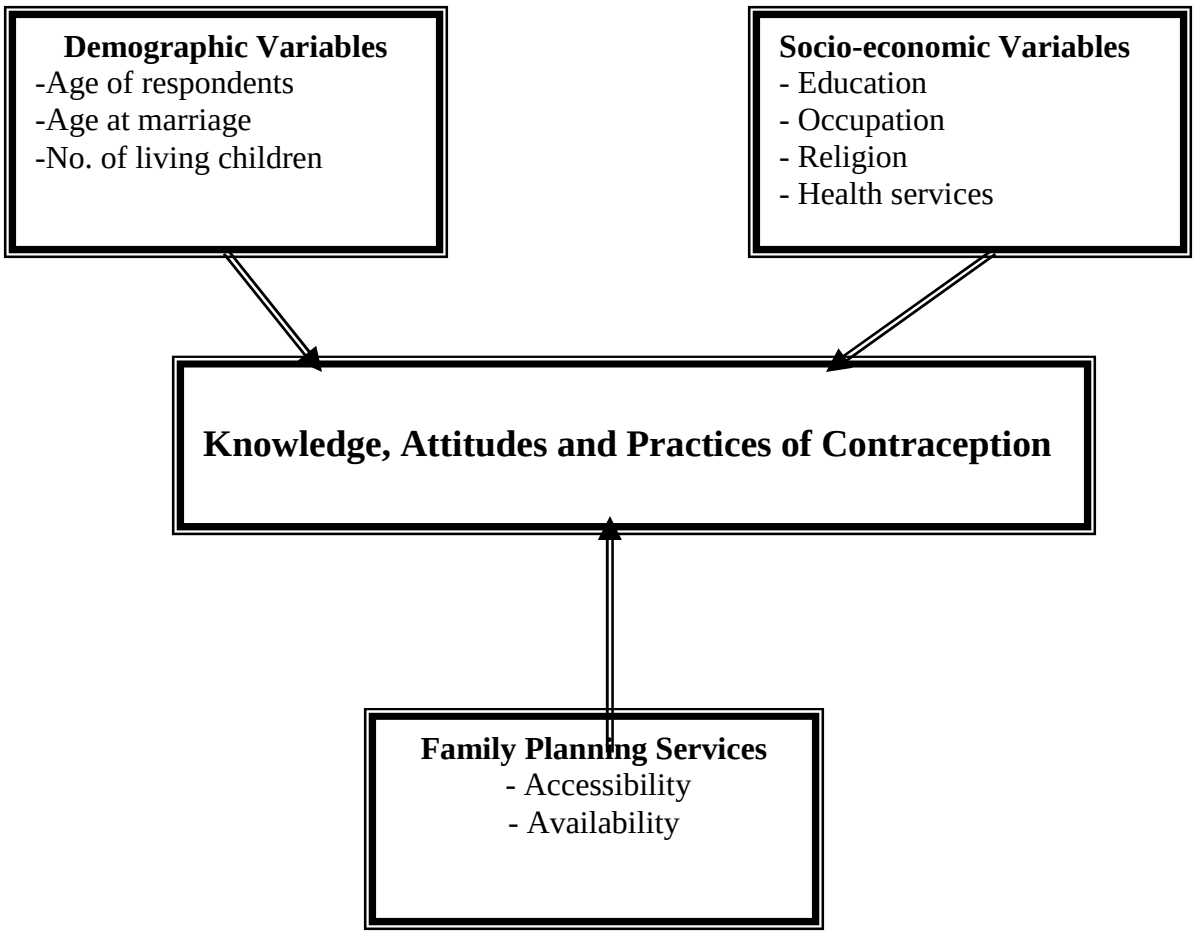
The knowledge of contraception at least one method is increasing in Nepal. Various studies shown increasing percentage of at least one method knowing women aged 15-49 from 21.3 percent in 1976 to 51.9 percent in 1981, to 55.9 percent in 1986, to 92.7 percent in 1991 to 98.3 percent in 1996, to 99.5 percent in 2001 (MOPE, 2004,). In spite of, women's knowledge of contraceptive is almost universal; it is only nominal in Nepal.

Ever use of contraception varies with women's age. The pattern of ever use was curvilinear, with being use lowest among women in the youngest age group (15-19), that increases with age and reached a plateau among women in their 30's then declined. The level of ever used any method among currently married women rises to a high of 81 percent among those ages 35-39, and then declined to 67 percent among women age 45-49. Ever used of any modern method by age followed a similar pattern regardless of marital status. It found that current use of modern contraceptive method was 14 percent among currently married women age 15-19, it raised to 60 percent among women age 35-39 and then dropped sharply to 42 percent at age 45-49. Most of women above age 30 were sterilized, while inject able were popular among women age 20-24 years (NDHS, 2006).

2.4 Conceptual framework of the study

The main objective of the research is to study about the knowledge, attitudes and practices of contraceptive in Pakawadi VDC ward 2 and 3 of the Syangja District keeping in view with socio economic, demographic and religious factors.

Figure 1: Conceptual Framework



Use of contraception is one of the intermediate variables of fertility. It is determined by various socio economic, demographic and other variables. The above figure shows that the demographic variables like age of respondents, age at marriage and number of living children have influence the knowledge, attitudes and practices of contraception. Similarly, the socio-economic and cultural variables like education, occupation, religion and health facilities are also the influencing factors of knowledge, attitudes and practices of contraception. Furthermore, availability, accessibility, side effect and effective counselling of family planning methods affect the knowledge, attitudes and practices of contraception.

