Chapter One

Introduction

1.1 Background of the study

Family planning is a part of social medicine, in particular, fertility control–timed contraception and planned conception undertaken by a heterosexual couple of childbearing years to achieve the desired birth spacing and family size. Family planning services are designed to reduce maternal and neonatal mortality, to enhance child survival, and to stabilize population. The main objective of the family planning programmes are to assist individuals and couples to space their children, to prevent unwanted pregnancies, to manage infertility and to improve their overall reproductive health (Population and development 1995).

Over the past 25 years, some of the progress in maternal and Child Health (MCH) care has been in the field of family planning programmes. Currently, 120 governments support such programmes, either directly or indirectly. World Health Organization (WHO), the first worldwide health organization with 90 nations as members, has committed to the goal of "Health for all by the year 2000". The member states of WHO have endorsed the attainment of the goal through a strategy based on primary health care, essential element of strategy is maternal and child health including family planning(UN, 1998). Each year more than 5,85,000 women die from complication of pregnancy, child birth and unsafe abortion. Ninety nine percent of these deaths occur in developing countries (Women Network, 2000).

The United Nations Conference on Human Rights at Teheran in 1998 recognized family planning as a basic human right. The Budapest Conference on the World Population held in August 1974 endorsed the same view and stated in its 'plan of Action' that all couples and individuals have the basic human right to decide freely and responsibly the member and spacing of their children and to have the information, education and means to do so (Population and Developmet Report, 1974).

The World Conference of the international Women's Year in 1975 also declared "the right of women to decide freely and responsibly on the number and spacing of their children and to have access to the information and means to enable them to exercise that right" (United Nations, 1975).

The role of decision-making is now widely recognized beyond the physical environment, which affects the health of people living there. Individual time-space circumstances interact with conditions in the local area, particularly in communities characterized by poverty and social exclusion. For example, rural women are significantly less likely to take part in decision-making than urban women. In Nepal, about 80% of the population lives in rural areas, generally within large families. Many are landless or have very small landholdings and are from specific ethnic minority groups such as low caste (*dalit*) and indigenous peoples (*janajati*). Geographic isolation of the rural population and their resulting exclusion from basic social services and economic opportunities is a root cause of poverty in Nepal. Many rural women live in severe poverty without any means of improving conditions for themselves and their families, which hinder them from making purchases for household needs However, in recent years many community-based programmes have been initiated to raise incomes of the rural poor women, connect them to markets and provide economic opportunities through development of rural infrastructure. Such programmes help women to gain access to new social networks and promote their social status, leadership roles, and independence in decision-making (Acharya D, Bell.J and others,2010).

Thus, during the past few years, family planning has emerged from whispers in private quarters to focus international concern as a basic human right and a component of family health and social welfare. Basically women from rural area and Terai region needs specific empowerment programmes to allow them to be more independent decision makers in family planning. Women's independence across education, wealth and development regions needs a further social science investigation to observe the variations within each level. A more comprehensive strategy can allow women to access community resources, to challenge traditional norms and to access economic resources. This will lead the women to be more independent in decision making in family planning.

Women's health

Pregnancy can bring serious problems for many women. It may damage the mother's health or even endanger her life. In many developing countries, the risk of dying because of pregnancy is 10 to 20 times greater than in developed countries. The risk increases as the mother grows older and after she had 3 or 4 children (Hawkins and Bourne, 1998). Family planning helps them to control the number of children to give birth to. Interval and timing of pregnancies and birth thereby reduces maternal mortality and morbidity and improves health.

In 1968, the government of Nepal started a National Family Planning Programme to reduce fertility and to slow the population growth rate. The Nepal family planning programme has made tremendous progress in past 41 years (Department of Health Services, 2009). There has been an impressive increase in the use of contraception in Nepal over the last 25 years. In 1986 the contraceptive prevalence rate (CPR) was 15%. By 2001, 39.2% of currently married women were using a method of family planning, the overwhelming majority for limiting their births. The increase in the use of modern contraception is largely due to the rise in use of injectables and tubal ligation. Use of other modern methods has changed little since 1996 (WHO 2001).

More than 120 million married women in developing countries want to space future pregnancies but are not using contraception. Some women do not come to clinics or do not return after the first visit. They are treated rudely or have to wait too long. Social culture barriers, such a husband's disapproval, limited decision making power for women and family pressure to have more children also inhibit women from practicing family planning (Dutta, 1997).

Contraceptive prevalence rate (CPR) is one of the main indicators being used for monitoring and evaluating the national family planning programme. Most contraceptive methods are designed for use by women (FPAN, 2005). And most family planning programmes target their information and services to women of the reproductive age. However, often times women are not involved in the decision making process regarding contraceptive use. Instead husband or in-laws decide for the to-be mother. Family members particularly husbands, play a critical role in women's family planning use and continuation. When the parents are

opposed to family planning, women can face severe consequences, such as violence and disapproval from family. There is need to empower women and to educate family members including husbands. Most of the women are denied freedom to control their fertility because of the husband's desire to control it (women's link, 2000). Because of the fear of being beaten, women may adopt a temporary family planning method in secrecy. They hide the contraceptive somewhere else, for example in bags of maize in the kitchen. Women, who bear the physical burden and pain of child bearing and are primarily responsible for children, are afraid of negative reaction. Some women say the final decision to use family planning should be theirs. However, some men say their role as financial provider gives them authority to decide how many children the family can afford (F.P.A, *198*5).

Contraceptive methods are preventive methods to help women avoid unwanted pregnancies. They include all temporary and permanent measures. Contraception and fertility control are not synonymous. Fertility control includes both fertility inhibition (contraception) and fertility stimulation. While the fertility stimulation is related to the problems of the infertile couple, the term contraception includes all measures temporary or permanent, designed to prevent pregnancy due to the coital act (Dutta, 1997).

1.2. Statement of problem

Reproduction poses threats to women. Almost half a million women die each year as a result of pregnancy or pregnancy-related causes. Since all but 99% of these deaths occur in the developing world and a disproportionate share of the pregnancies in the developing world is unwanted, widespread use of family planning could have a strong impact on this situation (WHO 2000).

Unwanted pregnancies may increase a women's health risk. The problem is complicated by deep-rooted religious and other beliefs and attitudes and practices. For example, there is strong preference for male children in Hindu mythology; people believe that, children are the gift of god or that god determines the number of children and that every Hindu must have a son. The problem of decision making of women in family

planning is therefore the problem of social change. The use of contraceptive technology is not a quick remedy to the problem. What is more important is to stimulate social changes affecting fertility such as raising the age of marriage, increasing the status of women, education and employment opportunities, compulsory education of children. The solution to the problem may be one of mass education and communication so that people may understand the benefits of a small family.

'Decision making of women in family planning' is selected as a thesis title. Limited decision making power of women has impacts on family planning. It can affect women socially, economically and psychologically ill. So there is need of study on situation of women in decision making process in adopting family planning measures.

Women are blamed if girl children are born and they have to go on bearing children until a son is born. This has been seen to have a very adverse effect on the health of women. Each year more than 5,85,000 women die from complications of pregnancy, child birth and unsafe abortion; 99% occur in developing countries like Nepal. (Women Network, 2000)

In order to achieve the CPR (Contraceptive Prevalence Rate) a total number of 912,974.00 couples must be using contraception by the end of the 8^{th} year plan. Having recognized the unmet need for spacing of children the family planning programmes has placed emphasis on temporary methods of contraception (Annual Health report, 1998).

Discrimination against women continues to exist in every society. Due to imbalance of power between man and women, domestic violence and sexual coercion may occur which can be considered as a part of gender-based violence.

This study focused on identifying the existing condition of women using family planning and it further investigates whether they make their own decisions in family planning or are influenced by external factors like family pressure, husband's, or family member's and the intensity of influence.

In context of Dang district, family planning may have impact of caste, religion and region for which this research focuses to find which above indicator has more impact on family planning decision making. This research focuses to appraise the changing pattern of use of family planning in Dang district.

In this study the following research questions are pursued:

a) What is the position of women in family planning?
b) Are they exercising their rights of family planning?
c) If so, how much?
d) Is that use of right is affected by caste, religion and region or not?
e) Are they influenced by external factors like family pressure, husband or family member?
f) What is the changing pattern of use of family planning in Dang district?

1.3. Objective of the study.

The general objective of this study is to find out 'decision making of women in family planning'. The specific objectives of the present study are:

- To find out the women's awareness level on family planning methods,
- To identify which of family planning methods women prefer most, and
- To study the situation of women in decision making while applying family planning methods.

1.4. Importance of the study/Rationale

Some NGOS and INGOS working on health issues are focusing on providing the different family planning devises, but they do not observe or study the difficulties faced by the women while applying family planning methods, for example family pressure for bearing more children in spite of observing women's health conditions (Nepal fertility and

family Health survey, 1996). This study would be very useful to help women to recognize their right in decision making while applying different family planning methods. Women would become aware about different family planning methods and their right in the decision making process. This study is very important to describe and to analyze the different situations or factors that influence women in using or not using family planning methods. The study could not be generalized to women of all the area of Nepal because the study was focused only among the patients of Rapti Sub-Regional Hospital, but it may help in academic sector and policy making sector by understanding the extent to which women exercise their right of family planning. This study expects that, it will be helpful to concerned authorities, students and interested person about family planning, and women's decision making, and for those who want to study further about women's health system of Nepal. Finding out the fundamental practices and understanding of family planning can shape the policies that a government can form or implement to serve its citizens. Therefore, this study points out the understanding and practice of family planning through women's decision making power in socio-cultural, economic, technological and political spheres.

In the transformation stage, constitution is being written and peace process is going on. Now, it is important to know what women's aspirations are and how people can be encouraged to participate in public sphere and bring out changes and development in private sphere through practicing democratic decision making of women. The research on can give feedback to the government so that policies can be formulated for the benefit of the women as well nation. This research further provides good space for exploring more ideas of health practices in Nepal after many years of practicing family planning programs.

