AWARENESS AND UTILIZATION OF FAMILY PLANNING SERVICES AMONG MARRIED WOMEN

(A CASE STUDY OF MAHADEVSTHAN VDC OF SINDHULI DISTRICT)

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CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

In Nepal the knowledge of contraceptive has increased five-fold. In the percentage of currently married women, who have heard about modern method of contraceptive in the last 10 years, from 21 percent in 2001 to nearly 100 percent in 2008. This high level of knowledge is a result of the successful dissemination of family planning messages through the mass media as well as interpersonal communication established through Female Community Health Volunteer (FCHVs) and Traditional Birth Attendant (MOH, 2010).

There are various factors of use and non-use of family planning services such as education, place of residence, and availability of services, quality of services as well as affordability and acceptability.

The main problem of development in developing country is rapid population growth. The population and development is related to each other and on the other hand the improved living conditions, which are the part of the development, can be expected to bring population growth down. Development may not be possible as long as the current high rate of population growth continues. Recognizing the need to bring the population growth rate in line with resources, many developing countries have adopted family planning program in their national policies and programs (Khanal, 2009).

The Family Planning Association of Nepal (FPAN) founded in 1959 became an associated member of the International Planned Parenthood Federation (IPPF) in 1960 and full fledged member in 1996. Prior to the established of the Association the concept of the family planning was quite new and considered as a thing that went against religious, tradition and prevailing social value in Nepal. FPAN in consonance with the social system, focused on information and education as a means of advocating a small family as a norms among the rural masses. The family planning program in the government sector gained momentum only after the establishment of Maternal and Child Health Division at the Ministry of Health in 1965 and the launching of the National Family Planning and Maternal and Child Health

Project in 1969, after that Family Planning Association of Nepal started complementing and supplementing the national program (Khanal, 2009).

Family planning is making great progress because many people are using family planning these days. More than half of the world's massed couples are family planning users. People are using family planning more effectively and more safely. Family planning removes unnecessary barriers of all kinds. These include lack of information, not enough services points, limited hours, few methods, not enough supplies, restrictions on who can be served (Khanal, 2009).

There are many factors that affect the use of the family planning services such as women age, education, place of residence and other. Among them, education is most important which determines the use of family planning services. Educated women frequently use family planning methods than uneducated because they have better knowledge about it. For example, the contraceptive prevalence rate was 27.2 percent for women with no schooling, whereas the comparable figure for women with secondary education was 40 percent (MOH, 2010).

Similarly, occupation is another factor that determines use of family planning services in Nepal. Likewise place of residence is also one of the important factors that affect the use of family planning methods. Nepal Family Planning Association, Care Nepal, Plan International, Nepal Red Cross Society, ADRA and Mary Stoppes. The national health policy (1991) related to the National Reproductive Health and Family Planning aims to provide services to the village level through health facilities and activities such as a) Hospital, b) Primary Health Care Centres (PHC), c) Health Post (HP), d) Sub Health Post (SHP), e) PHC Outreach Clinics and f) Mobile Voluntary Surgical Contraceptive (MVSC) camps. This health policy also attempts to sustain adequate quality of family planning services through adequately trained manpower as well as supplies. At the same time, the health policy also aims at mobilizing NGOs, social marketing organization and private practitioners to complement and supplement the effort of the government (Ghimire, 2010).

The 2006 NDHS indicates that 39 percent of currently married women are using a method of family planning. The 41 percent who are using modern contraceptive represents a dramatic increase in the use of modern method from 26 percent in the 1996 NFHS (Khanal, 2009).

Similarly, contraceptive prevalence rate differs according to development region. The higher CPR for central development region was 43.8 percent followed by 43.5 percent for eastern region. The lower CPR was for the far western development region, which accounts only 27.1 percent. In Sindhuli district contraceptive prevalence rate was 36.9 percent at the same period (MOH, 2010).

1.2 Statement of the Problem

Rapid population growth has become a serious problem for the development in many developing countries. Although, Nepal has invested 15 to 19 percent of its total health expenditure in family planning program, CPR of Nepal is very low as compared to other South Asian Countries. Beside this the knowledge of any modern method of family planning is nearly 100 percent among currently married women of reproductive age (15-49 years), but the utilization of family planning services is low. Only 39 percent of currently married women of reproductive age use contraception. The main trust of national health policy relating with family planning program is to expand and sustain adequate quality family planning services at the community level through meeting the unmet need of family planning i.e. contraception is increase over the years, instead of having a greater participation of NGOs and INGOs (CBS, 2010).

Nepal is multi-linguists, multi-religious and multi-ethnic country. So that there is variation in utilization of family planning services, as well as less awareness of family planning method and utilization of family planning services also differs according to geographical location. Sindhuli district lies in the central development region. Contraceptive prevalence rate of central region for the year 2003/2004 was 45.5 percent and Sindhuli district's CPR for the same period was 46.9 percent, which is higher than the national level (MOH, 2010). The research questions for this study are:

a) What is the awareness of family planning services among married women of age group 15-49 years in Mahadevsthan Village Development Committee?
b) What are the socio-economic and demographic factors of use of family planning?
c) What are the reason for use and non-use of family planning services?

1.3 Objectives of the Study

The general objective of this study is to perceive the phenomena of Awareness and Utilization of Family Planning Services among married women in Mahadevsthan VDC of Sindhuli district. The specific objectives are as follows:

a) To assess the awareness of family planning services among married women of age group 15-49 years in Mahadevsthan Village Development Committee
b) To identify the socio-economic and demographic factors affecting family planning.
c) To identify the reason for use and non-use of family planning services.

1.4 Significance of the Study

Utilization of family planning services in any area is affected by the socio-economic and cultural norms prevailing in any specified community. There are different aspects of contraceptive use among communities, which determined by their cultural belief. Nepali society is composed of different social norms and may have different attitudes about family planning. The ethnic differences in contraceptive use are important for policy makers and programme implementers.

Sindhuli district has its own culture and tradition. There is no study conducted in Mahadevsthan VDC of Sindhuli district previously. Therefore, there is a need to identify the reason for use and non-use of family planning services.

This study provides basic information on the awareness and utilization of family planning services in Mahadevsthan VDC of Sindhuli district, which could have a referential value for the planners and policy makers of Nepal. This would help enhance the knowledge of planner.

1.5 Organization of the Study

This study is organized in five chapters. The first chapter presents introduction, statement of the problem, objectives of the study, significant of the study and organization of the study. The second chapter deals with theoretical and empirical literature review. The third chapter deals with research method. The fourth chapter describes the data presentation and analysis which includes demographic and socio-economic characteristics of the study area, awareness and utilization of family planning services in Mahadevsthani VDC. The fifth chapter deals with the summary, conclusion and recommendation.

CHAPTER TWO
LITERATURE REVIEW

2.1 Theoretical Review

It is now universally accepted that family planning services are essential for promoting birth spacing to reduce maternal and infant mortality. It has been estimated that if family planning services were more widely available upto 42 percent of maternal death could be averted in the developing countries; the mean proportion of maternal death that could be averted is 24 percent (Sai, 2009).

The world fertility survey (Sathar and Childombaram, 2008) showed that use of family planning methods varied widely from 69 percent in South East Asia to 11 percent in Africa. The survey also revealed that approximately 300 million couple in the reproductive age range did not want more children, but were not using any method of contraception. These figure indicated a significant unmet need for family planning.

However, simply keeping up with demand at current levels will be a challenge. In 1990, the United Nation Population Found estimated that the fertility rate among women in the developing world was 3.8 births per women and that the contraceptive prevalence rate (the proportion of married women of reproductive age who practice contraception was 51 percent (UNFPA, 2008).

According to UNFPA projections, based on the current level of contraceptive prevalence the number of family planning users will have increased by about 108 million by the end of the decade, owing to the growing number of women entering the reproductive age range each year. Moreover, if contraceptive prevalence were to be increased to 59 percent of married women of reproductive age, the number of family planning users would grow by 265 million by the year 2015 (UNFPA, 2008).

Having the number of children want, when someone wants them, is called family planning. If someone decided to wait to have children, s/he can choose one of several methods to prevent

pregnancy. These methods are called family planning method, child spacing method, or contraception (UNFPA, 2009).

Every year, half a million women die of problem from pregnancy, childbirth, and unsafe abortion most of these deaths could be prevent dangers from pregnancies that are, too soon, women under the age 17 are more likely to die in childbirth because their babies are not fully grown. Their babies have greater chance of dying in the first year. Too late - Old women face more danger in child bearing especially if they have other health problem or have had many children (Farrer and Churchill, 2008).