CHAPTER III: METHODOLOGY

A brief discussion of the research methodology regarding the selection of the study areas, research design, nature and sources of data, sampling procedures, data collection techniques and method of data analysis has been included in this chapter.

3.1 Introduction of the study area

In this study, Pakawadi VDC of Syangja District is selected as study area. This VDC lies in the middle of hill region and in western development region as well as the centre of Nepal. It is about 32 km far from the District head quarter, Putalibazaar. The eastern border of the VDC is Kuwakot VDC, likewise Tulasibhanjyang and Tindobate in the west and north, and Kali Gandaki River lies in the south respectively.

According to 2001 census, the total population of Pakawadi VDC is just 6461 which contain 2744(42.5%) males and 3717(57.5%) females. In this VDC, there are different ethnic/ caste groups, each with its own distinct language and culture. In this VDC 71.1 percent people speak Nepali language and it followed by 16.8 and 1.9 with Magar and Newar respectively.

Specifically, this study was limited in ward numbers 2 and 3. There were 184 and 108 households in each ward respectively. Among the total households, in some households there were no eligible women for the reproductive ages and some household's more than one eligible woman. Among those households, 65 HHs from each wards were selected purposively with including those households in which one eligible woman were found. In the case of more than one eligible woman in the households, only one woman was selected for the respondents. Finally the data were collected from 130 women of reproductive aged 15-49 years from these sample households.

3.2 Research design

To find the main objectives of the study descriptive as well as analytical research designs were applied. Descriptive research designs have been used to describe present pattern of

knowledge and attitudes of contraception. Similarly analytical research design has been used to find the major causes of use or non-use of contraception.

3.3 Nature and sources of data

This study was fully based on primary sources of data which was collected by the fieldwork. The information listed according to structure questionnaire have been identified and analyzed. However, secondary sources of data have been used through the review of relevant literature from published and unpublished books, journals, newspaper and web based information from internet.

3.4 Sampling procedures

This study is based on primary data collection of a selected ward of a Pakawadi VDC of Syangja District. In this study, Pakawadi VDC was selected by purposive sampling method. Out of the nine wards of this VDC, two wards were selected. These selected wards were 2 and 3. A complete list of household head prepared by the secretary of VDC was used. By using purposive sampling method, 130 households were selected from 292 households of these wards. From the 130 households, 130 currently married women age 15 to 49 years were included for the individual interview.

3.5 Questionnaire design

The questionnaire designed for this study was based on socio-economic factor affecting on knowledge attitudes and practices of contraception. Two types of questionnaire were designed based on the objectives of the study.

1. Household questionnaire
2. Individual questionnaire

The household questionnaire was designed to collect the information on family members, age-sex, marital status and socio-economic and demographic characteristics of the household.

The individual questionnaire was designed for married women aged 15-49 years from the household population under study.

3.6 Collection of the data

Though, the collection of the data was difficult, several methods have been used for the purpose. Interview of the married women aged 15-49 with the help of their relatives and information provided by themselves were used for the study. Data of 150 households were collected with the help of structured questionnaires. While collecting information from the married women aged 15-49, the structured questionnaires were adopted. Mainly the following techniques of data collection are used in this study.

1. Questionnaire: in this study two types of questionnaire (household and individual) are filled by the researcher based on the answer received from the respondents.
2. Observation: A sample observation was arranged on the life style of study population and their subsistence pattern.

3.7 Techniques of data analysis

After the collection of data from the field, the data was processed with the help of computer by using SPSS software package. This package was used for data entry, verification, editing and tabulation of the study results.

The data were presented in the form of suitable frequency tables, charts or bar diagrams. Simple statistical tools like percentage, ratio and average have been used during the analysis.

CHAPTER IV

SOCIO- DEMOGRAPHIC AND ECONOMIC CHARACTERISTIC

This chapter provides some demographic and socio- economic characteristics of the household Population. In this study, total sample of household was 130 and the total population was recorded 817. Regarding the total population by sex, it was found that (48.3%) 395 were male and (51.7%) 422 were female. The average size of the household and sex ratio of the household population were 6.3 and 93.6 respectively.

4.1 Household characteristics

Demographic characteristic deals with age-sex, marital status and family structure of the households' population of the study area.

4.1.1: Age and sex

Age and sex are basic characteristic or biological attributes of any demographic groups and affect not only its demographic but also its social, economic and political background which ultimately affect the level of fertility.

Table 4.1Percentage distribution of household population by age - sex

Age		Male	Female	Total	
		%	%	No.	%
0-4		9.9	8.5	75	9.2
5-9		9.6	10.7	83	10.2
10-14		17.5	11.6	118	14.4
15-19		8.1	9.7	73	8.9
20-24		9.4	13.5	94	11.5
25-29		7.6	11.4	78	9.5
30-34		10.1	12.8	94	11.5
35-39		7.8	6.4	59	7.2
40-44		7.1	4.9	49	6.0
45-49		4.1	4.0	33	4.0
50-54		1.5	1.2	11	1.3
55-59		1.3	1.2	10	1.2
60+		6.1	3.8	40	4.9
Total	No.	395	422	817	-
	%	48.3	51.7	-	100.0

Field survey, 2009

The proportion of household population of age group 10-14 was relatively higher for both sexes with compare to other age groups. From the above table around 14 percent of population covered by age group 10-14 years. Similarly, the proportions of population

above age 60 were relatively lower with comparison to other age groups. There were a larger proportion of their populations in the age groups 15-49, which indicate high level of fertility. Relatively, the larger proportion of population in younger ages indicates that there will be a high fertility and growth rate of a population in future (Table 4.1).