Chapter Two

Review of the Literature

2.1. Review of Literature on Family Planning and Decision Making

The massive literature in the field of family planning show the academic richness of the sector various institutions, research scholars, demographers and public workers have undertaken several works concerning knowledge, attitude, awareness level, of family planning in Nepal and aboard. Although ‘a study on’ decision making of women in applying family planning in hospital setting has not been done till now, the researcher here is trying to review those literatures related to this study.

Griswold v. Connecticut: Social medicine the constellation of activities, in particular, fertility control–timed contraception and planned conception, undertaken by a heterosexual couple of childbearing yrs to achieve the desired birth spacing and family size.

Family planning is a part of social medicine, in particular, fertility control–timed contraception and planned conception undertaken by a heterosexual couple of childbearing years to achieve the desired birth spacing and family size. Family planning services are designed to reduce maternal and neonatal mortality, to enhance child survival, and to stabilize population. The main objective of the family planning programmes are to assist individuals and couples to space their children, to prevent unwanted pregnancies, to manage infertility and to improve their overall reproductive health (Population and development 1995).

Methods of contraception (Family planning)

There is need for limiting the family size at a personal level and for the control of population at a national level. The importance of birth control at a personal level has arisen through increased cost of living, scarcity of accommodation, a desire for better education for children in the present

competitive world, and an overall desire for an improved standard of living.

The population in Nepal has been growing rapidly. A method or a system, which allows intercourse and yet prevents conception, is called a contraceptive method. This contraception may be temporary when the effect of preventing pregnancy lasts while the couple uses the method, but the fertility returns immediately or within a few months of its discontinuation in a woman and vasectomy in a man (Nepal Fertility and Family Health Survey, 1996).

According to Nepal Demographic and Health Survey (NDHS) methods of contraception (Family planning) includes the following:

Temporary methods

1. Natural methods

a) Calendar method

This is the rhythm method or the use of the safe period, which depends upon the avoidance of sexual intercourse around ovulation. In 28-days cycle, ovulation normally occurs on the 14^{th} day of the cycle, but may occur any time between the 12^{th} and 16^{th} day. Spermatozoa deposited in the female genital tract may survive for three days although their capacity to fertilize the ovum diminishes after 24 hours.

The safe period is, therefore calculated from the first day of the menstrual period until the 8^{th} day of the cycle and from the 18^{th} to the 28^{th} day. This method of contraception will result in approximately 25 pregnancies per 100 women years. The failures result from irregular ovulation or from an irregular menstrual cycle.

b) Withdrawal (coitus interrupts)

Coitus interrupts is a common practice. Coitus takes place in a normal manner but the penis is withdrawn immediately before ejaculation. It

costs nothing and it requires no device. It has a pregnancy rate of approximately 25 per 100 women years. The main causes of the failure are not that ejaculation occurs inside the vagina but that prostatic fluids secreted prior to ejaculation contains active spermatozoa.

c) Breast feeding

Field and laboratory investigations have confirmed the traditional belief that lactation prolongs post partum amenorrhea and provides some degree of protection against pregnancy. The failure rate is high i.e., 1-10%. Thus, during breast-feeding, additional contraceptive support should be given by condom, IUCD, or injectable steroids where available to provide complete contraception.

2. **Condom**

In this method, the penis is completely covered by a very thin rubber, which is used only once. It is desirable to use a condom with a spermicidal agent to improve the effects of the method.

Advantages

It is easily available, is cheap and requires no instruction condom prevents transmission of sexually transmitted diseases from one partner to the other. The occurrence of cancer of the cervix is low amongst woman whose partners use condom because sexual transmission of the viral infection causing this disease is prevented.

Disadvantages

The method is only partially reliable, having a pregnancy rate of 10-14 per 100 women years. This is partly due to bursting of condom and partly due to non-compliance. Occasionally, a woman may develop vaginal irritation to the rubber. Some couples dislike the method because they do not obtain full sexual satisfaction. The failure rate of condom is 14 per 100 women years.

Intra uterine Contraceptive Device (I.U.C.D.)

IUCD is not a new method of contraception. There are two basic types of IUD; non-medicated and medicated. Both are usually made of polyethylene or other polymers. In addition, the medicated or bioactive IUDs release either metal ions (copper) or hormones (progestogens). The IUD has many advantages. Simplicity, i.e. no insertion, no hospitalization is required. Insertion takes only a few minutes. Once inserted IUCD stays in place as long as required. It is in expensive contraceptive effect is reversible by removal of IUD. However, as with most contraceptive methods, the IUD can produce side effects such as heavy menstruation and/or pain.

Types of devices

a. Biologically inert devices

These include Lippies loop, Safe-T-coil etc. They can be left in situ for several years, provided they cause no side effects.

b. Copper Carrying devices

In these, copper wire of surface area 200-250mm is warped round the vertical stem of polypropylene frame. Among these devise are copper T 200, copper T 7 and Multiload copper 250. The copper devices are more expensive that inert devices.

3. Oral Pills

Hormonal contraception is one of the most effective contraceptive methods available today. Since 1956 when pincus first brought out an oral contraceptive drug, millions of women have used this method in one from or the other. (Shaw's textbook of Gynecology, 1994)

There are three types of hormonal oral contraceptives, combined oral pills, diphasic combined pills and mini pills.

a) Combined oral Pills

These pills usually contain a mixture of either ethanol estradiol or methanol in a dose of 30mg and orally active progestogen which is usually a 19-nor steroid or a 17-hydroxyprogesrerone derivative.

The tablets are taken starting on the 5th day of cycle for 21 days. Pregnancy rate with combined pill is .01 per 100 women years. This is the lowest of all the contraceptives in use today. During the first cycle of use, ovulation may not be suppressed and the patient is advised to use an additional method to prevent pregnancy. If she is no longer protected and must use a barrier method during that cycle. The majority of failures with oral combined pills are due to the failure to take the pills regularly.

b) Triphasic Combined Pills

The triphasic preparation of ethying estroadio (EE2) and levonorgstrol (LNG) are also plus 50mg LNG are also introduced. During 1st 6 days, 30mg EE2 plus 50mg LNG are taken, for the next five days 40mg EE2 plus 75mg LNG and during the last 10 days 30mg EE2 and 125mg LNG, followed by a medication free one week.

c) **Mini pill**

These pills contain only progesterone. These avoid side effect**s** of estrogens. The tablet is taken daily without a break. Minipill does not have major side effects of combined pill. And it is suitable for lactating women. However, it has pregnancy rate of 2-3 per 100 women years, which is higher than that of combined pill though comparable to IUCD.

4. Depot Injections (Depo-Provera)

Depo-Provera has been is use since 1960s. the standard dose is an intra muscular injection of 150mg every 3 months. It gives protection from pregnancy in 99 percent of women for at least 3 month. Depo-Provera has been found to be a safe, effective and acceptable contraceptive which requires a minimum of motivation or none at all. It does not affect lactation. Therefore in the experience of several countries, Depo has proved acceptable during the postpartum period as a means of spacing pregnancies. However, the side effects of Depo are weight increase irregular menstrual bleeding and prolonged infertility after its use.

5. **Sub dermal implants (Norplant)**

6. The population council, New york has developed a sub dermal implant known as Norplant for long-term contraception. It consists of 6 silastic (Silicone rubber) capsules containing 35mg each of levonorgestrel. The silastic capsules or rods are implanted beneath the skin of the forearm or upper arm. The contraceptive effect of Norplant is reversible on removal of capsules. The main disadvantages however, appear to be irregularities of menstrual bleeding and Surgical procedures necessary go insert and remove implants.

Permanent family planning methods

Permanent Surgical contraception also called voluntary sterilization is a surgical method where the reproductive function of an individual male or female is purposefully and permanently destroyed. The operation done on male is vasectomy and that on the female is tubal occlusion.

1. **Vasectomy**

It is a permanent sterilization operation done in the male. It consists of cutting the vas deferens and disrupting the passage of sperms. The sperms are stored in the reproductive tract for up to 3 months.

Advantages

- It is an out-patient procedure.
- Local anesthesia is adequate.
- It is a minor surgical process and the man can continue duty after rest one-two days failure rate is minimal, 0.15%.

Disadvantages

- Infection sometimes occurs.
- Recanalization may occur years after vasectomy.

2. Tubal Occlusion

Occlusion by cutting of a segment of the both the Fallopian tubes is the widely accepted process. In this process an operation is done where a segment of both the Fallopian tubes is resects. The approach may be abdominal or vaginal. Abdominal includes either conventional or Mini-Lap.

❖ Conventional (Laparoscopy)

The operation can be done under general or local anesthesia. It is easy, safe and very effective. The failure rate is 0.1-0.3%. The cut ends become independently sealed off and retract widely from each other.

❖ Mini Laparoscopy (Mini-Lap)

When the tubectomy is done through a small abdominal incision along with some device, the procedure is called mini-lap. It has been popularized by Uchida of Japan since 1961.

❖ Vaginal

Tubectomy through the vagina route may be done along with vaginal plastic operation or in isolation. Operation can be done only by a surgeon expert with vaginal operation general or specific anesthesia is usually needed.