Family planning saves life in poor countries about half of all deaths in women of childbearing age are caused by problem of pregnancy and childbirth. Family planning prevents these pregnancies and deaths. As well as family planning has other benefits; mothers and babies will be healthier because risky pregnancies are avoided. Fewer children mean more food for each child. Waiting to have children can allow young women and men a lot of time to complete their education. Fewer children means more time for yourselves and your children, family planning can also help you and your partner enjoy sex more, because you must not be afraid of unwanted pregnancy. And some methods have other health benefits for example, condoms and spermicidal can help protect against the spread of sexually transmitted diseases (STDs) including HIV/AIDS. Hormonal methods can help with irregular bleeding and pain during a woman's monthly bleeding (Subedi, 2010)

Some men don't want their wives to use family planning, often because they do not know very much about how different methods work. A man may worry about his wife's health, because he has beard stories about the dangers of family planning. He may fear that if a women use family planning, she will have sex with another man or he may also think it is manly to have lots of children (Subedi, 2010)

If your husband still does not want you to use family planning even after learning about its benefits, you must decide whether you will use family planning any way. If you do you may need to choose a method that can be used without your partner knowing about it (Farrer and Churchill, 2008)

Family planning counseling is the processes of helping clients make informed and voluntary decisions about fertility. Properly done, counseling help clients make good decision by ensuring that they have the information they need to make decision by helping them apply that information to their own circumstances, and by ensuring that they make there decisions voluntarily (Farrer and Churchill, 2008)

Benefits of Family Planning Counseling:

- Increased acceptance - correct information and 'open' discussion between clients and service providers through listening, talking and non-verbal communication helps clients to accept family planning.
- Appropriate method choice – counseling helps clients to choose the method that is best for their individual health needs and social well-being.
- Effective method use – effective counseling is necessary for clients to learn how to use method correctly.
- Longer continuation – a client is more likely to continue using a contraceptive method and be a satisfied client if she / he participates in choosing the method, understands how it works, knows how to deal with possible side effects, and feels comfortable in contacting and talking with the service provider.
- Counter rumors and misconceptions – counseling offers the opportunity to identify and correct any misinformation about family planning methods that a client may have. This will increase method acceptance, use and continuation for the client as well as in the wider community.

Family planning services should be viewed in the larger context of reproductive health care for women. The overall goal of any programme that addresses women's reproductive health issue should be to contribute to the improvement of the health and well-being of women. Provision of an appropriate contraceptive method is an integral component of a comprehensive reproductive health care programme. Ideally, other elements of such a programme should include provision of antinatal and post natal care, treatment for sexually

transmitted diseases (STDs), screening for cervical and breast cancers, treatment for infertility safe abortion services (where legal). Treatment for complication of abortion, and monitoring and treatment of other disease, such as anaemia, that disproportionately affects women contraceptive use worldwide (Subedi, 2010)

A basic knowledge of family planning is important for the nurse. She will be expected in her professional capacity (and quite often privately as well) to be able to interpret and explain the various ways of both achieving and avoiding pregnancy. Family planning discussion and advice can be centered on revising the ways in which pregnancy is achieved i.e. the factor necessary for the establishment of pregnancy. The way of avoiding pregnancy can then be looked at in detail by showing how the absence of one or more of these factors prevents pregnancy (Sharma, 2009).

In essence, contraception can be achieved by

1. The suppression of ovulation
2. Allowing the ovum and sperm to meet, and fertilization to occur, but preventing successful implementation in the uterus.

According to a 1996 family health survey (Farrer, et al. 2008) the total fertility rate was estimated at 4.64 per women and is estimated to have gone down to 4.1 children per women in 2006 (NDHS, 2006). In spite of almost universal knowledge of family planning and the availability of at least three methods of contraceptive in all health facilities in the country, the contraceptive prevalence rate was estimated to be only 34 percent in 2001 and unmet demand reached 28 percent.

Female sterilization is rather popular (15 percent), but compared with India (34 percent), it is a far less used method. Male sterilization is today in India not popular (1.9 percent), mainly because of cursive policies in history. In Nepal, the figure is considerably higher (6 percent). A notable difference between India and Nepal is that injectable contraceptives are commonly used in Nepal (8 percent), but not used in India. Use of pills and condoms is low in both countries. Relatively few people are using the existing reproductive health services; often the links to the communities are weak the supplies, equipment and personnel inadequate. The

three most common temporary contraceptive methods are injectables, condoms and pills (NDHS, 2006).

In Nepal, the girl usually marries early, and start child bearing immediately after marriage. The idea of limiting the number of children by family planning in generally accepted but it is most often considered a matter of women who already have children. During the missions we could find, when inspecting the clinic records, very few family planning clients who had not got any children. Young married women visited the clinics, but for antenatal care and general health concerns not to obtain family planning. Postponing the birth of the first child is still uncommon among the young married couples and limited to the small number of educated families in which girls also receive higher education. An unmarried girl or women could hardly seek family planning services from local providers. The idea of the need to prevent unwanted pregnancies outside marriage is not recognized, although the studies show that sexual relations are not limited to marriage only (Sharma, 2009).

The importance of effective family planning effort lies in recruiting most fertile young aged couples and providing them with most efficient modern methods. This will help to reduce fertility significantly. Other-w contraceptive method mix and the characteristics of the contraceptive users need to be assessed in order to understand the prevalence of contraceptive use and the fertility pattern (Subedi, 2010).

Lack of access to services point may not be the main reason women do not make use of family planning services, using data from 13 Demographic and Health Survey from Africa, Asia and Latin America. UNFPA found that one of the main reasons for non use was the concern about health and side effect 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) programme of action on quality of case. The most appropriate concept is access with quality clients needs both. Demographic and Health Survey in 12 countries suggested that ever half of all women were unsuccessful or dissatisfied with the contraceptive method they had been using this is a measure of just how far contraceptive technology and family planning delivery programme are falling short of what the women of developing countries want and need (Sharma, 2009).

In Nepal community based health programme are in use to promote outreach services (Ministry of Health, 1993a, 121). So that primary health care and family planning services delivery are more in demand and accessible to the widely dispersed rural households. Village health workers (VHCs) and Female Community Based Health Worker, traditional birth attendant and community leader can not also be over looked the 1991 Nepal Fertility, Family Planning and Health Survey (NFFHS) does not provide there information for detailed analysis (Sharma, 2009).

VHWs provide basic family planning, maternal and child health services on a door-to-door basis to the community and the FCHVs as trained volunteers use government provided kits to do the something. FCHVs are to closely relate to VHWs in their activities (Regmi, 2009).

Knowledge of the contraception is still limited in some of the least developed countries of Asia and in much of sub Saharan Africa. The percentages of women who know of a place of obtain family planning information and services are 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 27 percent and 48 percent) know of family planning outlet in Yemen, Burkinofaso, Mali, Niger, Nigeria, Senegal, Liberia, Madagascar and Pakistan (WHO, 1999: 67-69). The same source shows that proportion between 50 and 80 percent were registered in another 14 of the 50 countries with these indicators available. There are also many countries (27 of the 50) were 80 percent or more women know of an outlet (WHO, 2009).

The most recent data imply that for the world as a whole, contraceptive prevalence rate (CPR) of any method for 2008 has reached 58 percent (WHO, 2009). This implies that almost six out of ten couples with the wife in the reproductive ages are currently using contraception. This reflects a rapid recent increase in contraceptive use in developing countries where the average level of current use of any method is estimated at 55 percent of couples. In developing countries, the CPR has risen substantially from less than 10 percent in the 1960s to 55 percent in 1998 and it continues to rise. It is projected for the developing region that CPR will increase to the level of 64 percent by 2010 and 73 percent by 2025 (WHO, 2009).

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 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, 65-80 percent are using it (WHO, 2009).

In the context of Nepal, 1996 Nepal Birth, Death and Contraception Survey (NBDCS) showed that about 74 percent of currently married women had knowledge of any family planning methods, while the percentage of currently married women contraceptives was found to be 30 percent (Subedi, 2010).

During the last 15 years, the overall contraceptive used increased from 3 to 24 percent. The rate almost doubles during the period of 1981-86, reaching to 15 percent from 7.6 percent. The increase was slightly lower for the period of the individual method, female sterilization double during the last 5 years and constituted almost one half of the total population rare in the country. 8) that adopted one of the major policies to introduce family planning programme with particular emphasis on permanent methods in rural areas where fertility was high. Yet more than four fifth of the prevalence rate is attributed to male and female sterilization of the spacing methods injectable has gained a tremendous popularity over the last 5 years (Chhetri, 2009).