4.1.2 Sex ratio

The sex composition of a population is expressed by sex ratio. It is calculated by dividing the total number of males to that of females multiplied by 100. It shows the number of males per 100 females. According to this definition, the sex ratio above 100 indicates an excess of males and the ratio below 100 indicates an excess up females in a population at any point of time. Simply by looking at the sex ratio, one can have the clear picture of the composition of population.

Table 4.2 Sex ratio of the household population by age

Age	Sex ratio	
	Field survey	2001*
0-4	108.3	105.8
5-9	84.4	103.5
10-14	140.8	102.5
15-19	78.1	96.4
20-24	64.9	91.8
25-29	62.5	90.9
30-34	74.1	94.6
35-39	110.7	98.2
40-44	133.3	100.0
45-49	94.1	102.7
50-54	120.0	105.8
55-59	100.0	106.5
60+	150.0	103.1
Total	93.6	99.8

Field survey, 2009, * CBS, 2003

The overall sex ratio of the household population was 93.6, which indicate that there were more females than males i.e. around 94 males per 100 females. Similarly, the sex ratio was lower in age group 25 to 29 while compared to other age groups. It showed that sex ratio was higher for age group 60 and above (150.0) and it followed by age group 10-14 and 50–54 with around 141 and 120 respectively. The sex ratio of household population seems to be fluctuated which might have the reason of the small sample size

of the population. The higher sex ratio in older ages indicated higher mortality among women in those age groups. It also shows that the overall sex ratio of Nepal was higher than that of study population (Table 4.2).

4.1.3 Marital status

Marriage is one of the essential aspects of human beings. In Nepal, child bearing takes place mostly within marriage and timing of marriage makes the beginning of women's exposure to child bearing. In other words, age at marriage in most of the societies begins a women's exposure to the risk of child bearing. So, it plays a critical role to determine the level of fertility of a family.

Table 4.3 Percentage distribution household population above age 5 years by marital status

Marital status	Total	
	No.	%
Unmarried	315	42.5
Currently married	410	55.3
Widowed	10	1.3
Divorced	7	0.9
Total	742	100.0

Field survey, 2009

The proportion of currently married population was higher with comparison to other marital status of the household population. It shows that more than 55 percent of household population was covered by currently married population and it was followed by unmarried, widowed and separated population with around 42 percent, 1 percent and 1 percent respectively (Table 4.3).

4.1.4 Family size

Family size determines the economic, health, nutrition and other living standard of women and children. Higher the family sizes lower the living standard of people. Economic condition, social value and norms etc contributed in determining desire for the size of and number of male and female baby in a house. Considering this fact, this study has included the question of family size.

Table 4.4 Percentage distribution household population by size of family

Size of family	Total	
	No.	%
1-4	53	40.8
5-6	46	35.4
7-12	31	23.8
Total	130	100.0

Field survey, 2009

Out of the total households of the study area around 41 percent of the households had 1-4 persons in a family and it was followed by 5-6 persons and 7-12 persons with around 35 percent and 24 percent households respectively (Table 4.4).

4.2 Social characteristics

Social characteristics include the caste and ethnicity, literacy and educational attainment of the households population of the study area.

4.2.1 Caste and Ethnicity

Caste and ethnicity is the important social characteristics of a population. Economic, social and cultural differences are associated with the major caste and ethnic groups of a nation. Caste and ethnicity of the household is important because it often determines the inhabiting locality of certain groups and also play important role in decision-making.

Table 4.5 Percentage distribution household population by caste and ethnicity

Caste and Ethnicity	Total	
	No.	%
Brahmin/Chhetri	282	34.5
Indigenous	268	32.8
Dalit	267	32.7
Total	817	100.0

Field survey, 2009

From the total household population of the study area (817), 34.5 percent of population for Brahmin/Chhetri caste and it followed by Indigenous and Dalit caste with 32.8 percent and 32.7 percent respectively (Table 4.5).

4.2.2 Literacy status

Education is one of the variables that determine the every aspect of human life. There is a close relationship between education and knowledge of contraception and inverse relationship between education and level of fertility. Educational status is most important factor that affects the level of fertility of a nation. It is essential to know the literacy and educational attainment of the household population in order to find its effect upon fertility.

Table 4.6: Percentage distribution of household population above age 5 years by literacy status

Literacy status	**Total**	
	No.	**%**
Literate	583	78.6
Illiterate	159	21.4
Total	742	100.0
Educational attainment among the Literate		
Primary(1-5 class)	221	37.9
Lower secondary(6-8 class)	189	32.4
Secondary(9-10 class)	53	9.1
S.L.C	59	10.1
Inter-mediate and above	61	10.5
Total	583	100.0

Field survey, 2009

The proportion of literate population was higher with comparison to the illiterate population of the household population. Around 79 percent of household populations were literate with comparison to around 21 percent illiterate population. Similarly, the proportion of household population was higher in primary level of education with compare to other educational attainment. It was reported that around 38 percent of the literate population of the households' population had primary level of education and it is followed by lower secondary, Intermediate and above, SLC and secondary with around 32 percent, 10 percent, 10 percent and 9 percent respectively. In this study, primary level of education included for those who had little knowledge about read and write without formal education and classes under five (Table 4.6).

4.3 Economic characteristics

Economic characteristics provide the occupation, types of house and landholder pattern of the household population of the study area.

4.3.1 Occupation

Occupation is one of the most influencing variables that affect the knowledge, attitudes and practices of the contraception as well as level of fertility. It also determines the socio economic condition of a household. The household questionnaire includes a question as to whether each person aged 5 and above was involved in any types of occupation or not.