❖ Laparoscopic sterilization

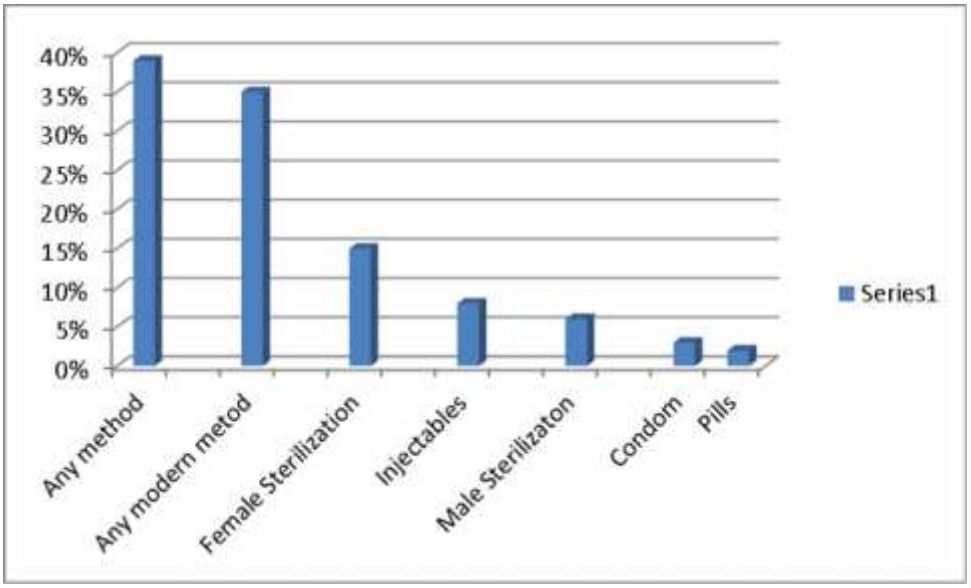
It is a commonly employed method of sterilization. It is becoming more popular. The procedure is done under local aesthesia. The procedure can be done either with single puncture or two puncture technique. The tubes are occluded either by a silicone ring devised by clips. Laparoscopic can be carried out as an outdoor procedure even in the camp with less time spent in the hospital. The patient can go home after 6-8 hours. The failure rate is 0.2-0.6%. The instrument is costly and requires adequate maintenance. Apart from the minor complications, there may be chance of intestinal or

large vessels injury, cardio-respiratory embarrassment which may cause death.

The individual should have the liberty to choose any of the currently available methods. The institution of family is as old as man himself. It is the basic social cell. The need for its discipline has only recently dawned because of changing economic, social and cultural patterns in the world, and above all, because of concern of what might be called quality of life, criteria. (*Nepal and Family Planning,WHO,2001).* Sociologists and economists have shown that it will be difficult to raise the living standards of the people while population growth continues unchecked.

While talking about the awareness, attitudes, knowledge level of family planning of women, it depends upon education, the sources of its information and facilities. If married women are provided adequate knowledge and information on family planning, they can accept and adopt various contraceptive methods. Formal and non-formal education programs should be conducted. Awareness level is also associated with caste and occupation of women. Low caste group, farmers and background group have lower knowledge and practice of family planning methods *(Dahal, 1992).*

Fig1: **percentage of currently married women using family planning methods**



Source: 2001 Nepal Demographic and Health Survey (NDHS)

Decision-making theory

There are three broad types of decision-making theory. The first, **normative theory** describes what people ought to do if they wish to be rational decision makers. These axiomatic theories are based on mathematical and statistical proofs. The most important, classical decision theory, assumes that people are perfectly informed, and are familiar with all the alternatives that are available to them, as well as their beliefs and preferences associated with these alternatives. The rational or best course of action is the one that maximizes expected utility. **Descriptive theories**, in contrast, describe how people actually make decisions. At least the early 1950s it has been clear that people rarely do this in accord with normative theories. Simon suggested that because of their limited processing capacity, or bounded rationality, individuals adopted more simplistic modes of thinking that are generally good, but can lead to poor decision making. The third type of decision-making theory, **prescriptive theory**, recognizes that human beings can be poor decision makers and is concerned with the development of decision aids to help them. Early approaches were based on a modified normative theory, taking into consideration evidence from how people actually

make decisions unaided. For example, social cognition models and prospect theory4 maintain that an individual's behavior is logically related to their values and beliefs. However, by describing the underlying cognitive processes such as attitudes, biases or schemas, they permit the development of more effective decision aids. An understanding of informed decision making in patients depends, in part, on knowing how patients currently make decisions (descriptive theory) and how they can be assisted to make better decisions (prescriptive theory). There are many descriptive theories relevant to this issue. One concerns the simplistic modes of thinking (heuristics) used when judging risk and uncertainty which can lead to misperceptions of risk and poor decisions. Similarly framing, the way a problem is presented, for example, emphasizing gains rather than losses, affects risk-taking propensity (preference for a safe over an equivalent risky option). Another suboptimal way in which people tend to gather and interpret information is illustrated by the confirmation bias, involving the selective processing of information that confirms initial expectations. Both professionals and the lay-population are subject to these simplistic modes of thinking. People's commitments to different courses of action are affected by the procedure used to establish their preferences. They often judge one alternative as more attractive but select another when asked to choose between them. This suggests that preferences are not necessarily a good guide to final choices, and challenges the view that people have stable preferences for decision outcomes. People adopt a range of different underlying information processing strategies for different problems, with each strategy differentiated in terms of the mental effort required and the accuracy/quality of the decision.13 Many factors, such as fatigue, time pressure, stress and other emotional states, and lack of engagement with the problem, induce the use of simpler sub-optimal strategies. Similarly the school of naturalistic decision making has shown that people make decisions in very different ways when they have expertise and experience to draw on(H Bekker, J Lilleyman and et al. 1999).

Binyam Bogale, Mekitie and et al.(2011) In an article "Married women's decision making power on modern contraceptive use in urban and rural Southern Ethiopia" has found that Current modern contraceptive use

among married women in the urban was 293 (87.5%) and 243 (72.8%)in rural. Married women who reside in urban area were more likely to decide on the use of modern contraceptive method than rural women. Having better knowledge about modern contraceptive methods, gender equitable attitude, better involvement in decisions related to children, socio-cultural and family relations were statistically significant factors for decision making power of women on the use of modern contraceptive methods in the urban setting. Better knowledge, fear of partner's opposition or negligence, involvement in decisions about child and economic affairs were statistically significant factors for better decision making power of women on the use of modern contraceptive methods in the rural part.High level of current modern contraceptive practice with reduced urban-rural difference was found as compared to regional and national figures. Urban women had better power to make decisions on modern contraceptive than rural women. Modern family planning interventions in the area should be promoted by considering empowering of women on modern contraceptive use decision making.

Kaur S. (1987) in a case study carried out in Harayana state, emphasis upon the need to give due recognition to female decision making specially in the case of home and farm affairs among the rural families. Women are never found as final decision maker in many matters except for cause of food and mutation of children ironically women are not even free to decide about participating. However, women from nuclear families were found to have a greater contribution in decision making than those from joint families. Exposure to mass media and innovations proneness was also found to increase women's participation in decision making. Moreover women within the age group of 36-45 years had a greater influence in decision making than the young in experienced female who don't hold the status of a mother.

2.2. Review of the Previous Study

The Population and Family Study Centre of the Ministry of Public Health and the Family conducted a national survey of fecundity and fertility in Belgium in 1966, Covering a sample of 2372 women, less than 41 years of age and married. This survey showed the knowledge, practice and effectiveness of contraceptive methods then prevailing in Belgium. According to the survey, 98 percent of the respondents could name at least one contraceptive method. Calendar (rhythm) method and oral

contraceptive were the best known methods. More than 70% of the respondents knew about them. In tra-Uterine Devices (IUD) were still almost unknown in 1966. (*Cliqvet.R.L.1977)*

The survey also showed that for all methods, the primary source of knowledge was friends, the second most important sources was reading. It has been found that between 74 and 88 fertile married respondents were using a contraceptive methods or had used one in the past. When a question concerning the possible future use of contraceptive method is added to this, it is estimated that approximately 94% of the respondents uses contraception at some time during their married life.

Study also revealed that the number of methods known varied directly with the amount of education and the level of scholastic attainment. However, the practice of contraceptive showed very little difference according to educational level and scholastic attainment.

The operations research group at Baroda, India conducted a National sample survey of the entire nation of India from July to December 1970. This survey covered 25,330 currently married individuals (evenly divided between man & women)(*Bogue, D.J. and et.al.1977).*

In the survey, 85% of the respondents were able to specify an ideal family size and three children were regarded as the ideal numbers; 88% of the respondents responded that one must have a son in the family, whereas only 12% responded that it is not necessary to have a son. The reasons given for having a son were not directly linked to religious or social customs. The reasons given were primarily ‘to support the family’ and carry on the line.

In the same survey, 83% of the husbands and 73% of the wives were found to be sufficiently aware of family planning to be able to mention spontaneously the reliable method of contraceptives.

The most known methods were vasectomy (72.8% of the spouses knew about it) and tubectomy (61.6% of the spouses knew about it). The least known methods were diaphragm. Jelly and foam tablets (only 7.2% of the spouses knew about them).

The survey shows that, 59% of the couples approved the use of birth control while 41% disapproved. Disapproval was highly correlated with illiteracy and lack of information concerning individual method. It was found that, in the urban area, 27% of the respondents claimed to be current users of family planning, while in rural areas only 10.6% of the respondents were users. The overall rate for India was 13.6%. The past users were only 8.6% and 3.7% of the respondents for Urban and Rural areas respectively. Thus, the overall rate of the past users in India was 4.6% only.

Bogue, D.J and et.al.(1978) In an article "Knowledge, attitude and practice of family planning: Profile of a Bodovin community in Saudi Arabia" Mr. Zahir A.S. has found that the patriarchal family of Bodouin community welcomed male children in the family and the average number of pregnancies per mother in the community was 5.2. In the study, 23% of the sample respondent women wanted more children, 23% no more children and the remaining 54%were indifferent. Children were wanted as a source of support, comport in old age, power against enemies and after death help into heaven.

Study revealed that knowledge, attitude and practices of family planning were critical subjects to ask about, as the mothers were shy about talking about them. In the study, selected knowledgeable people were interviewed about practiced methods of birth control. In general, they did not accept contraceptive, as it is their belief.

Pia (1979) has made a study on the topic ' Differential in fertility, fertility preference, knowledge and use of family planning methods by literacy and education and educational status in Nepal and concluded that the number of women who had knowledge of family planning methods was significantly different from the number of women who had used such a method. She found that 21.3% had knowledge about family planning method but 3.4% had ever used. She found fertility preference was higher among literate women or women whose husbands were literate. It is also found the literate want even less additional children than women with only husband literate and she says that his naturally indicates increased number of educated women will cut down fertility preference rate quicker than increased number of educated men.

Gurung (1984) has made a study on effect of education on fertility behavior in Ilam town panchayat and summarized that the most influencing variable is wife's education which provided with desired co-efficient and their statistically significance. Husband's education too was significant that education was widely accepted factor, which lowers the fertility level, and even education of women has significant negative effects on fertility than men.