The International Conference on Population and Development (ICPD) Cairo has suggested a drive towards reproductive health and empowerment of women. Although there were some disputes regarding abortion and ICPD document has mentioned ‘in no case should abortion be promoted as a method of family planning.’ (WHO, 2009), but it has expressed the essence of consolidated country programme to limit the number for a better balance between resources and population. The irony is that the implementation aspects of family planning in the most of the development countries are only related to condom, pills, IUD, Depo-Provera, Norplant, and other methods. The catchment area of family planning goes for behind to why people demand for children? What are the reproductive need? What physical, social, cultural, economic, psychological and emotional factors are responsible for differential fertility in

societies? The answers to these questions are the background to plan for coherent family planning programme (Regmi, 2009).

During the demographic survey of a case study in Nawolparasi District of Nepal in June 1990, the author had got a reply from a middle level family planning personnel that he understood of family planning as having only 'two type of methods permanent and temporary vasectomy and laparoscopy are permanent and condom, IUD, Norplant, Depo-Provera etc. are temporary method.' The Hattiban Village of Nawolparasi was experiencing a high infant and child mortality and he was further asked whether or not he did see the relation of child mortality to the number of children ever born' what about Jeevanjal (oral rehydration therapy)? He replied '----------well ------. It's a health care measure, it has nothing to do with family planning' (Chhetri, 2010).

If the practice of family planning in common couple can choose an appropriate and effective method of family planning. it is because they are concerned about their increasing number of children and also about the possibility of ending up with a still worse sex composition, and so will stop childbearing at some stage even if they have not achieved their desired sex composition. Strong son preference is often side to be a major barrier to the promotion of family planning particularly in rural area. The effects of son preference n contraceptive use increases as contraceptive prevalence increases (Das, 1987). In other words, this effect clearly exists when the level of contraceptive practice is high (Gurung, 2008).

Does literacy matter for the use and non-use of contraceptive is a common question. Yes, it matter is the simple answer. The complexity is how much and why differently among different sub group of population. In Nepal, 36.9 percent of literate women were using any method of contraception where as only 25.6 percent of illiterate women were using it. The difference of 11.3 percent is normally attributed to literacy (Chhetri, 2009).

In 1988, the Government of Egypt (GOE) set a goal of reducing the growth rate from 2.8 percent to 2.1 percent by the year 2001; to do so, the contraceptive prevalence rate (CPR) would have to reach 51 percent by that year. In 1988 approximately 2.9 mission couples were practicing family planning representing a CPR of 37.6 for all methods and 35.4 percent for

modern methods; and Egypt population was increasing at the rate of 2.5 percent annually. Thus, to reach the GOE goal of 51 percent CPR meant that intensive efforts and significant expansion would be necessary in both the public and private sectors (MOH, 2010).

Family planning is central to all other components of reproductive health (WHO, 2009). It plays a central role in reproductive health care because it allows to plan women, men to have healthy reproductive lives. Family planning services are on essential part of reproductive health care and have saved the lives and protected the health of million of men, women and children. Family planning has an important bearing on such major aspects; meeting demand for family planning, saving women's lives, children's lives, offering out of youths to maintain and promote their reproductive health. These are the most important ways family planning benefits individual and countries. However, the main objective of this study is to discuss about saving women's lives only (WHO, 2009).

The greatest contribution of family planning programme lies in avoiding unwanted pregnancies and there by unplanned births and making sure that all birth are planned. Many women have unintended birth or terminate unwanted pregnancies in inducted abortion. Unwanted pren methods consisted 35 percent, while only a little over 6 percent had ever used traditional methods. The most commonly used modern method was female sterilization, followed by injection, pill, condoms, and male sterilization. Ever use of IUD, Diaphragm/Foam/Jelly and Norplant was nominal (less than 1 percent each). Among the traditional methods withdrawal and abstinence, each was reported to have been used by less than 4 percent of currently married women (Chhetri, 2009).

In the ever use of contraception the share of sterilization in the ever use of any method and modern method was 46 on 50 percent respectively. Thus, sterilization was the most ever used method. According to NFHS 2006, about 29 percent of currently married women were using a modern family planning method at the time of survey, only about 3 percent of the currently married women were using traditional method such as withdrawal and abstinence (Chhetri, 2009).

In developing countries, about half of all married women do not desire for more children in the future but only small properties are using contraception. There is therefore a great concern to identify the magnitude of potential demand for family planning and the explore the reason for it. In the context of Nepal, there has been increase in accessibility of family planning services over the years. However still one half of the current users have to travel for more than two hours obtain the contraceptives (MOH, 2010). The demand for family planning services particularly remains high. According to Nepal Family Health Survey, the level of unmet need has been found to be 31.4 percent with 14.3 percent for spacing and 17.1 percent for limiting. However, there is a great variation in unmet need for family planning a cross the development and sub development regions in Nepal for example – If we take the case of sub development regions, unmet need in far western hill has been estimated to be 37 percent (23 for spacing and 14 for limiting) which is much higher tan that of central hill (25.3 percent). On the other hand, the demand satisfaction is the lowest in far western hill.

Similarly accessibility of family planning services is another determining factor for unmet need in a population. Accessibility of family planning services has many dimensions. Distance or travel time to sources of contraceptive, convenience in term of case and cost of transportation, quality of services in term of waiting time and competence and attitude of the staff, type of services provided, length of time that specified services are available and cost of family planning services of these, fist three elements are most conventional in accessing the accessibility of family planning services (Regmi, 2009).

The main reasons for non-use of family planning services within the unmet need population in Nepal were; health concerns, socio-economic and cultural reasons, insufficient family planning programme and currently breastfeeding practices. There were further characterized by low level of literacy, especially for females, poor transportation and communication network, deteriorating economic condition and the demand for family forms labour (Risal and Shrestha, 2009).

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, effective, 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 (Chhetri, 2009).

By the end of the eight-plan period the knowledge of family planning among married women of reproductive age (MWRA) was almost universal in Nepal. Over ninety eight percent of these women knew about at least one modern method of family planning. the contraceptive prevalence rate (CPR) increased to 28.0 percent from a vary low level of about 3.0 percent in 1997. As the result of the increase in the knowledge and use of family planning, the TFR toward the end of eight plan came down to around 4.6 against the target of 4.5. No doubt this achievement is the result of the concerted effort of the government agencies as well as NGOs and INGOs that are operating in the areas of reproductive health and family planning. it should be noted that although the government sector is the main source of family planning programme, its share of the marked has declined in recent years. In 1991 out of the total current users traceptives from the private medical sector was only 5 percent, but this increase to 14 percent in 1996. Similarly, other private source supplied to les than 1 percent of users in 2001, but this increased to 6 percent in 2006 (NDHS, 2006). This information clearly shows the important role being played by the private sector in fulfilling the objectives of national population and family planning programme (Regmi, 2009).

One of the important elements of the national family planning programme is that the share of the permanent method among all current users of family planning has remained very high since the initial years of family planning programme in Nepal. The total share of the permanent family planning methods users was 69 percent in 1976 and was 67 percent in 1996. This implies that majority of the current users were using family planning to limit rather than for spacing of births. The age at marriage and age at first birth is still low in Nepal. About 82 percent of the women aged 20-49 are married by the age of 20 years. This has also contributed in high fertility since most of the birth takes place within a year of the marriage. in this context the programme should also focus on raising the age at marriage of

girls. The use of family planning for spacing especially after the first birth should be promoted (Chhetri, 2009).

Family planning is the conscious effort to determine the number and spacing of births. The right of individual and couples 'freely and responsibly to decide the number and spacing of their children and to have the information, education and means to do so' was first recognized as a human right in 1968, and over the past two decades has attained almost universal acceptance. It was endorsed by the world population conference in 1974 and by the International Conference on Population in Mexico city which reaffirmed 'the right to choice of family size without coercion, and the right to choice of method, which should include all medically approved and appropriate method of family planning of both mothers and children and to lower infant and maternal and infant health enhances and helps create the condition for effective family planning programme; thus family planning has its maximum impact on health where it is make available on integral part of maternal and child health services (WHO, 2009).

Many million of couples and individuals throughout the world, however, still do not have access to family planning, either because they lack information or because an appropriate range of methods and follow up services is not available. Women who lack family planning or have encountered failure with it, may have only two option an unplanned pregnancy or abortion. The rise is the number of women resorting to abortion testified to the failure of family planning services to keep pace with the demand. The toll is great complication from abortion alone kill an estimated 200,000 women per year. The best way to prevent abortion is to make family planning accessible to all women and men. The success of family planning programme depends on decision make by billion of individual, women and men (WHO, 2009).