Table 4.7 Percentage distribution of household population by occupation

Occupation	**Total**	
	No.	**%**
Agricultural	83	11.2
Services	131	17.7
Business	51	6.9
Daily wages in agriculture	10	1.3
Daily wages in non agriculture	43	5.8
Incapable	121	16.3
Study	3	0.4
Currently not working	254	34.2
Dependent	3	0.4
Cottage Industries	1	0.1
Others	42	5.7
Total	742	100.0

Field survey, 2009

The distribution of study population by major occupation group and found that people were involved in different types of occupation. The data presented in the table 4.7 illustrates that the proportion of currently not working was higher for the household population. Among the currently worker service was the major occupation of the household population. It was reported that around 18 percent of the household population involved in service and it followed by agriculture with around 11 percent respectively of the household population.

4.3.2 Size of land holding

Land size is one important indicators of economic status of people in Nepalese society. So this study collected information about land size of respondents.

Table 4.8: Distribution of Households According to Land Holding (Ropani)

Land in Ropani	Total	
	No.	%
Less than 1 Ropani	24	18.5
1 Ropani	31	23.8
2-5 Ropani	41	31.5
Above than 5 Ropani	34	26.2
Total	130	100.0

Field survey, 2009

Around 32 percent household reported to have 2-5 Ropani of land. Similarly, 26 percent households reported to have more than 5 Ropani of the land and it followed by around 24 percent and around 19 percent households reported with one Ropani and less than one Ropani of the cultivated land respectively (Table 4.8).

4.3.3 Types of dwelling

Types of dwelling represent the economic status of the household population and it affects the every aspect of human beings.

Table: 4.9 Distribution of households according to types of dwelling

Types of dwelling	Total	
	No.	%
Own	105	80.8
Rent	25	19.2
Total	130	100.0
Types of materials used in wall	No.	%
Cement/stone/bricks	63	48.5
Mud/state/bricks (unbaked)	43	33.1
Tin	6	4.6
Wood	3	2.3
Mud/state/bricks (baked)	2	1.5
Bamboo	1	0.8
Others	12	9.2
Materials used in roof	No.	%
Tin	89	68.5
Concrete/state/ bricks (slab)	24	18.5
Mud/state/stone	9	6.9
Straw	2	1.5
others	6	4.6
Total	130	100.0

Field survey, 2009

Around 81 percent of the households had their own house and only around 19 percent of the household had lived on rent. In the study area, most of the house wall was constructed by cement/stone. It was reported that around 48 percent of house wall were constructed by cement/stone and it followed by mud/state/brick with around 33 percent respectively. Likewise, most of the house roof was constructed by tin. It was reported that around 69 percent of the house roof constructed by tin and it followed by concrete/stone/bricks with around 19 percent respectively (Table 4.9).

4.3.4 Household facilities

Household facilities are the important variable for the determination of quality of life. These facilities are knowledgeable for human life and that helps to make easy human life. It includes the drinking water, electricity, bio-gas plant and toilet facilities of the household population.

Table 4.10 Distribution of households according to household facilities

Facilities	**Total**	
	No.	**%**
Piped water for drinking	127	97.7
Electricity	121	93.1
Bio-gas plant	12	9.2
Telephone	94	72.3
Radio	120	92.3
Television	98	75.4
Toilet	122	93.8

Source: Field Survey 2009, # Total percentage is more than 100 due to multiple responses.

Almost all of the households had used piped water for drinking. Likewise, around 93 percent of the households had used electricity, around 92 percent of households used radio. From the above table, it also found that around 94 percent households have toilet facilities (Table 10).

4.5 Age distribution of the respondents

Age is the basic characteristic of any demographic groups and affects not only its demographic but also its social, economic and political background that affect the knowledge attitudes and practices of contraception.

Table 4.11: Percentage distribution of respondents' by five year age interval

Age	Ever married women aged 15 to 49	
	No.	%
15-19	5	3.8
20-24	26	20.0
25-29	21	16.2
30-34	29	22.3
35-39	21	16.2
40-44	15	11.5
45-49	13	10.0
Total	130	100.0

Field survey, 2009

The proportion of population in age group 30-34 was higher with compare to other age group of the study population. Out of the total respondents, around 22 percent population was covered by population in age group 30-34. Similarly, the proportion of population in age groups 20-24, 25-29, 35-39, 40-44, 45-49 and 15-19 with around 20 percent, 16 percent, 16 percent, 11 percent, 10 percent and 4 percent respectively (Table 4.11).

4.6 Literacy status of the respondents

Educational status is most important factor that affects the knowledge and use of contraception and level fertility. It is essential to know the literacy and educational attainment of the study population in order to find its effect on use of contraception and fertility.

Table 4.12: Percentage distribution of respondents by literacy status

Literacy status	Ever married women aged 15 to 49	
	No.	%
Literate	93	71.5
Illiterate	37	28.4
Total	130	100.0
Educational attainment among the Literate		
Primary	64	68.8
Secondary +	29	31.2
Total	93	100.0

Field survey, 2009

Around 72 percent of the respondents of the study population were literate with compare to around 28 percent illiterate. Similarly, the proportion of respondents was in higher in primary level of education with compare to secondary and above level of education. It

shows that around 69 percent of the respondents had a primary level of education and only around 31 percent for secondary and above level of education respectively (Table 4.12).

CHAPTER V

KNOWLEDGE, ATTITUDES AND PRACTICES OF FEMILY PLANNING METHODS

This chapter illustrates the knowledge and use of family planning methods among the respondents. In this chapter, there are three sections, the first section deals with the knowledge of family planning method of the respondents. The second section deals with ever use, currently use and future intention to use or not use of family planning method on the basis of education, occupation and demographic devices by caste and ethnicity. Third section deals with reason of non using family planning methods.