Family planning association Nepal, (FPAN), (1987) has made a comparative study between experimental, control areas of family planning of selected branches of FPA Nepal, and summarized that 92.2 and 80.1 percent respondents of the experimental and control area had knowledge of contraceptive methods. Knowledge and proper use of condom and sterilization found relatively higher compared to injectable IUD's and others. The major source of information about family planning was the family planning workers.

The concept, attitude towards family planning was found favorable, in general, and relatively higher in the experimental area. There exists a substantial unmet demand for family planning services as indicated by 66.0 and 64.0 percent of respondents of additional children and significant proportion had intention to use family planning methods in future.

About the use of contraceptive method, 12.4, 10.9 and 30.4 percent was found in average for a three years period (1985-87) at Morang, Rupandehi and Kanchanpur branches respectively. Lastly, the relationship between knowledge, attitude, practice and age, education, occupation and number of living children was found insignificant between experimental and control areas.

According to Nepal Fertility and Family Health Survey 1986, the current use of contraceptive among currently married and non-pregnant women aged 15-49 years was 15.1%.The corresponding figure for 1981 was 7.8%. It shows that 98% of both ever married and currently married women aged 15-49 years knew at least one method of family planning. It also asked married non-sterilized women who knew of a contraceptive method, whether they approved or disapproved of family planning use

and their perception about their husband's approved or disapproval of family planning looking separately at the information for women and their husbands nine out of ten women said they approve of a couple using family planning and only 7% said their husbands approve family planning and 15 percent said their husbands disapprove (*NFHS, 1996:49).*

Based on Nepal contraceptive prevalence survey 1981 data, (*Tuladhar 1984)* found that the proportion having knowledge of family planning was higher among women who were interviewed by female interviewers than those women who were interviewed by male interviewers.

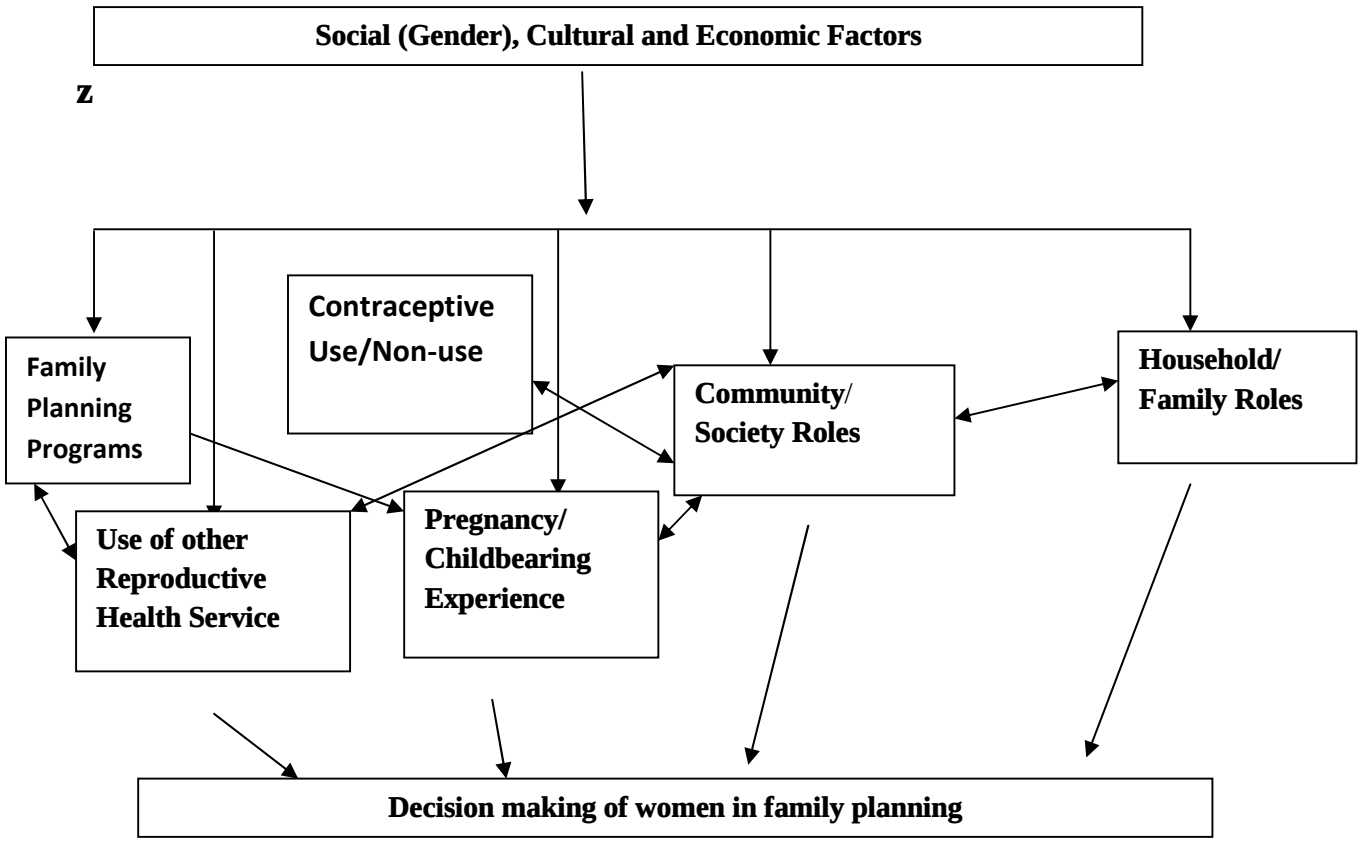
Rural women are significantly less likely to take part in decision making than urban women. The role of place in decision making is now widely recognized beyond the physical environment, which affects the health of people living there. Individual time-space circumstances interact with conditions in the local area, particularly in communities characterized by poverty and social exclusion. In Nepal, about 80% of the population lives in rural areas, generally within large families. Many are landless, have very small landholdings and are from specific ethnic minority groups such as low caste (*dalit*) and indigenous peoples (*janajati*). Geographic isolation of the rural population and their resulting exclusion from basic social services and economic opportunities is a root cause of poverty in Nepal. Many rural women live in severe poverty without any means of improving conditions for themselves and their families, which hinder them from making purchases for household needs. A South Asian study has also mentioned that rural women are less likely to be involved in decision making than urban women. However, in recent years many community-based programmes have been initiated to raise incomes of the rural poor women, connect them to markets and provide economic opportunities through development of rural infrastructure. Such programmes help women to gain access to new social networks and promote their social status, leadership roles, and independence in decision making (Achaya.D and others 2010).

Husband, in-laws and others can hold strong opinion against contraceptive use. In many culture women gain status through child bearing. Also having many children represents security later in life, when children support their parents. If the married women do not get pregnant

in three months, people will come and say, there is darkness in the house. 'Mother-in-law wants daughter in-law to prove fertility'(Women Network,2000). Mostly in our society, mother-in-laws influence women's decisions about family size. It has been heard that mother-in-laws threaten their daughter-in-laws if they do not have more children and scare the daughter in laws by saying that they will find another bride for their sons

2.3 Conceptual Framework

Fig1: Conceptual Framework: A Decision Making of Women in Family Planning



Source: Author

The starting point of the framework is women's experiences with family planning. This includes contraceptive use and non-use, childbearing and pregnancy, family planning programs and other reproductive health services. Under this rubric, researcher asked women about their

perceptions of method availability and variety, method efficiency, and own decisions to start or stop contraceptive use. All these activities come under social(gender) and cultural factors, and they eventually influence decision making ability and power of a women.

Chapter Three

Research Methods

3.1. Rationale for the selection of study area

Researcher has purposefully selected Rapti Sub-Regional Hospital (RSRH) as a study area. It is situated in Ghorahi municipality in Dang district of Mid-Western Regional Development Area (MWRDA). RSRH provides services regarding family planning. Researcher is a local person from Dang, which provided easy access to respondents who visited RSRH. Furthermore, the researcher could acquire required information from key informants like doctors, nurses and experts on family planning.

3.2 Research Design

This research investigates the decision making of women family planning in Dang district. The study is descriptive and analytical in nature. This study describes how women take decisions or have control in decision making for family planning methods. It further analysis the problems that exists for women while making decisions regarding the uses of contraceptive method. It is argued that most of the decisions are taken by men; therefore, this research looks at the status of women and their relationships with the male members of the society. The research tries to examine the awareness level among the women with especial focus on use of contraceptive methods. The paper provides information about location, introduction about different departments, services provided by the hospital.

3.3. Unit of study, Universe and Sample size

Unit of study is those married women who are getting family planning services from Rapti Sub-Regional Hospital. To make the study more focused and precise 60 respondents have been selected using purposive sampling, because there are many women taking family planning service by that hospital. It is difficult to meet all of them. Therefore, respondent were randomly selected during the period of a 15days by using purposive sampling method.

3.4. Nature and sources of data

Two types of data; Primary and secondary, are collected from the field visit and other concerned organization. The primary data was ccollected through observation, interview and questionnaire. Also, the secondary data are collected from published and unpublished sources such as Journal, Books, Articles, FPAN , Hospital, and several related internet website.

3.5. Data collection technique

During the research study the data has been gathered from observation, interview schedules and Key informant has been interviewed as necessary during the study. Those interviewed include the nurses of hospital, gynecologist doctor, administrative staff and, ticketing staff.

3.5.1. Interviewed schedule

In the data collection process married women in the Rapti Sub-Regional Hospital have been interviewed. These interviews were taken to discover their awareness level regarding various family planning devices, their method of preference and the decision making process regarding family planning use.

3.5.2. Observation

Non participant observation has been made during the data collection process. Respondent's facial expression, their answering way etc. have been observed, since there may be a bias between the words they spoke and facial expression. Field observation was another technique adopted during the fieldwork. The field observation focused on the ways of interaction and relationship of different variables in the society. Field observation notebook has been developed. Other PRA tools like social mobility map, seasonal calendar, and social accessibility network techniques have been used during the fieldwork.