Countries, which have adopted population policies, have information programme to make entire populations aware of the benefits of family planning and services to back them up, have registered significant reductions in fertility rates. This is particularly notable in countries with network of community health workers and clinics, paying close attention to primary health care and preventive medicine as well as family planning. However, family

planning is not just a matter of providing contraceptive services. The ability to take advantage of family planning is past of an attitude to life. It is created by an environment in which everyone has opportunities and choices, including access to family planning services (NDHS, 2006).

Knowledge of contraceptive method is presented forever married and currently married women and men by specific methods. Finding from the 2006 NDHS show that knowledge of at least one modern method of family planning is nearly universal in Nepal, with little difference between women and men. The most widely known modern contraceptive methods among both ever married and currently married women are female sterilization (99 percent) and condom (91 percent). Four in five women know of implants, a little more than one in two women have heard of the IUD, while two in five women have heard of vaginal methods. This pattern is similar forever married and currently married men except that men are relatively more likely than women to have heard of condoms, vaginal methods and the IUD and are less likely than women to have heard of injectables and pills. A greater proportion of women and men reported knowing a modern method than a traditional method. This is more pronounced in the case of women, only 55 percent of them know of any traditional method. Reported knowledge of traditional methods is much higher among men (more than 80 percent). One of the region for the low reporting of knowledge of a traditional method may be that these method are not included in the government family planning and women may be reluctant to motional them since they are not widely accepted (NDHS, 2006).

The most common sources of information on family planning for women is radio. According to the survey, the proportion of women, who received information on family planning from radio, friends and health workers were approximately 47 percent, 31 percent and 25 percent respectively. A strong positive association between the educational and literacy level of women had a higher over use rate of contraception then rural women. The most common method of contraception ever used was Depo-Provera (44 percent), followed by female sterilization (24 percent), and pills (22 percent) ever use of condoms in this survey was 17 percent (Khanal, 2009).

Proportion of women who are currently using contraception was observed to be 37.3 percent. Comparative figures obtained from the Nepal Family Health survey 1996 shows 28.8 percent for current use of any modern method. This indicates an increase of 8 percent points in a period of five years. The trend of current use of contraception as indicated by different surveys carried out in the past. The general trend in the growth of current use of contraception was observed to be 1 percentage point per year during 1991 and 1996. The current figure indicates an increase of nearly 2 percentage points in the last four years, from 1996 to 2000 (FPAN, 2010).

The increased rate of growth in the current use of contraception during the last four years could be due to the fact that nearly 300,000 sterilizations were preformed in the last five years. Also, there was an increase in the number of Depo-Provera users (nearly 200,000 in the fiscal year 2008/2009 alone).

The current use of contraception increased with an increase in age. For example, for non pregnant women less than 25 years of age, currently use was 26 percent, while it was 42 percent for older non-pregnant women. This again reflects the fact that older women are highly parity women who would need contraception as their desired fertility had already been met (Chhetri, 2009).

With an increase in the education of the respondent, there was an increase in the current use of contraception. Form a low 35 percent for non-pregnant women with no education, current use increased to 45 percent for such women with secondary or higher education.

A similar picture emerges with respect to the literacy of women for example, among illiterate women, the level of current use was 33.4 percent. While it increased to 45 percent for literate group. Women that reported currently using a method were asked to describe the currently using a metr plan period and will be 58.2 percent by end of 2017 (Chhetri, 2009).

2.2 Family Planning Users and Contraceptive Prevalence Rate

Family Planning Continuing Users

In order to achieve the CPR and the TFR targets listed above, approximately 2,293,000 couples must be using modern contraception by the end of the 10th five-year plan period.

Having recognized the unmet need for spacing of births, the Family Planning Programme placed greater emphasis on promoting temporary methods of contraception during 9th plan period and this effort will continue in future too. More specifically, the long-term objective is to reduce the share of permanent sterilization in overall family planning method use. However, the expected number of VSC cases need to be increased in order to meet the unmet demand of those who desire to limit further births.

For planning purposes, the expected numbers of VSC cases for 10th five year plan (2002/2003-2006/2007) and year wise break down have been established as follows:

- 82,100 for the year 2002/2003;
- 84,800 for the year 2003/2004;
- 87,400 for the year 2004/2005;
- 91,500 for the year 2005/2006;
- 88,800 for the year 2006/2007; and
- Total for the 10^{th} plan period 434,600 (DOH, 2004)

FP Current Users and Contraceptive Prevalence Rate

The trend in number of current users and CPR by region shows that over the years the number of current FP users of temporary methods had been continuously increasing at the national level, the number of users of permanent methods has slightly decreased in FY 2065/66 as a compared to FY 2064/65. However, it has again increased from 882,972 in FY 2063/64 to 110,439 in FY 2065/66.

The Contraceptive Prevalence Rate (CPR) is one of the main indicators for monitoring and evaluating the National Family Planning Programme. The adjusted CPR is based upon the following assumptions: In the case of male sterilization, the age exit of the spouse of the male sterilization acceptor is taken as 3.32 percent of the total male acceptors (assuming an equal proportion of users of age 49 among users of ages 45 to 49). For female sterilization the exit age of the female acceptor is taken to be 2.07 percent of the total female accepters (Pradhan, et al., 1997: 55). The mortality of males and females in the reproductive age group are taken as 2.95/1,000 and 3.64/1,000 per year respectively (Gurung, 2008).

The Contraceptive Prevalence Rate (modern methods) based on HMIS service statistic has fluctuated at the regional level. All regions have improved their CPR level in FY 2060/61 compared to FY 2059/60. Nationally the adjusted CPR increased from 37.36 percent in FY 2063/64 to 38.43 percent in FY 2064/65 and 40.69 percent in FY 2065/66 (MOH, 2010).

FP Policy in the Tenth Plan

The Ninth Plan's long-term schemes were to materialize the concept of tow children only in the Ninth Plan period and to get the total rate of fertility to the replacement level in 20 years. Similarly, in the Ninth Plan, the major objectives were to carry out various population related programs for attracting the common people to a small family size according to the concept of two children, to conduct different population related programs to get the total fertility rate to the replacement level of fertility, and to make easily available or accessible the family planning related devices as well as the standard maternal child health services to the people. In that period, the main goals were to bring the total fertility rate from 4.58 to 4.2, to increase the users of the family planning devices from 30.1 to 37.0, to decrease the percent of married women of 15-19 ages from 42.1 to 36.1, to decrease the infant mortality from 74.7 to 61.5 (per 1000 live at birth) and to decrease child mortality (per 1000, live at birth and under 5 years of age) from 118 to 102.3 persons (Tenth Plan, 2002).

Strategies

- Reproductive health services will be made easily available and the late marriage and breast-feeding will be encouraged.
- Emphasis will be given to raise public awareness extensively in the management of population.

Policy/Action Plan

- Encourage availability of reproductive health services to all, encourage late marriage, and promote of breast-feeding.
- The population related behavior change communication programs will be taken at the village level with the help of the local bodies as well and by mobilizing the community-based organization to raise public awareness in such the areas as, education to children and health about the importance of small family, late marriage, reproductive health, enhancing social status of women, importance of family planning, involvement of men in family planning, and so on (Tenth Plan, 2002).

CHAPTER THREE
RESEARCH METHODOLOGY

This method helps to make a systematic way to solve the research problem as well as to attain the objective of the present study. The procedure or methods that have been used to obtained the objective and evaluate the facts are given below:

3.1 Research Design

The design of this research study is explorative and descriptive. It is based on field study methods, in which the researcher himself collected data. The awareness and utilization of family planning services was measured by age of women, occupation of women, literacy status of women and availability and accessibility of family planning services.

3.2 Rationale of Selection of the Study Area

Mahadevsthan Village Development Committee is the famous village of Sindhuli District in terms of various aspects. It is located in the central developmental region of the country. Mahadevsthan Village Development Committee consists of 9 wards and the population of Mahadevsthan Village Development Committee is 4718 and occupied the area of 1.57 square kilometer (CBS, 2001). The Interview has been taken from three wards of Mahadevsthan Village Development Committee, i.e. ward no, 7, 8 and 9. There is no study conducted in Mahadevsthan Village Development Committee ward no. 7, 8 and 9 regarding the awareness and utilization of family planning services. Thus, this study attempts to explore the factors that determine contraceptive use and non-use in Mahadevsthan Village Development Committee of Sindhuli district.

3.3 Universe and Sampling Procedure

There are 9 wards in Mahadevsthan Village Development Committee. It covers large area therefore it is not easy task to contact all the women. So, researcher has used accidental sampling method to collect the sample respondents from three wards (i.e. 7,8 and 9) only. According to CBS report the total women above 15 years old of Mahadevsthan Village Development Committee ward number-7, 8, and 9 were 975, which considered as universe of the study. This sample design is adopted because of the time constraints. In this study 135 respondents (15-45 age group) has been taken by using purposive sampling method because

of chance of including above 45 year women or below 15 year women if random sample is chosen.