5.1 Knowledge of family planning methods

According to Nepal Demographic Health Survey (NDHS) 2001, the knowledge on contraceptive methods among people is almost universal in Nepal. Knowledge of contraceptive method is an important precondition toward gaining access and than using a suitable contraceptive in a timely and effective manner. But only knowledge about the family planning device is not the measurement of contraceptive prevalence because all theoretical knowledge may not be applied in actual performance and behaviour. However knowledge of specific methods is a precursor to use. Knowledge of family planning methods was determined by first asking respondents to mention all the methods they heard about and then by reading the name and brief description about the use of method. Without knowledge, people reject to practice of family planning methods because if people get knowledge of contraceptive then they got motivation to use of contraception.

Table 5.1: Percentage distribution of currently married women having knowledge on family planning methods

Knowledge	No. of women	Percent
Yes	111	85.4
No	19	14.6
Total	130	100.0

Field survey, 2009

Above table shows that, around 85 percent of the respondents have knowledge about any methods of family planning which was less than the national figure of Nepal Demographic Health Survey 2006. It also indicates that around 15 percent of the respondents have not knowledge about any method of family planning methods.

5.1.1. Knowledge on specific methods

Knowledge about contraceptive is a fundamental to use them. There are lots of barriers in using contraceptives after heard and need of the contraceptives. Without hearings about a specific method was not talk about using of the particular methods.

Table 5.2: Percentage distribution of currently married women having knowledge of contraceptive methods by specific method

Contraceptive Methods	Number	No (%)
Condom	101	91.0
Pills	96	86.5
Norplant	88	79.3
Male sterilization	89	80.2
Female St.	86	77.5
Depo.	87	78.4
Natural method	36	32.4

Field survey, 2009

Among the women having knowledge in at least one specific method, 91 percent of the respondents have knowledge about condom and it followed by pills, male sterilization and Norplant with around 87 percent, 80 percent and 79 percent respectively. It also shows that around 32 percent of the respondents have knowledge about natural method (Table 5.2).

5.1.2. Differentials in knowledge of family planning methods

Table 5.3: Percentage distribution of currently married women having knowledge of contraceptive methods by age

Age Group	Yes		No		Total	
	No.	%	No.	%	No.	%
15-19	5	100.0	0	0.0	5	3.8
20-24	23	88.5	3	11.5	26	20.0
25-29	19	90.5	2	9.5	21	16.2
30-34	23	79.3	6	20.7	29	22.3
35-39	18	85.7	3	14.3	21	16.2
40-44	13	86.7	2	13.3	15	11.5
45-49	10	76.9	3	23.1	13	10.0
Total	111	85.4	19	14.6	130	100.0

Field survey, 2009

The above table shows that around 85 percent of the respondents have knowledge about the contraception. Among the respondents who have knowledge about contraception, the

cent percent of the respondents in the age groups 15-19 have knowledge about contraception and it followed by age groups 25-29 years and 20-24 years with around 91 percent and 86 percent respectively. It also shows that the knowledge of contraception was lower for the respondents of the higher age groups with compare to lower age groups.

5.1.3. Knowledge by educational status of respondents

Education determines the knowledge of family planning method. Educational attainment was cross tabulated with the knowledge of women about family planning method.

Table 5.4: Percentage distribution of currently married women having knowledge of contraceptive methods by educational status

Educational Attainment	Yes		No		Total	
	No.	%	No.	%	No.	%
literate	86	92.5	7	7.5	93	71.5
Illiterate	26	70.3	11	29.7	37	28.5
Total	112	86.2	18	13.8	130	100.0
Educational attainment among the Literate						
Primary	58	90.6	6	9.4	64	68.8
Secondary +	28	96.6	1	3.4	29	31.2
Total	86	92.5	7	7.5	93	100.0

Field survey, 2009

From the above table, it shows that the knowledge of contraception was higher for the literate with compare to illiterate. From this table, around 93 percent of the literate respondents have knowledge about any method of contraception with compare to around 70 percent of the illiterate respondents. Similarly, from the above table, the knowledge of contraception was higher for the respondents who have secondary and above level of education with compare to primary level of education. It shows that, around 97 percent of the respondents who have secondary and above level of education have knowledge about any method of contraception with compare to around 92 percent for the respondents who have primary level of education.

5.1.4. Knowledge by age at marriage

Marriage is still universal in Nepal and there is also early age at marriage system. But the pattern of age at Marriage has been slowly changing when the knowledge of family planning has been increased with the increase of age at marriage.

Table 5.5: Percentage distribution of currently married women having knowledge of contraceptive methods by age at marriage

Age at marriage	Yes		No		Total	
	No.	%	No.	%	No.	%
Below 20 years	74	82.2	16	17.8	90	69.2
Above 20 years	37	92.5	3	7.5	40	30.8
Total	111	85.4	19	14.6	130	100.0

Field survey, 2009

From the above table, the knowledge of family planning method was higher for the respondents who had got married after age 20 years. It shows that, around 93 percent of the respondents who got married after age 20 have knowledge about any method of contraception with compare to around 82 percent for the respondents who got married before age 20.

5.2. Use of contraception

Use of contraceptives is one of those most important proximate determinants of level of fertility and also may have significant impact to manage the rapid growing population and environmental problems. Similarly, with the use of family planning devices men can avoid the unwanted pregnancy, high maternal mortality and morbidity.