3.5.3. Interview with Key informant

Key informants such as, 2 doctors, 5 nurses, and staff members of hospital has been interviewed in data collection process. In order to get more information regarding the hospital setting staff members were

interviewed. Regarding the services of hospital, gynocology ward, family planning services doctors and nurses were interviewed. But there was no separate schedule of the interview for key informant. They were taken based on their availability and needs of the study.

3.6. Limitation of the study

Every research has its own constraint and this study is no exception. The limitations of this study are as follows:

i) The study could not be generalized to women of all the area of Nepal because the study focused only in the patient of Rapti Sub-Regional Hospital Dang.
ii) This is not an extensive research, which can represent the population as a whole of Nepal. It is focused only in the patient of Rapti Sub-Regional Hospital Dang because of the problem of budget.
iii) In this study only the awareness of women family planning is included other aspects of women's health etc are not included.

Chapter Four

Respondent Profiles

The purpose of this chapter, which is divided into two sections, is to discuss the characteristics of 60 respondents. The first section of the chapter discusses the demographic characteristics and second section discusses the socio-economic characteristics.

4.1. Demographic Characteristics

The demographic characteristics include age, sex, and marital status of the respondents.

4.1.1. Age

It was random sampling without considering particular age group. Whoever I met in the hospital were respondents.

The following table no.1 shows, majority (58.3%) of respondents were in the age group of 20-30. Actually this age group falls under the higher reproductive period. Among the respondents, 38.3% were above 30 years old in age, where few respondents (3.3%) were below 20 years group.

Table 1 Distribution *of sample Women by Age.*

Age group	***Number***	***Percentage***
Below 20	*2*	*3.3*
20-30	*35*	*58.3*
Above 30	*23*	*38.3*
Total	***60***	**100**

Source: Field Survey, 2011

The respondents from age group of 20-30 are more, as the reproductive period is high at this age of women. The women below

the age of 20 are fewer users of contraceptive methods as the awareness level is increased due to education and, girls get married late. Usually, the women form the age group above 30 already have become parents, so they use less contraceptive services as compared to the age group of 20-30 from the hospitals.

4.2. Socio-Economic Characteristics

This section discusses the socio-economic characteristics of the respondents. These characteristics are analyzed by residence, caste, education, occupation, and economic status.

4.2.1. Residence

The table no.2 below shows that high majority 58.4% of the respondents were from urban area.

Table 2: distribution of sample women by Residence

Residence	***Number***	***Percentage***
Rural	*25*	*41.6*
Urban	*35*	*58.4*
Total	***60***	***100***

Source: Field Survey, 2011

In the above table, only 41.6% of the respondents were from rural area. Rest of the respondents was from urban. Due to lack of transportation facilities and expensive to live and eat in urban areas it is difficult for the women from rural areas to come to the regional hospital.

4.2.2. Caste/ Ethnicity

Each caste group or ethnicity may have own perception regarding the number of children in the family. Each caste group may have own values, norms and rules. It may have influence on decision making about the number of children in the family.

The table no.3 shows that 50% of the respondents were Brahmin and 20% of the respondents were Chhetri. As shown in the table 18.3% respondents were belonged to various caste and ethnic groups such as Magar, Tharu, and Dalits etc .11.6% of the respondents were Newar. Half of the over respondents were Brahmin and Chhetri.

Table No.3: Distribution of women by caste.

Caste	**Number**	**Percentage**
Brahman	30	50
Chhetri	12	20
Newar	7	11.6
Others	11	18.4
Total	**60**	**100**

Source: Field Survey, 2011

Majority of the population who lives around the regional hospital is Bramhin and Chettris. The population composition shows Newars and other ethnic communities are less in number as compared to the dominant groups. The awareness level of contraceptive method among the dominant group seems more as compared to other minor ethnic groups. And it might be because of higher literacy rate among the Bramhin and Chhettris.

4.2.3. Religion

Religion has also vital role for decision making power of women in use and non use of family planning methods. Religion has determined they should use contraceptive means and control the unwanted birth, and also affected women to decision making process about family planning methods.

Respondent going to various religion backgrounds were interviewed during the field study. Among them, the majority 78.3% of the respondents were from the Hindu Religion.

Table 4: Distribution of women by Religion

Religion	Number	Percentage
Hindu	47	78.3
Buddhist	9	15
Muslim	4	6.6
Total	60	100

Source: field Survey, 2011

As shown in the above table no.4, 15% of the respondents were Buddhist religion. 6.6% respondents were from Muslim religion. Altogether 78.3% of respondents were from Hindu religion.

The majority of women who come to take contraceptive method from the hospital are Hindu because the dominant groups, Bramhin and Chettris are Hindus and Women from Muslim community rarely use the contraceptive methods due to their religious belief and Buddhist are moderate users of contraceptives because of less awareness of the reproductive health.

4.2.3. Education

Education has vital role in decision making power of women, and in the use and non use of family planning methods. Education makes people aware and confidently involve in decision making process.

Respondents belonging to various educational backgrounds were interviewed during the field study. Among them, the majority of 60% were educated up to school level.

Table 5: Distribution of women by Education

Education	**Number**	**Percentage**
Illiterate	9	15
School Level	36	60
Up to Graduate	13	21.6
Higher Study	2	3.4
Total	**6**0	**1**00

S*ource: Field survey 2011*

In the above table no.5, 21.6% of the respondents were graduated whereas only 3.4% were educated up to higher studies. Altogether, majority was educated up to school level and 15% of the respondents were illiterate.

The majority of women who goes to school come to take contraceptive service from the hospital as they are more aware about the use of contraceptive methods as compared to illiterate women. The women who are literate can convince their other family members about using contraceptive methods, whereas women who are illiterate do not have more access in terms of convincing htier family members, as well as themselves. The women once are married, cannot continue their education due to family obligations.

4.2.4. Occupation

If unemployed, women may just stay at home and there may be the maximum chances of more children in the family. Women busy in outside work or in office also get more information from others. They may be more aware and they may be involved in decision making process of family planning methods..

Regarding the occupation as shown in table, majority of the respondent (70%) were involved only in household work.

Table 6: Distribution of women by occupation

Occupation	**Number**	**Percentage**
Household works only	42	70
Agriculture/Husbandry	5	8.4
Service	9	15
Business/Industries	3	5
Wage Labor	1	1.6
Total	**60**	**100**

Source: *Field Survey, 2011*

As shown in the above table no.6, 15% of the respondents are involved in service, and 8.4% respondents were engaged in Agriculture/Husbandry. Only 5% of the respondents were engaged in Business/Industries and only one of the respondents (1.6%) was involved in wage labor. Altogether 70% of respondents were confined within the household work only.

Due to social and cultural social structure women are considered to be working inside the house supporting their husbands to work outside their houses. 70 Percent of the women who came to take the contraceptive services at the hospital are housewives. As they are restricted to household work they do not hold any other jobs outside the house. According to the majority of respondents it seems that due to poor financial circumstances the women who work as labor either do not have time to visit the hospital or the awareness level is low among them. Therefore, the literate women use more contraceptive services, as compared to illiterate.

Chapter Five

WOMEN'S AWARNESS LEVEL ON FAMILY PLANNING METHODS

This chapter contains the understanding of women awareness level regarding family planning. According to the study done among 6o respondents most of them think the family planning methods are important.

5.1 Age at marriage

Age is also important factor which influence for use and non use of family planning methods. If women marry in early stage or in teenage years they may not be mature. Because of age factor women may or may not participate in decision making process regarding family planning. Women if married after 20, they may have developed some sort of maturity. They may be aware and they are supposed to involve in decision making process.

According to the data collected 60% of respondents were married at teen age (below 20). About 38.3% of the respondents married at the age between 20-30 years. Only 1.6% of respondents married at age above 30 years.

Table 7: Distribution of sampled population by age of marriage

Age	**Education**				**Total Number**	**Total percentage**
	Literate		**Illiterate**			
	N	**%**	**N**	**%**		
Teenage	30	50	6	10	36	60
20-30yrs	21	35	2	3.3	23	38.3
Above 30	0	0	1	1.6	1	1.6
Total	**51**	**85**	**9**	**14.9**	**60**	**100**

Sources: Field Survey, 2011.

The table no.7 shows that 50% of those respondents who married as teenagers were literate whereas only 10% were illiterate. Regarding the respondents married at the age 20-30 years, majority (35%) were literate and only 3.3% were illiterate. Only one respondent was married at the age of above 30 and she was illiterate.

Though the women who are married at teenage seems literate but due to social and cultural beliefs and traditional practice the family gives pressure to girls to get married at the early age of 15-20. The respondent between 15-20 seems married in the research. Therefore, majority of the women who were literate were married at teenage.

5.2. Respondents having a child or none

Those respondents who had children may have already used the contraceptive devices. And if not used then also they may have involved in decision-making process. Therefore, in order to know the awareness level regarding family planning devices, it is very related to use and non use of family planning methods.

During the field survey, respondents were asked, “Do you have any child?” According to the result, Majority of the respondents (91.6%) have children. Among them 1.6% were below 20 years, 53.3% were between the age group of 20-30 and 36.6% were above 30 years.

Table 8: Distribution of women with number of children:

Category	Age Group						Total Number	Total %
	Below 20		20-30		Above 30			
	N	%	N	%	N	%		
Having Children	1	1.6	32	53.3	22	36.6	55	91.6
Not having children	1	1.6	3	5	1	1.6	5	8.3
Total	2	3.2	35	58.3	23	38.2	60	100

Source: Field survey 2011.

The table no.8 shows, only 8.3% of respondents did not have child. 1.6% of them were below 20 years, 5% of those respondents were at the age between 20-30 and only 1.6 was above 30years.

About 91.6 percent of women who come to take contraceptive services at the hospital have children. It seems the women who have children are more aware and careful in using contraceptive methods form the hospital. As the reproductive age is 20-30, 53.3 percent among those 91.6 percent women have children and as they need the health service and with the increasing education level and awareness the women at this age come to take the services. The women who do not have children seems taking contraceptive method to prevent pregnancy to avoid unwanted pregnancy.