3.4 Sources of Data

This study is based on primary as well as secondary data, which researcher collected from the field. The data required for this study is taken both from primary and secondary sources to fulfill the objective of the study.

3.4.1 Primary Sources

Primary source is one of the most important and popular method of data collection. In this study primary information are collected from field observation. The method used here is interview schedule.

3.4.2 Secondary Sources of Data

Beside primary sources, secondary information are collected from many books, published and unpublished journal, articles, project reports etc. The major issue on women is obtained from UNICEF, UNDP, CEDA, MOH and population monograph of CBS.

3.5 Method of Data Collection

3.5.1 Observation

Observation method is used to collect the observable information such as women's participation in day-to-day activities, their awareness and utilization of family planning services. The decision making process in the selection of family planning method is observed to find out the women's awareness and utilization of family planning services. The data collections through observations have been used to support the structured data in relevant place in the text.

3.5.2 Interview

Data was collected by using interview schedule. Interview schedule was designed in such a way that two types of information could f the respondent (i.e. married women aged 15-49 years). The purpose of household questionnaire was to collect the household information and identify the eligible women for interview to obtain the background information.

3.6 Data Analysis and Presentation

In this study coding, editing and tabulations are made to analyze data. Quantitative data are presented in terms of percentages. The analysis process of the data includes frequency tables and cross tabulation, which are consistent with objective. This study is mainly based on

quantitative data. The information is commonly presented to sketch the reality of the general figure with the help of SPSS computer programme.

3.7 Validity and Reliability

To increase the validity and reliability of information the following measures were taken:

- All the data were collected by researcher himself,
- Questions were asked in simple Nepali language,
- Researcher himself completed all forms and checked and re-checked. If any information was missing and doubtful, a revision was made for completion,

3.8 Limitations of the Study

This study has following limitations:

i) The study area covers only Mahadevsthan Village Development Committee wards no. 7,8 and 9.
ii) This study does not represent national level scenario.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.1 Socio-Economic Characteristics of the Respondents

In this study, socioeconomic variable like age, sex, education, occupation, religious etc have been analyzed.

4.1.1 Age Structure

Age is one of the important factors to be considered while analyzing the awareness of family planning services among married women of age group 15-49 years. As already defined women of reproductive age are the age between 15-49 years, therefore, the age bar should be considered strictly.

Table 4.1 Distribution of Respondents by Age

Age of women	Number of respondents	Percent
15-19	6	4.5
20-24	36	26.7
25-29	33	24.5
30-34	28	20.7
35-39	23	17.0
40-44	8	5.9
45-49	1	0.7
Total	135	100.0

Source: Field Survey, 2011

The age distribution of married women of reproductive age is present in Table 4.1. Table 4.1 shows that in total 4.5 percent women we-29 years and 20.7 percent women are aged 30-34 years. Similarly, only 0.7 percent women are in age group of 45-49 years.

4.1.2 Religion

In recent years, particularly after the onset of multi-party democracy in Nepal, religion has become a sensitive topic in ethnically diverse Nepali society.

Table 4.2 Distribution of Respondents by Religion

Religion	Number of respondents	Percent
Hindu	130	96.3
Buddhist	3	2.2
Kirat	2	1.5
Total	135	100.0

Source: Field Survey, 2011

Table 4.2 shows the religion of married women. Table 4.2 shows that in this study area overall 96.3 percent women are Hindu, and only 2.2 percent women are Buddhist and 1.5 percent are others (Kirat).

4.1.3 Education

The structure of school level education with primary education of grades 1-5, lower secondary education of grades 6-8, and secondary education of grades 9-10, that is created and remains in practice.

Table 4.3 Distribution of Respondents by Literacy

Literacy status	Number of respondents	Percent
Literate	107	79.3
Illiterate	28	20.7
Total	135	100.0

Source: Field Survey, 2011

The data for literacy status of the married women is presented in Table 4.3. About 79.3 percent women are literate in this study area. The overall literacy rate is about 50.0 percent in Sindhuli district and the national average (57.6 percent) in 2001, (CBS, 2001). Thus the literacy status of women in the study area is much higher than the national average.

Table 4.4 Distribution of Respondents by Educational Attainment

Educational attainment	Number of respondents	Percent
Primary	28	26.2
Lower Secondary	31	29.0
Secondary / Intermediate	33	30.8
Bachelor +	9	8.4
Informal Education	6	5.6
Total	107	100.0

Source: Field Survey, 2011

Table 4.4 shows the educational attainment of the literate respondents. About 31 percent literate women have secondary / intermediate level of education, 29.0 percent literate women have lower secondary education, 26.2 pe percent literate women have informal education.

4.1.4 Occupation

Economically active persons are persons who engaged or intent to engage in the production of goods and services included within the boundary of production of the system.

Table 4.5 Distribution of Respondents by Occupation

Occupation	Number of respondents	Percent
Agriculture	1	0.7
Cottage industries	13	9.6
Job	6	4.5
Business	10	7.4
Household activities	95	70.4
Students	7	5.2
Daily Wage	3	2.2
Total	135	100.0

Source: Field Survey, 2011

Table 4.5 presents occupation of married women. Table 4.5 shows that majority of the respondent reported their main occupation as household activities. The share of household work was highest (70.4 percent) among the occupational categories considered, 0.7 percent women of study area was engaged in agriculture, 4.5 percent women was engaged in

government services, 7.4 percent women are engaged in business, 5.2 percent are students, and 9.6 percent women are engaged in cottage industries in the study area.

4.1.5 Landholding

In this study, economic status of a household is considered higher if it holds more Ropani of land. Nepal is an agricultural country, uce if somebody has more land and it makes his/her household's economic condition prosperous.

Table 4.6 Distribution of Households According to Landholding (in Ropani)

Land in Ropani	Number of Households	Percent
<2	1	0.7
2-4	13	9.6
4-6	6	4.5
6+	10	7.4
No Land	95	70.4
Total	135	100

Source: Field Survey, 2011

Table 4.6 shows that 49.6 percent household have less than 2 Ropani of land and 14.1 percent household have land of 2-4 Ropani, 5.2 percent household have 6 and above Ropani of land. Similarly 24.5 percent households have no land.

4.1.6 Monthly Income Distribution

The main occupation of study area is household activities. In this study, a question was asked to the respondent about approximate monthly income of their family. The responses are presented in Table 4.7.

Table 4.7 Distribution of Household According to Monthly Average Income in Rupees

Income in Rupees	Number of Households	Percent
Rs. < 5,000	1	0.7
Rs. 5,000-10,000	13	9.6
Rs. 10,000-20,000	6	4.5
Rs. Above 20,000	10	7.4
Total	135	100.0

Source: Field Survey, 2011

Table 4.7 shows distribution of household). It is noted that these are a little over 1 of 10 respondents were monthly income is less than 5000 and 17.8 percent households had reported that their average monthly income above Rs. 20,000.

4.1.7 Available Amenities

The available amenities of sample households considered are piped water, electricity, toilet and radio.

Table 4.8 presents the available amenities of sample households. 100 percent households have electricity, 93.3 percent household has radio and 92.6 percent household have toilet facility.

Table 4.8 Distribution of Household According to Available Amenities

Amenities	Electricity		Pipe water		Toilet		Radio	
	N	%	N	%	N	%	N	%
Yes	135	100	116	85.9	125	92.6	126	93.3
No	-	-	19	14.1	10	7.4	9	6.7
Total	135	100.0	135	100.0	135	100.0	135	100.0

Source: Field Survey, 2011

Table 4.8 show that about 14 percent household did not have pipe water; their main source of drinking water was shallow well.

4.2 Level of Awareness of Family Planning Services Among Respondents

This sub chapter is divided into different sections. First section deals with the respondent knowledge on family planning methods. The second section deals with use of family planning method. The third section describes the differential in currently used FP by age of women, occupation of women and education of women. The fourth section deals with who decided to use family planning method. The fifth section deals with reason for non-use of family planning methods. The sixth section deals with side effects of the particular method being used. The seventh section provides the information on availability and accessibility of family planning method in term of sources of supply and availability. The eighth section deals with the method failure. The ninth section analyses the future intention to use family planning methods, reason for having and not having future intention to use family planning method. The tenth section deals with attitude toward sterilization.

4.2.1 Knowledge of Family Planning Method

In this study, the knowledge of family planning method is above 95 percent. Females about the family planning and they have also heard about many family planning methods. But they did not know how to use this method properly. The study shows that majority of respondents have heard about family planning.