5.2.1. Ever use of contraception

In the study area, the currently married women aged 15-49 years who have heard of at least one method of contraception were asked weather they had ever used any method of family planning.

Table 5.6: Percentage distribution of currently married women ever use of contraception

Ever use	Number	Percent
Yes	77	69.4
No	34	30.6
Total	111	100.0
Name of methods		
Condom	23	29.9
Pills	25	32.5
Norplant	12	15.6
Male sterilization	4	5.2
Female St.	7	9.1
Depo.	6	7.8
Total	77	100.0

Field survey, 2009

Out of the total 130 respondents, 111 respondents have knowledge about any method of the contraception. Among those respondents who have knowledge about contraception, around 69 percent of the respondents have ever used the contraception. It also shows that around 31 percent of the respondents have never used the contraception. Similarly, the above table indicate that the most popular method was Pills (32.5%) and it followed by Condom (29.9%), Norplant (15.6%), Female sterilization (9.1%), Depo. (7.8%) and Male sterilization (5.3%) respectively.

5.2.2 Age differential in ever use of contraception

Ever use of contraceptives was also cross tabulated with the age of the respondents. Ever use of contraceptives varies with women's age. The pattern of use is unpredictable and is curve.

Table 5.7: Percentage distribution of repondents ever use of contraception by age

Age groups	Yes		No		Total	
	No.	%	No.	%	No.	%
15-19	1	20.0	4	80.0	5	100.0
20-24	14	60.9	9	39.1	23	100.0
25-29	16	84.2	3	15.8	19	100.0
30-34	19	82.6	4	17.4	23	100.0
35-39	15	83.3	3	16.7	18	100.0
40-44	7	53.8	6	46.2	13	100.0
45-49	5	50.0	5	50.0	10	100.0
Total	77	69.4	34	30.6	111	100.0

Field survey, 2009

The proportion of the respondents ever use of contraception was increase with increases the age. It found that the proportion of the respondents ever use of contraception was higher in the age groups 25-29 with around 84 percent and it followed by age groups 30-34, 35-39 and 20-24 age groups respectively. Similarly, a respondent of age group 15-19 was found least likely to use FP methods.

5.2.3 Current use of contraception

Current use of contraception is known as the use of contraception at the time of survey. The pattern of current use of family planning methods also indicates the future prospectus of CEB.

Table 5.8: Percentage distribution of respondents by current use of contraception

Current use	Number	Percent
Yes	32	41.6
No	45	58.4
Total	77	100.0
Name of methods		
Condom	12	37.5
Pills	10	31.3
Norplant	5	15.6
Male sterilization	1	3.1
Female St.	2	6.3
Depo.	2	6.3
Total	32	100.0

Field survey, 2009

The above table shows that, out of the total respondents who ever used the contraception (77), around 42 percent of the respondents have current use of the contraception at the time of survey. Similarly, among the current users, the more popular method was condom. It was reported that around 37 percent of the current users used the Condom and it followed by Pills and Norplant with around 31 percent and 16 percent respectively.

5.2.4 Age differential in current use of contraception

The age of the women have the significant impact upon the use of the contraception.

Table 5.9: Percentage distribution of respondents by current use of contraception

Age groups	Yes		No		Total	
	No.	%	No.	%	No.	%
15-19	1	3.1	-	-	1	1.3
20-24	8	25.0	6	13.3	14	18.2
25-29	11	34.4	5	11.1	16	20.8
30-34	7	21.9	12	26.7	19	24.7
35-39	4	12.5	11	24.4	15	19.5
40-44	1	3.1	6	13.3	7	9.1
45-49	-	-	5	11.1	5	6.5
Total	32	100.0	45	100.0	77	100.0

Field survey, 2009

It shows that the current use of contraceptive was very low among the respondents of the study population with compare to national figure NDHS, 2006. From the above table the proportion of the current users was higher in age group 25-29 years with around 34 percent and it followed by 20-24 and 30-34 year age groups with around 25 percent and 22 percent respectively. It shows that none of the respondents of the age groups 45-49 years have current use the contraception.

5.2.5 Length of current use of family planning method

Among the respondent who have replied that they have current use any type of contraceptive method were asked about the length of use the method.

Table 5.10: Percentage distribution of respondents by length of the current use of contraception

Length	Number	Percent
Less than2 years	13	40.6
3-5 years	11	34.4
More than 5 years	8	25.0
Total	32	100.0

Field survey, 2009

Out of the total current users, around 41 percent of the respondents have used contraception less than 2 years. Similarly around 34 percent of the current users use contraception since 3-5 years and it followed by the respondents use contraception since more than 5 years with 25 percent respectively.

5.3. Discussion about the method

In the study area, the current users were asked about whether they had discussed with there spouse or not while using any contraceptive methods.

Table 5.11: Percentage distribution of respondents of the current use of contraception by their discussion habit with spouse about the contraceptive

Discussed	Number	Percent
Yes	29	90.6
No	3	9.4
Total	32	100.0

Field survey, 2009

About 91 percent of the respondents, who have current use of the contraception, have discussed with their husband about the method during the time of intercourse. Likewise around 9 percent of the respondents have not got any discussion about the method at the time of intercourse.

5. 4 Reason for non-use of contraception

It is found from the previous studies that the women mostly don't use contraceptives because of fear of side effects and desire for more children. Knowledge about family planning methods and side effects of these methods plays vital role for using family planning methods. In the study area, currently married women asked about the reasons for ever non-use of any family planning method at the time of survey.