5.2.1. Numbers of children

Respondents having number of children means they of course might have used any form of contraceptive means. Whether they have just applied any means or because of awareness, what they use, can be known and is related with family planning decision making process.

Regarding the number of children, among 55 respondents who have children, 27.2% have only one child, 47.2% of respondents have two children and 25.5% have more than two children.

Table 9: Distribution of women those have children.

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
One	13	23.6	2	3.6	15	27.2
Two	25	45.4	1	1.8	26	47.2
More than two	9	16.3	5	9.09	14	25.5
Total	47	85.3	8	14.4	55	100

Source: Field survey, 2011.

According to the table no.9 among the 27.2% respondents or who have only one child, 23.6% were literate and 3.6% were illiterate. Among 47.2% of respondents who had two children, 45.4% were literate whereas only few percent i.e. 1.8% were illiterate. Of 25.4% respondents who have more than two children, 16.3% were literate and 9.09% were illiterate.

23.6 percent of women who are literate have one child and 3.6 percent of illiterate women have one child. The ratio between literate women and illiterate women who come to take service from the hospital is about 85 percent but looking at the ration of women having children more than two is much higher among illiterate women as compared to literate women. For instance 16.3 percent of literate women out of 85 percent have more than two kids and out of 15 percent of illiterate women 9.09 illiterate women have more than two kids which show that education awareness

has direct impact on the child birth rate. They have more kids, as they are unaware of the family planning methods.

5.2.2. Not having any child

Respondents not having any child could be because of natural reasons or because of the use of contraceptive means. They might have used any form of contraceptive means. It is very essential to know how they used contraceptive, whether by force or on their will.

Five respondents who did not have a child were asked whether they were using any contraceptive means. Among those 20% were using contraceptive means and 80% were not using any means.

Table 10 : Distribution of women by using Contraceptive

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Using contraceptive	1	20	0	0	1	20
Not using contraceptive	3	60	1	20	4	20
Total	4	80	1	20	5	100

Source: Field survey, 2011.

The table no.10 shows all the contraceptive users (i.e. 20%) were literate whereas 60% of non-users were literate which shows that education and awareness affects in the use of contraceptive methods. This clearly shows it is important to improve in education level among women. If more women are educated and aware they will use more contraceptive methods that can help not only in controlling birth control but also will help in women's reproductive health.

5.3. Knowledge about family planning methods

When the women get knowledge regarding family planning methods they may use or adopt a device which they think as their best method. Getting knowledge is therefore an essential factor.

All the respondents were asked whether they know any devises of family planning methods. Everybody respond yes. That means 100% of respondents knew about family planning methods.

5.3.1. Sources of Information

There are various sources of getting information regarding family planning methods. People can get information through media, husband, friends, and doctor. Until and unless they are informed about the family planning devises it is impossible to adopt any device.

Everybody is inspired by others to do various things. Our Respondents were also asked about who inspired them to adopt family planning methods. Majority of respondents (26.6%) were inspired by their friends, whereas 21.6% of respondents were inspired by their Husbands.

Table 11: Distribution of women by sources of Information

Category	Number	Percentage
Husband	13	21.6
Doctor	2	3.3
Family Number	4	6.6
Friends	16	26.6
Others	8	13.3
Husband +Doctor	8	13.3
Husband + Friends	6	10
Friend + Family	3	5
Total	60	100

Sources: Field Survey 2011.

According to the table no.11, 13.3% of respondents were inspired by doctor, husband and friends whereas other 13.3% of respondents inspired by others. The "others" category includes people who were not mentioned in the schedule. Only 10% of interviewed women were inspired to know family planning by their husband and friend. In total, 6.6% of respondents inspired by family members, 5% of them inspired by friend and family and 3.3% of respondents were inspired by Doctor.

Majority of women feel comfortable sharing their problems with their friends and husbands rather than their other family members and to the doctor. Above table shows women who come to take contraceptive services from the hospital get information from their friends and husbands mostly. This shows that there is strong social structure that prevents women to share information freely and share their problems.

5.4. Awareness regarding various family planning devices

In order to analyses the awareness level of respondents regarding various family planning devises they were asked whether they know the various types of given family planning devises or not.

Table 12: Distribution of women by awareness on various family planning devises.

Category	Education Level				Total Number	Total percentage
	Literate		Illiterate			
	N	%	N	%		
Permanent	2	3.3	1	1.6	3	5
All of the	42	70	6	10	48	80
Depo	7	11.6	1	1.6	8	13.3
None of above	0	0	1	1.6	1	1.6
Total	51	84.9	9	14.8	60	100

Source: Field Survey, 2011.

According to the table no.12, majority of respondents (80%) were aware about various family planning methods. They were aware of temporary family planning devises such as Pills, Condom, Copper-T, Depo-Provera, Norplant as well as Permanent family planning devises. Among those women who were aware of all methods, 70% were literate whereas 10% were illiterate. From those data we can say that education can do effect on awareness level regarding family planning. Just 13.3% of the respondents were aware on Depo-Provera only and among them 11.6% were literate. The table shows that 5% of respondents were aware only on permanent family planning and among those women, 3.3% were literate. Only 1.6% of the respondents were not aware of family planning methods and they were illiterate.

5.5. Importance of family planning methods

All respondents were asked if they felt family planning methods important. All of them gave positive answers.

5.5.1. Causes of Importance of family planning methods

In order to know the causes of importance of family planning methods are the respondents were asked in what way they think the importance. And the total, 81% of the respondents thought family planning methods are important due to various reasons. Such as, it control the unwanted birth, it helps to regulate interval between pregnancies, to determine the number of children and for women's health. Among them 73.3% were literate. That means education plays vital role in thinking ability.

Table 13: Distribution of women by causes of Importance

Category	Education Level				Total Number	Total Percentage
	Literate		illiterate			
	N	%	N	%		
-It Controls the Unwanted birth	4	6.6	0	0	4	6.6
It helps to regulate intervals between	1	1.6	0	0	1	1.6
-To determine the Number of children	1	1.6	0	0	1	1.6
For women's health	1	1.6	4	6.6	5	8.3
All of the above	44	73.3	5	8.3	49	81.6
Total	51	84.9	9	14.8	60	100

Source: Field Survey 2011.

The table no.13 shows 8.3% of respondents thought family planning methods are important for women's health. Among them 6.6% were illiterate and only 1.6% were literate. More than 6% of respondents thought family planning methods control the unwanted birth so it is important. And all of those respondents (6.6%) were literate. Similarly,

1.6% of respondents thought family planning methods helps to regulate intervals between pregnancies so it is important. All of those women were literate. All rest of the respondents i.e., 1.6%, thought family planning methods were important to determine the number of children in the family. And these respondents were literate.

5.6. Sources of learning family planning methods

In order to know about the different source of learning family planning methods respondent were asked the question, where did you learn about family planning methods? And it was found that majority of respondents i.e. 26.6% learned about family planning methods from their school, media and friends. All of them were literate.

Table 14: Distribution of women by Source of learning family planning methods.

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
School	10	16.6	0	0	10	16.6
Family	1	1.6	3	5	4	6.6
Friends	5	8.3	2	3.3	7	11.6
Clinic	3	5	0	0	3	5
Media	9	15	4	6.6	13	21.6
School,Media,Friend	16	26.6	0	0	16	26.6
Family,Friends,Media	7	11.6	0	0	7	11.6
Total	51	84.7	9	14.9	60	100

Source: Field Survey, 2011.

According to the table no.14 shows, 21.6% of the respondents learned family planning methods through the media. And 15% of them were literate whereas 6.6% were illiterate. Out of the 16.6% of respondents learned through the school, all of them were literate. Out of the 11.6% of respondents who learned about the various family planning methods through their friend, 8.3% were literate whereas only 2% were illiterate. Other 11.6% of respondents learned about family planning through the means of family, friends and the media. And all those were literate. Family became the means of learning institution only for 6.6% of respondents, of of which 1.6% of them was literate and 5% were illiterate. And the rest, 5% of total respondents, learned about family planning methods through the visit to a clinic. All of those women were literate.

It shows the role and importance of media in disseminating the information regarding contraceptive methods. The women usually are shy to ask about the information themselves but media helps them to get the information where they feel relieved. The other important institution that helps women to get contraceptive method education is schools. Therefore, the role of media, friends and education institution is important to bring awareness among women regarding contraceptive methods.

Chapter Six

Most Preferred family planning methods

There are numerous methods of family planning. They may have advantages and disadvantages. The choice of using these methods depend upon various factors, knowledge about the method, Age, any disease process etc. For example, new couple usually prefers condom as it is safe, easier to use and have no side effect. O. C. P. (Oral Contraceptive Pills) are not to be used is those with previous lever disease, age more than 35 years, previous history of cardio vascular disease, Brest and endometrial etc. Medical professionals have to educate people regarding the advantages and disadvantages of family planning methods. For example 25 years old lady comes to the clinic for contraception. She can't be given IUCD as this is contraindicated in women with PID. She may better be given OCP if there are no other contraindications.

In my study several questions were asked to women who visited in the Rapti Sub-Regional Hospital regarding the method of preference.

6.1. Believe of Respondents regarding family planning

During the field survey, Respondents were asked a question; which of the following do you believe? Three categories were given for them to choose. And all of the respondents (100%) believed that we should determine the number of children in the family.

6.2. Number of respondents based on use or non-use of family planning methods.

In order to get information regarding the method of preference of the respondents it is quite relative to know the use or non-use of family planning methods. If they had used any devises before that means they could have been used what they preferred best and their decision making power can be identified.

Regarding the collection data majority of the respondents (68.3%) had used family planning methods before. Among those respondents, 63.3% were literate and 5% were illiterate. If people are educated then they get

more information, knowledge regarding the family planning methods and they attempt for any one of the devises.

Table 15: Distribution of women by their use or non-use of family planning devise before.

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Used before	38	63.3	3	5	41	68.3
Not used	13	21.6	6	10	19	31.6
Total	51	84.9	9	15	60	100

Source: Field Survey, 2011.