Table 4.9 Distribution of Respondents by Knowledge of Family Planning According to Their Age

Heard about family planning	Age of women								Total	
	15-19		20-29		30-39		40-49			
	N	%	N	%	N	%	N	%	N	%
Yes	1	0.7	1	0.7	1	0.7	1	0.7	1	96.3
No	13	9.6	13	9.6	13	9.6	13	9.6	13	3.7
Total	6	4.5	6	4.5	6	4.5	6	4.5	6	100

Source: Field Survey, 2011

Table 4.9 shows that majority of respondents (96.3 percent) have heard about family planning. Only 3.7 perel is higher among older women compared to those who are in the age group of 15-19 years.

Table 4.10 Distribution of Respondents by Heard Methods

Family planning method	Number of respondent	Percent

Condom	83	63.8
Pills	101	77.7
Depo-Provera	117	90.0
IUD	41	31.5
Norplant	62	47.7
Female Sterilization	62	47.7
Male Sterilization	64	49.2
Foam / Jelly	9	6.9
Rhythem method	10	7.7

Source: Field Survey, 2011

The table 4.10 shows that majority of women have heard about at least one method of family planning. By specific method Depo-Provera (90.0 percent) appears to be the best known family planning metho male sterilization (49.2 percent). Depo-Provera has been gaining popularity in this study area. This was also reflected in the relatively high proportion of married women of reproductive age having heard about it.

Table 4.11 Distribution of Respondents by Sources of Knowledge

Sources	Number of respondents	Percent
News paper	31	23.8
Radio	94	72.3
Television	64	49.2
Health workers	38	29.2
Husband	13	10.0
Friend	42	32.3

Source: Field Survey, 2011

Respondents were also asked to mention the source of their family planning information. Table 4.11 indicates that the most cowed by TV (49.2 percent) and health worker (29.2 percent). Husband as a source of family planning information accounted for 10 percent.

Table 4.12 Distribution of Respondents by Husband / Wife Communication and Education

Husband / wife communication	Literate		Illiterate		Total	
	N	%	N	%	N	%
Yes	31	23.8	31	23.8	31	23.8
No	94	72.3	94	72.3	94	72.3
Total	64	49.2	64	49.2	64	49.2

Source: Field Survey, 2011

Table 4.12 shows that about 82 percent women discuss / communicate with her husband about family planning. About 84 percent literate women discuss about family planning while only 72 percent illiterate family planning with her husband. They use family planning methods with own decision.

4.2.2 Use of Family Planning Method

Respondent who reported to have the knowledge of any family planning method, were asked whether they have ever used any type of family planning method and also asked whether they were using any method at the time of survey.

Table 4.13 Distribution of Respondents Who Have Ever Used a Family Planning Method by Education and Method

Ever use of FPM	Education of Women				Total	
	Literate		Illiterate			
	N	%	N	%	N	%
Yes	76	71.4	21	80.0	97	73.1
No	31	28.6	7	20.0	38	26.9
Total	107	100.0	28	100.0	135	100.0
FP Methods ever used						
Condom	8	10.7	-	-	8	8.4
Pills	31	23.8	31	23.8	31	23.8
Depo-Provera	94	72.3	94	72.3	94	72.3
Norplant	64	49.2	64	49.2	64	49.2
Female Ste.	38	29.2	38	29.2	38	29.2
Male Sterilization	13	10.0	13	10.0	13	10.0
Foams / Jelly	42	32.3	42	32.3	42	32.3
Total	77	100.0	20	100.0	97	100.0

Source: Field Survey, 2011

Table 4.13 presents distribution of married women who have ever used a family planning method by education. Table 13 shows a negative association between the educational level of women and ever use of family planning method. In this table illiterate women who have ever use of family planning epo-Provera (65.3 percent) was the most commonly ever used method, followed by Pills (10.5 percent), Condom (8.4 percent) and Norplant (7.4 percent) both literate and illiterate respondents.

4.2.3 Current Use of Family Planning Method

In this section, the current use of family planning methods of married women is presented.

Table 4.14 Distribution of Respondents Who are Using a Family Planning Methods by Age

Currently use any FPM	Age of women								Total	
	15-19		20-29		30-39		40-49			
	N	%	N	%	N	%	N	%	N	%
Yes	6	71.4	33	68.1	30	52.7	16	71.7	85	62.3
No	2	28.6	15	31.9	27	47.3	6	28.6	49	37.7
Total	8	100	48	100	57	100	22	100	135	100

Source: Field Survey, 2011

Table 4.14 shows that observed current use of family planning method was 62.3 percent among the married wore as it was 68 percent for respondent in age group 20-29 years are current using family planning method. In this study area, CPR (62.3 percent) was higher than national level (39.3 percent) (NDHS, 2006). As indicated by study, the most common method of contraception used in this study area was Depo-Provera

Table 4.15 Distribution of Respondents Using One of Family Planning Method

Family planning method	Current use of contraceptive among respondents	Percent
Condom	5	6.2
Pills	12	13.6
Depo-Provera	53	64.3
Norplant	3	3.7
Female Sterilization	4	4.9
Male Sterilization	4	4.9
Foam / Jelly	2	1.2
Natural methods	2	1.2
Total	85	100.0

Source: Field Survey, 2011

As indicated by Table 4.15, the most common method of contraception used in this study area was Depo-Provera, which accounted for 64.3 percent of total contraceptive use. The second highest proportions of women were currently using oral Pills (13.6 percent), and Condom accounted for 6.2 percent. In this area, female sterilization accounted for 4.9 percent

and male sterilization accounted for 4.9 percent. There is less use of male and female sterilization.

4.3 Socio-Economic and Demographic Determinants of Use and Non Use of Family Planning

In this section socio-economic and demographic determinants of use and non use of family planning have been studied.

4.3.1 Age of Women and Use of Family Planning Method

The differential in use of family planning services, according to selected background variables, is presented in the following sections. The study shows that Depo-Provera is a highest use method in all age group, followed by pills, female sterilization and male sterilization.

Table 4.16 Distribution of Respondents Who are Using Family Planning Method by Age and Specific Methods

Family planning method	Age group of women								Total	
	15-19		20-29		30-39		40-49			
	N	%	N	%	N	%	N	%	N	%
Condom			1	3.1	3	10.4	1	6.7	5	6.2
Pills	6	71.4	33	68.1	30	52.7	16	71.7	85	62.3
Depo-Provera	2	28.6	15	31.9	27	47.3	6	28.6	49	37.7
Norplant	8	100	48	100	57	100	22	100	135	100
Female Ste.					1	3.4	3	20.0	4	4.9
Male Sterilization					2	5.6	2	13.3	4	4.9
Foams/Jelly			1	3.1	1	3.4			2	1.2
Natural Method			1	3.1	1	3.1			2	1.2
Total	5	100	33	100	33	100	14	100	85	100

Source: Field Survey, 2011

Table 4.16 shows that Depo-Provera (64.3 percent) is a highest use method in all age group, followed by pills (13.6 percent), female sterilization (4.9 percent) and male sterilization (4.9 percent) in all age groups. This table further shows that under age 30 no women have

preferred permanent method, as the age increase i.e. above 30 years, also very few preferred sterilization. There are almost respondents who are using temporary method till 49 years.

4.3.2 Occupation of Women and Use of Family Planning Method

Work status of women is often considered to be a major determinant of her fertility aspiration and behavior; hence sce rate was higher for those women who are engaged in non-farming occupation, than those who engaged in farming activities.

Table 4.17 Distribution of Respondents Who Are Using Family Planning Method by Occupation and Methods

FP Methods	Occupation of women				Total	
	Farming		Non farming			
	N	%	N	%	N	%
Condom	1	2.7	4	9.1	5	6.2
Pills	6	71.4	33	68.1	30	52.7
Depo-Provera	2	28.6	15	31.9	27	47.3
Norplant	8	100	48	100	57	100
Female Ste.	6	71.4	33	68.1	30	52.7
Male sterilization	2	28.6	15	31.9	27	47.3
Natural Method	8	100	48	100	57	100
Total	40	100.0	45	100.0	85	100.0

Source: Field Survey, 2011

Table 4.17 shows that 75.7 percent women are currently using Depo-Provera who are engaged in household activities. Highest percentage of women who are engaged in non-farming activities, are also using Depo-Provera (54.5 percent), followed by Pills (farming 10.8 percent and non-farming 15.9 percent) and Condom (farming 2.7 percent and non-farming 9.1 percent).

4.3.3 Literacy Status and Use of Family Planning Methods

The literacy status and use of family planning methods are presented in Table 4.18. The study shows that the higher percentage of literate and illiterate women who are using temporary method Depo-Provera followed by pills.