Table 5.12: Percentage distribution of respondents by reasons for not using contraception

Reasons	Number	Percent
Sexual displeasure	11	32.4
Against religion	4	11.8
Want to have daughter	5	14.7
Want to have son	6	17.6
Fear of side effects	8	23.5
Total	34	100.0

Field survey, 2009

The majority of currently married women not used any family planning method due to sexual displeasure. It shows that, around 32 percent of the respondents have not ever use of contraception due to the sexual displeasure and it followed by fear of side effects and desire for son with around 23 percent and 18 percent respectively. It also shows that

around 12 percent of the respondents have not use the contraception due to the belief of against the religion.

5.5. Sources of contraception

The respondents who are currently using contraception were asked to state the usual place where they obtain contraceptive methods. There were 32 respondents using contraceptive methods and they were used methods in different sources at the last time supplies.

Table 5.13: Percentage distribution of respondents who are currently using contraception by most recent sources of method

Source	Number	Percent
Gov. Hospital	6	18.8
Health post	22	68.8
Health worker	4	12.5
Total	32	100.0

Field survey, 2009

Among the total respondents who have current use of contraception, around 69 percent of the respondents obtained the family planning services from Health Post and it followed by Government Hospital (18.8%) and Health worker (12.5%) respectively. This result indicated that majority of women who were using contraceptive method from Health Post.

5.6. Opinion about the advantage of family planning

In the study area, the respondents who have knowledge about the contraception were asked about the advantages of family planning services.

Table 5.14: Percentage distribution of respondents who have knowledge about contraception by opinion about advantage about contraception

Advantages	Number	Percent
To make happy family life	37	33.3
To develop economic condition of HH	30	27.0
To make healthy mother and child life	27	24.3
To control unwanted pregnancy	12	10.8
Don’t know	5	4.5
Total	111	100.0

Field survey, 2009

Majority of respondents have perceived that advantage of family planning was to make happy family life. It was reported that around 33 percent of the respondents reported that the advantage of family planning was to make happy family life and it followed by to develop economic condition of households, to make healthy mother and child health and to control unwanted pregnancy with 27 percent, around 24 percent and around 11 percent respectively.

5.7. Future use of family planning methods

Knowing about any family planning devices, couples want to use in future. Women who are not currently using any family planning method were asked whether they use any method in the future or not.

Table 5.15: Percentage distribution of respondents who have not current use of contraception by future intention to use contraception

Intention to use in future	Number	Percent
Yes	26	57.8
No	19	42.2
Total	45	100.0

Field survey, 2009

Out of the total respondents who have not current use of contraception, around 58 percent of the respondents were intended to use contraception in the future. Similarly, around 42 percent of the respondent reported that they will not interest to use any contraceptive methods in the future.

CHAPTER VI

SUMMARY, CONCLUSIONS AND RECOMMENDATION

This chapter deals with overall findings of the study, its conclusions and recommendation for further researcher.

6.1. Summary

This study analyzed the knowledge, attitudes and practices of family planning methods among currently married women aged 15-49 years to the selected wards of Pakawadi VDC, Syangja Districts. This study is fully based on primary data obtained from the field survey 2009. The general objective of the study is to identify the knowledge, attitudes and practices of contraception of currently married women aged 15-49 years of this community. It provides the information about knowledge of FP methods, ever used, current used, and intend to future used on the basis of education, occupation, age at marriage and age.

This study was conducted on January 5-20, 2009 in Pakawadi VDC wards 2 and 3. In this study, by using purposive sampling method 130 households were selected from **292** households of these wards in this VDC.

Out of the total sample households population (817) the proportion of male and female were 48.3 percent and 51.7 percent respectively. Similarly around 34 Percent were under age 14, around 59 percent were age 15-49 years and around 7 percent were age 50 and above. Likewise, the sex ratio of the study population was 93.6.

From the total sample household's population above age 5, the proportion of currently married population was higher with compare to other marital status. Around 55 percent population was currently married and it followed by unmarried (42.5%), widowed (1.3%) and separated (0.9%) respectively.

In this community, majority of households (38%) had 5-6 members of family size and it followed by 1-4 family size (36.7%), and 7-12 family size (25.3%) respectively.

The proportion of literate population was higher for the households' population above age 5. It was reported that around 80 percent of the households' population were literate. Similarly, the proportion of primary level of education attainment(38.1%) was higher for

the total literate population and it followed by complete primary level (32.4%), intermediate and above (10.6%), completed SLC (10.6%) and test passed (9.3%) respectively.

Among the total household population above age 5, around 34 percent of respondents was not currently working and it followed by service (17.7%), physically unable to work (16.3%), agriculture (11.2%), business (6.9%) and daily wage in non agriculture (5.8%) respectively.

Among the total households, the highest 31.5 percent of the households had 2-5 Ropani of size of land and it followed by 5 and above Ropani (26%), 1 Ropani (23.8%), and below 1 Ropani (18.5%) respectively.

Majority of respondents had their own dwelling. It was reported that around 81 percent of respondents had their own dwelling and it followed by rent (19%). Among them, 48.5 percent of the dwellings wall was constructed by cement/stone/bricks and it followed by mud/state/bricks (33.1%) respectively.

From the total sample households, around 98 percent household used piped water as a source of drinking water. Likewise, 93.8 percent of households had fixed latrine for the exclusive use of this households.

Among the total 130 respondents, around one forth respondents reported age group 30-34 and it followed by age group 20-24 (20.0%), 25-29 (16.2%), 35-39(16.2%), 40-44 (11.5%), 45-49 (10.0%) and 15-19 (3.8%) respectively.

Out of the total respondents, around 71 percent were literate. Among them, majority was found in primary level of education (68.8%).