The table no.15 shows 31.6% of the respondents had not used the family planning devices before. There may be various reasons behind this. One of those reasons may be due to lack of literacy. Among those respondents who had not used family planning devise before 13% were literate whereas 10% were illiterate.

This shows the role of media and friends and widespread health service awareness campaign are helping. In such campaigns the important and foremost role of health volunteer is helping women who are illiterate.

6.2.1. Methods used by Respondents

Among 68.3% respondents who had used family planning devises before, another question was asked regarding their method of preference. That means which method they had applied before. And it was found that majority of them i.e. 46.3% used Depo-Provera as their method. And among them, 36.5% were in the age group of 20-30 years whereas 9.7% were above 30years old. And none of them were below 20. 34.1% of the respondents applied Pills as their family planning device before 19.5% of those respondents belonged to the age group 20-30 and 14.6% were

above 30years old. 7.3% of respondents used Copper-T. And all of them were from age group of 20-30 years.

Table 16: Distribution of women by methods used

Category	Age Group				Total Number	Total Percentage
	Below 20		20-30			
	N	%	N	%		
Pills	6	14.6	8	19.5	14	34.1
Depo	4	9.7	15	36.5	19	46.3
Copper-T	0	-	3	7.3	3	7.3
Condom	2	4.8	3	7.3	5	12.1
Total	12	4.8	29	70.6	41	100

Source: Field Survey, 2011.

According to the table no.16 shows, 12.1% of respondents applied Condom as their means of family planning device. Among them 7.3% were from the age group of 20-30yrs and 4.8% were below 20yrs old.

Pills are easily available in the health centers or in the market which is easier for women to get. The other reason for using more Depo by women is that they do not have to do anything besides just to take an injection which keeps them safe for three months. The use of condom seems less which clearly reflects that men are not being sensitive towards birth control.

6.3. Interval between Pregnancies.

According to my study, 55 women had children. All of them were asked if they made interval between pregnancies Majority of the respondents 72.7% made interval between their pregnancies. Among those respondents, 67.2% were literate whereas only 5.4% were illiterate

Table 17: Distribution of women by their interval between Pregnancies

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
-Made interval between Pregnancies	37	67.2	3	5.4	40	72.7
-Not made interval between pregnancies	11	20	4	7.2	15	27.2
Total	48	87.2	7	12.6	55	100

Source: Field survey 2011.

The table no.17 shows that 27.2% of the respondents had not made interval between pregnancies. Among them 20% were literate and only 7.2% were illiterate.

These figure shows that the women who are literate are keeping interval between birth of the child and illiterate women seems keeping less interval. This might be because of more awareness level among literate women as compared to illiterate.

6.4. Applied of family planning devise in future.

All the respondents were asked whether they want to apply family planning devise in future or not. Majority of them 83.3% wanted to apply family planning devise in future. Among those women (respondents) majority i.e. 75% were literate and 8.3% were literate and 8.3% were illiterate.

Table 18: Distribution of women by using family planning devise in future.

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Wanted to apply	45	75	5	8.3	50	83.3
Not wanted to apply	6	10	4	6.6	10	16.6
Total	51	85	9	14.9	60	100

Source: Field Survey 2011.

The table 18 shows 16.6% of the respondents do not want to use family planning devises in future. Among them 10% were literate and 6.6% were illiterate.

As the literacy rate is increasing women are more aware about the advantage of using contraceptive methods in future. So, 83.3 percent of women prefer using contraceptive methods in future. On the other hand, due to inconvenience, and side effects rest 16.6 percent of women did not want to use the contraceptive methods in future.

6.5. Method of Preference in future.

50 numbers of respondents were asked which method of family planning they would prefer in future. They were given the names of several scientific contraceptive devises. Majority (28%) of respondents wanted to apply Copper-T. And other 28% of respondents preferred other methods as their contraceptive devise.

Table 19: Distribution of women by method of preference in future

Category	Number	Percentage
Depo	11	22
Pills	6	12
Condom	4	8
Copper T	14	28
Norplant	1	2
Others	14	28
Total	50	100

Source: Field Survey 2011.

The table no.19 shows 22% of respondents preferred to use Depo-Provera in future. 12% respondents wanted to use Pills as their contraceptive use. 8% of respondents preferred Condom to be their future use. And few percent (2%) preferred for Norplant.

From these data collected during my study, it can be concluded that majority of women prefer Copper T as their best method to use in future as it has very minimal side effects as compared to other methods. Using copper T is an easy task, less time consuming according to the respondants.

Chapter Seven

In this chapter researcher has tried to show the decision making level among women regarding family planning methods.

7.1. Getting help from family member in household activities

In overall activities women may or may not get help from family members. If the family members are supportive or helpful then of course women are also engaged in decision making process regarding the household activities. Women may build confidence and may participate in the family planning decision making process.

Regarding the collected than data majority of the respondents i.e. 88.3% get help from their family members in household activities. And 76.6% of those respondents were literate whereas 11.6% were illiterate.

Table 20: Distribution of women by getting help from family member in household activities

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Getting help	46	76.6	7	11.6	53	88.3
Not getting help	5	8.3	2	3.3	7	11.6
	51	84.9	9	14.9	100	100

Source: Field Survey 2011

According to the table no. 20, 11.6% of the women do not get help in the household activities. Among those women, 8.3% were literate whereas only 3.3% were illiterate.

Majority of women (88.3%) are getting help from the family member in household activities. This might be due to increase in awareness level not only among women but also among men in the family. The other reason might be that women who were asked the question responses saying that the family members help in household but they could not explain in which work specifically they get help.

7.1.1. Sources of getting help in household activities

53 numbers of respondents who got help in their household activities were asked another question regarding the active role player in helping them in their household activities. According to the collected data, majority of the respondent (32.07%) got help through the means of their husband. Among those 26.4% were from urban areas where as only 5.6% were from rural areas.

Table 21: Distribution of women by different sources of getting help in household activities

Category	Residence				Total Number	Total Percentage
	Urban		Rural			
	N	%	N	%		
Husband	14	26.4	3	5.6	17	32.07
Sister in law	3	5.6	4	7.5	7	13.2
Mother in law	7	13.2	6	11.3	13	24.5
Servant	8	15	3	5.6	11	20.7
Husband and servant	3	5.6	2	3.7	5	9.4
Total	35	65.8	18	33.7	53	100

Source: Field Survey 2011

The table no. 21 shows that 24.5% of respondents got help through mother in law. 13.2% of them were from urban areas whereas 11.3%

were from rural areas. 20.7% of respondents got help in their household activities through their servant. 15% of them belonged to urban area and 5.6% belonged to rural. Sister in law also play active role in helping in the household activities. For 13.2% of respondents their sister in law play active role. 5.6% of them were from the urban places and 7.5% of respondents got help in the household activities through their husband and servant. 5.6% of those respondents were from Urban area whereas 3.7% of them were from rural areas.

The women from urban areas are getting more support from their husbands, in laws and servants as compared to rural women. This might be the result of awareness level among women in urban areas and also easy access to information as well.

7.2. Decision making regarding bearing of child

If women are involved in decision making process regarding bearing of child that means they are not denied from decision making process regarding use and non use of family planning devices.

According to the table, majority of respondent 83.3% said both of them (husband & wife) engage in the decision making process regarding the bearing of child. And among them the majority i.e. 75% were literate where as 8.3% were illiterate. According to 6.6% of respondent their Husband made decision regarding the bearing of child. 5% of them were literate and 1.6% was illiterate. 5% of respondents replied their in laws made decision in the house to bear the child. And none of them were literate.

Table 22: Distribution of women by decision making regarding bearing of child:

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Self	2	3.3	0	0	2	3.3
Husband	3	5	1	1.6	4	6.6
Both	45	75	5	8.3	50	83.3
In-laws	0	0	3	5	3	5
Parents	1	1.6	0	0	1	1.6
Total	51	84.9	9	14.9	60	100

Source: Field Survey, 2011

According to data in the table no.22 , only few parents (1.6%) respondents said parents made decision regarding the bearing of child. And all of them were literate.

The women are supported by their husbands while bearing their child. The education level has increased and awareness among men has increase as well therefore, both raise their kids together.

7.3. Responsibility for caring and rearing of the child

Regarding the responsibility for caring and rearing of the child usually women have vital role. Despite they are denied to decide or determine the number of children in the family.

The table shows that according to majority of women 78.3% both husband and wife involved in caring of child at home. And 45% of them were from urban area whereas 33.3% were from rural area.

Table 23: Distribution of women by responsibility for caring and raring child at home:

Category	Residence				Total Number	Total Percentage
	Urban		Rural			
	N	%	N	%		
Husband	5	8.3	0	0	5	8.3
Self	0	0	4	6.6	4	6.6
Both	27	45	20	33.3	47	78.3
In-laws	3	5	1	1.6	4	6.6
Total	35	58.3	25	41.5	60	100

Source: Field Survey, 2011

According to the table no. 23 shows that 8.3% of respondents answered, their hhusband took responsibility regarding the caring of child. And all they were from the urban area. According to 6.6% of respondents, they took responsibility by themselves and they were from rural areas. Rest 6.6% of the respondents said their in laws took responsibility for caring and rearing of child. 5% of them were from urban area whereas only 1.6% were from rural area.

As compared to rural area women from urban areas get more support from their husband in raring and caring their children. This might be due to education level and awareness level among men as well in urban areas.

7.4. Decision making for family planning methods

In order to understand how women in our society make decision regarding family planning methods question was asked to the respondents. The question was who decides about the use of family planning methods?

According to the collected data, majority of the respondents 78.3% said both of them (Husband & wife) made decision for family planning

methods. And 70% of them were literate whereas 8.3% of them were illiterate.