Table 4.18 Distribution of Respondents Who Are Using Specific Family Planning Method According to her Literacy Status

FP Methods	Education Status of Women				Total	
	Literate		Illiterate			
	N	%	N	%	N	%
Condom	6	71.4	33	68.1	30	52.7
Pills	2	28.6	15	31.9	27	47.3
Depo-Provera	8	100	48	100	57	100
Norplant	6	71.4	33	68.1	30	52.7
Female Ste.	2	28.6	15	31.9	27	47.3
Male Ste.	8	100	48	100	57	100
Foams / Jelly	6	71.4	33	68.1	30	52.7
Natural Method	2	28.6	15	31.9	27	47.3
Total	8	100	48	100	57	100

Source: Field Survey, 2011

Table 4.18 shows that the higher percentage of literate and illiterate women who are using temporary method Depo-Provera (67.2 percent and 55.0 percent) respectively, followed by pills (literate 14.8 percent and illiterate 10.0 percent) less use of permanent method is observed among both literate and illiterate women.

4.3.4 Decision on Use of Family Planning Methods

Husband/wife communication is often considered to be major determinant of use of family husband about family planning. The responses are presented in Table 4.19.

Table 4.19 Distribution of Respondents Deciding on Use of Family Planning Method

Decide use of FPM	Current use of FPM	Percent
Husband	9	11.1
Wife	17	19.8
Both	59	69.1
Total	85	100.0

Source: Field Survey, 2011

Table 4.19 shows that 69.1 percent women reported of current use of family planning method onwn decision to use family planning method and 11.1 percent women reported the husband decided to use family planning method.

4.4 Reason for Use and Non-Using Family Planning Method

All respondents who were not using any form of family planning method were further asked the reason for not using family planning method. The reasons are presented in Table 4.20.

Table 4.20 Distribution of Respondents Who Were Not Using Family Planning Method by Reason

Reason for non-using	Total cases	Percent
Not needed	40	81.6
Health condition	4	8.2
Husband don't like	1	2.0
Expensive	2	4.1
Don't know	2	4.1
Total	49	100.0

Source: Field Survey, 2011

Table 4.20 shows that 81.6 percent of respondents stated that 'not needed' was their principal reason for not using any family planning methods. Other reported major reason were health condition (8.2 percent), expensive (4.1 percent) and husband don't like (2.0 percent).

4.4.1 Side Effects of Family Planning Methods

Respondents who were ever using and currently using a modern contraceptive method were also asked whether they have had any side effects from the methods used. The responses are presented in table 4.21.

Table 4.21 Distribution of Respondents Who Reported Side Effects

Side effects	Number of respondent	Percent
Yes	23	17.7
No	112	82.3
Total	135	100.0
If yes, what types of side effects		
Weakness	6	71.4
Irregular menstruation	2	28.6
Weight loss	8	100
Leg pain	6	71.4
Back pain	2	28.6
Total	23	100.0

Source: Field Survey, 2011

Table 4.21 shows that in total respondent 17.7 percent women who used family planning method experienced side effects. Among them weakness (52.3 percent) and irregular menstruation (34.8 percent) are the major problems reported by highest percent of women. The least percentage of women reported women who had lost their weight were anxious for their weight and who gained weight was happy saying that respective method suited them.

4.4.2 Availability of Family Planning Methods

Respondents who reported to have used a modern method of contraception were asked where they obtained the method. The responses are presented in the Table 4.22.

Table 22 Distribution of Respondents Who Used Family Planning Methods by Source of Supply

Sources of supply	Number of usually go to get FPM	Percent
Hospital	6	71.4
Outreach clinic	2	28.6
NGO clinic	8	100
Private clinic / nursing home	6	71.4
Shop	2	28.6
Total	135	100.0

Source: Field Survey, 2011

Table 4.22 shows that the majority of users received any forms of modern contraception from hospital (50.7 percent), followed by NGO clinic (46.2 percent) and outreach clinic (1.5 percent). They usually go to get family planning method in the hospital.

Table 4.23 Distribution of Users of Modern Family Planning Method Available in Their Place

Available of FPM	Number of respondents	Percent
Yes	94	69.2
No	41	30.8
Total	135	100.0

Source: Field Survey, 2011

Table 4.23 shows that 69.2 percent women reported available of family planning methods in their place and 30.8 percent women reported, there are not available of family planning methods in their place.

4.4.3 Method Failure

Use of contraception is a proximate determinant of fertility. This research study aims to know efficiency of the used method. The methodthods?' was asked. The responses of respondents are presented in Table 4.24.

Table 4.24 Distribution of Contraceptive Users Who Reported Method Failure

Method failure	Number of respondents	Percent
Yes	5	3.8
No	130	96.2
Total	135	100.0

Source: Field Survey, 2011

Table 4.24 shows that 3.8 percent users reported that they became pregnant while they were using method, among them, 2 women were using pills and 3 women were using Depo-Provera.

4.4.4 Future Intention to Use Family Planning Method

All respondents who were not-using or using any family planning method were asked whether they intended to use a family planning method in future. The responses are presented Table 4.25.

Nearly, 60 percent respondent reported they will use Depo-Provera in future, followed by pills (15.4) and female sterilization (12.5). Overall, 8

Table 4.25 Distribution of Respondents Who Were Not-Using or Using Any Family Planning Method in Future by Age and Methods

Using	Age of women								Total	
	15-19		20-29		30-39		40-49			
	N	%	N	%	N	%	N	%	N	%
Yes	6	71.4	41	80.0	45	81.8	14	77.8	106	80.0
No	3	28.6	11	20.0	10	18.2	5	22.2	29	20.0
Total	9	100	52	100	55	100	19	100	135	100
If yes, which method										
Condom					2	4.5	2	14.3	4	3.9
Pills			2	5.0	9	20.0	5	35.7	16	15.4
Depo-Provera	4	6	71.4	33	68.1	30	52.7	16	71.7	59.6
IUD		2	28.6	15	31.9	27	47.3	6	28.6	1.9
Female Ste.	2	8	100	48	100	57	100	22	100	12.5
Male Sterilization		6	71.4	33	68.1	30	52.7	16	71.7	1.9
Foams/Jelly		2	28.6	15	31.9	27	47.3	6	28.6	0.9
Natural Method			1		4	8.9			4	3.9
Total	6	100	41	100	45	100	14	100	106	100

Source: Field Survey, 2011

Table 4.25 shows that among all 80 percent respondent was intend to use family planning method in future and 20 percent respondent who were not using any forms of family planning in future.

4.4.5 Reasons for Having Future Intention to Use

The respondents who reported their intention were also asked why they want to use family planning method in future. The responses are presented in the Table 4.26.

Table 4.26 Distribution of Respondents Using Family Planning Methods by Reasons

Reasons	Number of respondents	Percent
Birth spacing	47	44.2
Better health of child and mother	18	17.3
No response	4	3.9
Want no more children	37	34.6
Total	106	100.0

Source: Field Survey, 2011

Table 4.26 shows that 44.2 pns for intention to use contraceptives include better health of child and mothers (17.3 percent).

4.4.6 Reasons for not Having Future Intention to Use

The respondents who reported that they do not want to use family planning method in future were asked why they do not want to use any forms of family planning? The responses are presented in Table 4.27.

Table 4.27 Distribution of Respondents not Using Family Planning Method in Future by Reason

Reasons	Number of respondents	Percent
Not needed	21	76.9
Health condition	5	15.4
Expensive	3	7.7
Total	29	100.0

Source: Field Survey, 2011

Table 4.27 shows that 76.9 percent women did not want to use any family planning method in future because they do not need these methods. The other reasons for not use of family planning methods in future include health condition (15.4 percent) and expensive (7.7 percent).

4.4.7 Attitude and Perception of Sterilization

Table below shows the respondents' perception of sterilization for timing having number of children.

Table 4.28 Distribution of Respondents According to their Perception on Sterilization

Who should accept sterilization?	Number of respondents	Percent
Husband	63	46.9
Wife	22	15.4
Anyone of them	45	34.6
No response	5	3.1
Total	135	100.0
Perception on sterilization		
After having one child death	30	21.5
Having 2-3 children	62	46.2
After having one son and one daughter	40	30.8
Don't know	3	1.5
Total	135	100.0

Source: Field Survey, 2011

Table 4.28 shows that 46.9 percent of respondents of reproductive age have opinion that husband should go for sterilization. Only 15.4 percent respondents are in favour of wife who should go for sterilization. About 34.6 percent women viewed that anyone of them could accept sterilization and 3.1 percent did not respond about the use of sterilization. Table 28 also presents appropriate time of sterilization. The majority of women (46.2 percent) proposed sterilization after having 2-3 children, followed by those who thought it is appropriate after having one child (21.5 percent) and 1.5 percent women don't know about when they should do sterilization.