Out of the 130 currently married women of the study population around 85 percent of the respondents had knowledge about any methods of the contraception. Among the respondents having knowledge about contraception, around 91 percent respondents were known about condom and it followed by pills with 87 percent respectively.

The knowledge of contraception was universal (100%) in the age groups 15-19 years. Similarly, in the age group 25-29 years, the knowledge of contraception was accounted 91 percent, followed by 20-24 years (88.5%), 40-44 years (86.7%), 35-39 years (85.7%) and the less knowledge in the age group 45-19 years (76.9%).

Among the literate women, the majority of women (92.5%) had knowledge about family planning. Among the literate, around 97 percent of the respondents who have above primary level of education had knowledge about contraception. Similarly, the knowledge about family planning among illiterate women had 70.3 percent.

Higher the age at marriage, higher also knowledge of family planning methods. The knowledge of FP was found higher (92.5%) in age at marriage above 20 years followed by 82.2 percent for those who got married below age 20.

More than 69 percent of respondents had ever used at least one method of contraceptive. Among them 32.5 percent had used Pills and it followed by Condom with around 30 percent respectively.

The highest ever used of contraception was found in the age group 30-34 year with around 25 percent and it followed by 25-29 year age groups with around 21 percent respectively.

Out of the total 77 respondents who ever used of the contraception, around 42 percent of the currently married women were using currently any one of the contraceptive at the time of field survey. Similarly, the majority of the current user was found in age groups 25-29 years (34.4%) and it followed by age groups 20-24 years with 25 percent respectively.

The highest percentage (37.5%) of respondents were currently using condom and it followed by pills with around 31 percent respectively.

It was found that 40.6 percent of respondents who have using any type of contraceptive methods since less than 2 years, 34.4 percent have using since 3 to 5 years and 25 percent have using since more than 5 years.

Around 91 percent of the current users discussed their husband/wife about contraceptive methods when they were used, but around 9 percent did not discussed.

Out of the total respondents who never used the contraception, around 32 percent of the respondents have never used due to the sexual displeasure and it followed by fear of side effects with around 23 percent respectively.

Around 69 percent of the current user of contraceptive women has obtained the contraceptive from health post and it followed by government hospitals (18.8%) and health worker (12.5%) respectively.

Majority of respondents (33.3%) have perceived that advantage of family planning is to make happy family life and it followed by 27 percent perceived to develop economic condition of household. Likewise, around 24 percent perceived to make healthy of mother and children and around 10 percent respondent perceived to control unwanted pregnancy.

Out of the total respondents who have not currently using contraception, around 58 percent of the respondents were intended to use the family planning method in the future.

6.2 Conclusions

The aim of the research study is to examine KAP of FP among married women aged 15-49 years of the Pakawadi VDC. This study has been carried out by using primary data obtained from field survey 2009.

Out of the 130 currently married women aged 15-49 years, 85 percent of respondents have knowledge about any methods of family planning. The most widely known modern contraceptive methods were Condom, Pills, Injection, Male sterilization and Female sterilization. Majority of respondents obtain these facilities from health post, governmental hospitals and private clinic.

There is a positive association between literacy and educational attainment one the one hand and ever used, current used and intend to use contraception in future. The level of ever used and current users of contraception was higher for literate population with compare to illiterate population for each caste. Similarly, the level of education also increases the uses of contraception.

In the study area, those respondents who involved in non agricultural occupation had found high contraceptive prevalence rate. In this area, the higher proportions of women were involved in agricultural occupation so we found low contraceptive prevalence rate.

There is close association between age at marriage and use of contraception. In the study area the majority of respondents got married below age 20 years so the proportion of ever used and current used of contraception were higher for those who got married after age of 20. In the study area the reason for never used contraception was found due to the sexual displeasure and it followed by fear of the side effects.

6.3 Recommendation

In order to reduce the poverty in Nepal it is highly impotent to effectively implement the programs related to the reduction of fertility. In most of the developed countries with lower fertility and slower population growth have seen higher productivity and saving. The investment in health and education are plays important role to reduce fertility. So the low level of contraceptive prevalence rate and high fertility are a national problem. Therefore, all the sectors should be joining the hand to progress this situation.

This study is conducted on the KAP of family planning methods on the basis of various socio-economic and demographic determinants. On the basis of this study, some recommendations are put forth for the major stakeholder.

6.3.1 Policy makers

- Knowledge and utilization of family planning methods are depends upon the level of education of women. So it is necessary to improve women's level of education by formal and informal education to raise the knowledge and utilization of family planning methods.

- Contraceptive prevalence rate is higher for those women who involved in non agricultural occupation. So, it is necessary to make plan and policies to increase the woman's participation in non agricultural occupation.

- Injection and Male sterilization are most popular method in that area. So it is necessary to effective counselling for other method of family planning to increase contraceptive prevalence rate.

- It is necessary that people are easily and accessibly found family planning methods anywhere they need.

- In the study area, most of the women are not using contraceptive devices to the fear of various types of side effects while using it. So effective and appreciate IEC programs should be organized from gross route level to national level.

6.3.2 For NGOs/INGOs

- NGOs/INGOs make different types of program to increase awareness of grass root people that help to increase their socio-economic status and it plays significant role to increase the utilization of family planning services.

6.3.3 For further researchers

This study is based on KAP of family planning methods among currently married women aged 15-49 years of this community. It examine only the KAP of family planning methods of the women on the basis of socio-economic and demographic variables like education, occupation and age at marriage etc.This study did not include about religious, psychological, childless experience and other variables which were also powerful to determine the KAP of family planning methods in this community. Therefore, other studies can be carried out with including these variables to known its impact upon KAP of family planning methods.