Table 4.29 Percent Distribution of Respondents by Their Perception on Possible Side Effects of Sterilization

Perception Side effect of sterilization	Number of respondents	Percent
Yes	37	28.5
No	88	67.7
Don't know	10	3.8
Total	135	100.0
Types of side effects		
Weakness	24	64.9
Unable to work	7	18.9
Bleeding	6	16.2
Total	37	100.0

Source: Field Survey, 2011

Table 4.29 shows that 67.7 percent women thought that sterilization did not have any side effects and 28.5 percent women agree that sterilization have some side effects. The major perceived side effects of sterilization include weakness (64.9 percent), followed by unable to work (18.9 percent) and 16.2 percent women reported others side effects.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

The study has been carried out the awareness and utilization of family planning services at Mahadevsthan Village Development Committee, ward no. 7,8 and 9 of Sindhuli district. The study deals with the knowledge and use of family planning methods, differential in current use, accessibility of family planning methods, side effect of the method, future intention to use family planning method, reason having and not having future intention to use family planning method and attitude towards sterilization.

Data were collected from ward no. 7.8 and 9 of Mahadevsthan Village Development Committee of Sindhuli district. In total 975 households of Mahadevsthan Village Development Committee ward no. 7,8 and 9 are found in the study area. Among them 135 respondents of reproductive age group were successfully interviewed. Bi-variate techniques have been employed to evaluate of family planning services.

About 27 percent women are aged 35-39 years. About 27 percent are aged 20-24 years. Only 4.5 percent are under age 19 years. In this study area overall 96.3 percent women are Hindu and 2.2 percent are Buddhist. Forty two percent women are married in the aged of 10-19 year. About 53 percent are married in age group of 20-29 years.

Overall literacy rate is found about 90 percent in the Mahadevsthan Village Development Committee of the study area, which is higher than the national average figure (57.6 percent) based on 2001 census.

About 70 percent women at 66 percent of households of the study area have landless than 2 Ropani, 18.6 percent of households have 2-4 Ropani and 8.8 percent have 4 and more Ropani land of their own.

About 11.8 percent have monthly income less than 5,000 rupees, 37.3 percent households have average monthly income is 10,000 – 20,000 rupees and 17.8 percent have above 20,000 rupees.

Almost all 96.3 percent of respondents of reproductive age group are familiar with at least one method of family planning. While the national average was 99.7 percent in 2000. Among the individual method, injectable (90.0 percent), pills (77.7 percent) and condom (63.8 percent) appears to be the best known family planning methods.

Seventy two percent of respondents of reproductive age group reported their source of knowledge was radio, followed by 32.3 percent friends and health worker 29.2 percent and 49.2 percent women reported television source of family planning knowledge.

Eighty two percent women are discussing about family planning with her husband. In there 83.8 percent literate women are discuss about family planning with her husband and 72 percent illiterate women discuss about family planning. 18.5 percent women reported they did not discuss about family planning with her husband.

This study shows that the rate of ever use of contraception by respondents were 73.1 percent. There negative association between the literacy level of women and ever use of contraception was observed. The most co (10.5 percent), condom (8.4 percent) and Norplant (7.4 percent). Ever use of foams/jelly is 4.2 percent.

Current use of contraception among respondents were found 62.3 percent. In age 20-29 years of women current use of contraception was 68.1 percent and 37.7 percent women did not use any family planning methods.

The most common method of contraception among current users was Depo-Provera (64.3 percent), followed by pills (13.2 percent), condom (6.2 percent) and female and male sterilization (4.9 percent and 4.9 percent) respectively. Current use of family planning method varies with women's age, occupation and literacy status of women. Current use of family planning method increased with up to age 20-29 years and then declined with increasing age of women. In age group 20-29 years of women currently use Depo-Provera (75.0 percent) followed by age group 30-39 years current use (62.1 percent).

Level of current use also differs with respect to occupation of women. Current use of family planning method for those women who are engaged in non farming activities was found higher (54.3 percent) as compared to those who are engaged in farming activities (45.7 percent). Temporary methods were much popular among women who are engaged in both non-farming and farming activities.

Contraceptive prevalence rate is highest among those women who are literate (80 percent) than illiterate women (58.2 percent). Sixty-nine percent women reported that both husband and wife decided to use family planning method. About eighteen percent women decided to use family planning method herself and 11.1 percent women are reported the husband decided to use of family planning method.

About 81.6 percent of the respondent state that their principal reason for non using any family planning method is that non-needed, followed by health condition (8.2 percent), husband don't like (2.0 percent), expensive (4.1 percent) and 4.1 percent women reported they don't know about why they non using family planning method.

In this study, 17.7 percent women are reported some form of side effects by particular method of the total users. Weakness reported the main problem (52.3 percent), followed by irregular menstruation (34.3 percent), weight gain (4.3 percent) and leg pain / back pain (4.3 percent). And 83.0 percent women did not feel any side effects.

An overwhelming majority of current users reported to have received any forms of modern contraceptive from hospital. Nearly 51 percent of current users obtained these methods from hospital. Other users reported source of supply were NGOs clinic (46.2 percent) and outreach clinic (1.5 percent).

Among the total users, 3.8 percent reported that they became pregnant while they were using family planning method. Among the respondent who reported method failure, 2 were using pills and 3 were using Depo-Provera.

Among the respondents of the reproductive age 80 percent women have future intention to use family planning method. In age group 20-29 years of women (80 percent) wants to use

family planning method in future, followed by 30-39 years of women (81.8 percent) who also wants to use family planning method in future. In future, 59.6 percent women are wants to use Depo-Provera, followed by pills (15.4 percent) and female sterilization (12.5 percent)

Among 80 percent womese is birth spacing, followed by better health of child and mother (17.3 percent) and 34.6 percent women who reported other reasons.

In this study, 20 percent women reported that they don't have future intention to use any forms of family planning. The main reason for not having future intention to use is 'not need' (76.9 percent) followed by health condition (15.4 percent) and expensive (7.7 percent).

Forty-five percent women reported that their husband should under go sterilization. Only 15.4 percent women said that they have to do sterilization themselves. About 34.6 percent women reported that either husband or wife should do sterilization and 3.1 percent women don't know who should accept sterilization.

About 46 percent women said that it is best to accept sterilization after having 2-3 children, followed by nearly 31 percent who thought one should accept sterilization after having one son and one daughter.

About 29 percent women agree that sterilization do have some side effects on health. The main side effects are weakness (64.9 percent) and about 18.9 percent reported unable to work.

5.2 Conclusion

Contraceptive is one of the important determinants of fertility. In this study area the contraceptive prevalence is dominated by temporary method of family planning, like Depo-Provera. In the study area the contraceptive prevalence rate is higher than the prevalence rate at the national level.

There is strong evidence to conclude that literacy status of women has strong power to raise contraceptive use among the Mahadevsthan Village Development Committee. Women engaged in non-agriculture occupation has played vital role to increase use of contraceptives.

The main reason for not-use of family planning method is ‘not need’. They want more children so that they are not-use family planning methods. Birth spacing is the main reason for having future intention to use of family planning method. And ‘not needed’ is the main reason for not having future intention to use of family planning method. Majority of women prefer male sterilization for future use. In this study area, positive attitude toward sterilization was found.

5.3 Recommendation

The rapid population growth and poor economic conditions have become a serious problem for Nepal at the present time. Effective population control programme as one of the best solution to attain our objectives of security, low growth rate of population. The recommendation of this study will not serve our national purposes but it will help to generate the effective family planning programme for the welfare of Mahadevsthan Village Development Committee and other similar village development area of Nepal. This study has following recommendations.

i) Literacy status of women has a profound effect on the use of contraception. There is considerable difference found in contraceptive use between literate and illiterate women. Therefore, adult education programme should be conducted for female in the Mahadevsthan Village Development Committee. More population education and education of reproductive health should also be given.

ii) Although the proportion of respondents that expressed regret over sterilization was low, extra efforts are needed in counseling.

iii) Higher percentage of women intended to use family planning methods in future. Therefore, it is necessary to make easy availability of contraception and give effective counseling programme.

iv) Expansion of information, education and communication (IEC) network in the study area is essential to educate people about the benefits of a small family size, birth spacing and use of family planning methods.

Recommendation for Future Research

i) This study is based on information collected from Mahadevsthan Village Development Committee. Thus further study can be carried out for other specific municipality.

ii) This study covers a few demographic and socio-economic variables so the same type of study can be carried out by using other variables like cultural value and norms, geographical and other unidentified variables that might be more useful to evaluate the awareness and utilization of family planning services in Mahadevsthan Village Development Committee.

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