Table 24: Distribution of women by decision making for family planning methods:

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Self	8	13.3	0	-	8	13.3
Husband	1	1.6	3	5	4	6.6
Both	42	70	5	8.3	47	78.3
In-laws	0	0	1	1.6	1	1.6
Total	51	74.9	9	14.9	60	100

Source: Field Survey, 2011

In the table no.24 shows 13.3% of respondents made decision regarding the family planning methods by themselves and all of them were literate. According to 6.6% of respondents, their husband made decision regarding family planning. Only 1.6% of them were literate whereas 5% were illiterate. In-laws also play active role in decision-making process regarding the family planning 1.6% of respondents said their in-laws made decision. And all of them were illiterate.

The women who are illiterate do not hold decision making power as compared to the literate women. This might be due to cultural factors and strong social values in that the women are exposed to. Women who are literate are well aware of their responsibilities and duties with their limitations but the women who are illiterate do not know the consequences that they have to bear on one hand and, on the other hand they are culturally indoctrinated.

7.5. Respondent's child of preference

Respondent's preference regarding children is essential factor to know. Sometimes women themselves also want to bear large number of children because they may prefer son than daughter.

The table shows that the majority of respondents 60% prefer to have both (Girl & Boy) children. Majority i.e. 53.3% of them were literate whereas only 6.6% were illiterate.

Table 25: Distribution of women by child of preference:

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Boy child	15	25	4	6.6	19	31.6
Girl child	4	6.6	1	1.6	5	8.3
Both	32	53.3	4	6.6	36	60
Total	51	84.9	9	14.8	60	100

Source: Field Survey, 2011

According to the table no.25, 31.6% of respondents preferred to have boy child. 25% of them were literate and only 6.6% were illiterate. Few percent of respondent 8.3% preferred girl child. Majority of them 6.6% were literate and 1.6% were illiterate.

The awareness level is increased among men and women for the preference of child due to which majority of women prefer having either son or daughter. But looking from the preferences of boy child there are 31.6 percent women who wants boy which is more than the preference of girl of 8.3 percent. The reason might be there is strong religious and cultural belief to save the lineage of the family in our culture.

7.6. Husband's child preference

The table no. 26, shows that according to the majority of respondents 55% their husband preferred both children (Girl & Boy). And 35% of them were from the urban areas whereas 20% were from the rural areas.

Table 26: Distribution of women by husband's child of preference:

Category	Residence				Total number	Total Percentage
	Urban		Rural			
	N	%	N	%		
Boy child	10	16.6	13	21.6	23	38.3
Girl child	4	6.6	0	-	4	6.6
Both	21	35	12	20	33	55
Total	35	58.2	25	41.6	60	100

Source: Field Survey, 2011

Husband preferred boy child to 38.3% of respondents. 16.6% of them were from urban and 21.6% of them were form rural area whereas only few percent i.e. 6.6% of respondents replied their husband preferred girl child. And all of them were from urban. From those data we can say that mostly girl children are not given priorities in our society.

Majority of men who preferred boy child seems much higher than having girl. 38.3 percentage of husband of the respondents prefer baby boy and only 6.6 percentages prefer girl child. This show in reference to the earlier table 25, men wants baby boy more than women in the house because of strong belief of saving lineage.

7.7. In Laws child of preference

In field survey, respondents were asked about their in-laws child of preference. And it was found out that majority of respondents (50%) said their in laws preferred both children (Girl & Boy). 26.6% of those were from urban where as 23.3% were from rural areas.

Table 27: Distribution of women by in-laws child of preference:

Category	Residence				Total number	Total percentage
	Urban		rural			
	N	%	N	%		
Boy child	18	30	11	18.3	29	48.3
Girl child	1	1.6	0	-	1	1.6
Both	16	26.6	14	23.3	30	50
Total	35	58.2	25	41.6	60	100

Source: Field Survey, 2011

According to table no.27, 48.3% of respondents said their in-laws preferred boy child 30% of them were from urban and 18.3% were from rural. Only few percent 1.6% in-laws preferred girl child. And these percent were from urban area.

In the male dominated society like our, male children are given more preference than female. May be due to the cultural beliefs existing in our society that son takes care to the parents in the future than daughter, son are caretakers, son can purify the death of parents etc.

7.8. Number of children Husband wants

Husband's want more children mean women must bear more children. Husband's wants may do influence on the number of children in the family. Women cannot decide her in such cases for applying family planning methods.

In order to find out the number of children's the husband wants the question was asked as, "How many children your husband wants?" the result was found out like this way, majority of respondents (68.3%) said that husband wanted two children. 45% of them were from urban cities whereas 23.3% were from the rural areas. 15% respondents replied that

their husband wanted three numbers of children. 5% of them were from urban area and 10% of them were from rural area.

Table 28: Distribution of women by number of children husband wants:

Category	Residence				Total number	Total percentage
	Urban		Rural			
	N	%	N	%		
One	4	6.6	4	6.6	8	13.3
Two	27	45	14	23.3	41	68.3
Three	3	5	6	10	9	15
More	1	1.6	1	1.6	2	3.3
Total	35	58.2	25	41.5	60	100

Source: Field Survey, 2011

The table no. 28 shows that 13.3% of respondents said their husband wanted one child only. While talking about their residence 6.6% of them were from urban area and rest 6.6% were from the rural area. That means half of them were from urban and remaining half were from rural. According to few percent 3.3% respondent's husband wanted more than three children. They were from rural as well as urban area.

The preference of husbands of respondent's preference of having two children is 68.3% which shows that majority of men are aware of disadvantages of having more than two children in our community. It is due to health awareness campaign more people are aware in Nepal to limit children in two.

7.9. Thought of Husband regarding interval between two children

Husband's thought regarding interval between two children may have influence on women use and non use of family planning methods. In the Hindu society like ours, women have to follow the instructions of their

husband. When husband wants to have interval between pregnancies women can apply any devices according to husband's choice or of her own.

Through the collected data in table we can say that majority of respondents (53.3%) said their husband wanted more than two years interval between two children. Among than 46.6% were literate and rest 6.6% were illiterate.

Table 29: Distribution of women by thought of husband regarding interval between two children:

Category	Number	Percentage
One year	6	10
Two year	22	36.6
More than two year	32	53.3
Total	60	100

Source: Field Survey, 2011

The table no. 29 shows that 36.6% husband thought two years of interval between two children is needed. 53.3% of respondents said their husband thought more than two years of interval between two children. And only 10% thought one year is needed as interval between two children.

Majority of men prefer age difference more than two years because of economic burden that they have to take if the children are born before two years of time. They are now well aware and educated which has helped them to make preference of having more age difference for having child. But significant number of men prefer having one year gap (10%) might be to avoid longer period of caring child interval.

7.10. Pressurization to become pregnant

According to the collected data through the field survey, majority of respondent, 93.3% did not get pressure to become pregnant. And 80% of them were literate.

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Getting pressure	3	5	1	1.6	4	6.6
Not getting pressure	48	80	8	13.3	56	93.3
Total	51	85	9	14.9	60	100

Table 30: Distribution of women by pressurization to become pregnant:

Source: Field Survey, 2011

Whereas only 13.3% was illiterate, similarly 6.6% of respondents get pressure to become pregnant. 5% of them were literate and only 1.6% were illiterate. Education can be one of the factors to build self-confidence among women.

As there are many women rights organization are working for the welfare of the women and to improve reproductive health there are many campaigns that are being held. There are different women movements to fight against gender discrimination due to which men and other family members are well aware of influencing in decision making.

7.11. The statement respondents believe most

The table no. 31 shows, majority of respondent believed (61.%) that son and daughter are equal. While talking about respondents 51.6% were literate and 10% were illiterate.

Table 31: Distribution of women by their beliefs:

Category	Education Level				Total Number	Total Percentage
	Literate		Illiterate			
	N	%	N	%		
Son takes care of parents in future than daughter	2	3.3	-	-	2	3.3
Society want the birth of son	18	30	3	5	21	35
Son & daughter are equal	31	51.6	6	10	37	61.6
Total	51	84.9	9	15	60	100

Source: Field Survey, 2011

35% of respondents believed society wants the birth of son. It means for the social norms, values also there is the need of son in the family. May be due to the reason women become unwanted pregnancies. According to table among 35% respondents 30% were literate and rest 5% were illiterate. Even thought the majority of respondents were literate then also they think society want son. Only few percent (3.3%) thought son take care of parents in future. And those women (respondents) were literate.

Along with the increase in awareness level and different government and non-government attempts to improve women's condition in Nepal many people are educated and aware of balancing their preferences of treating son and daughter equally.

7.12. Respondents view on decision making

All the respondents were asked on what should be done to improve the position of women in decision making for the family planning. According to collected data 18.3% respondents, said women should be aware on their right of self decision-making. 6.6% respondents told that need of destruction of cultural beliefs. 5% of respondents said women's opinion should be respected. Only 3.3% of respondents said there may be other reasons as well as and majority of respondents (66.6%) said all the above mentioned points were important for improvement of the position of women in decision making for family planning.

From the responses of women it can be argued that it is necessary to improve and change in our traditional norms and values to protect the women's health and to avoid gender discrimination for the progressive society. Majority of the women voiced for the change in social and cultural belief and women should be given more autonomy to make decisions by themselves.

Chapter Eight

SUMMARY AND CONCLUSION

8.1. Summary

From the beginning of time, women have been considered subordinate to men. They are perceived to be lagging behind men in every aspect (socially, economically). It is obvious that women do not make decision by themselves only. Other family members and husband have influence on women. This thesis has dealt with decision-making process of women regarding family planning. It also highlights the awareness level on women about family planning and the method of preference.

This study is the outcome of literature review, interview conducted with the married women who visited the Rapti-Sub Regional Hospital, consulting with hospital personals. Dang district is taken as the universe of study area 60 respondents samples were selected randomly. All the respondents were married women.58.4% of them were in the age group of 20-30 years old.38.3% were in above 30 years old in age where as few of them, 3.3% were below 20 ages. High majority of the respondents, 58.4% were from urban area where as 41.6% were from rural areas. Regarding the caste of respondents, 50% were Brahman, 20% of the respondents were Chhetri and 18.4% were belonged to various castes such as magar, Tharu, Dalits etc. Only 11.6% were Newar.

Respondent belonging to various educational backgrounds were interviewed during the field study. 6o% was educated up to school level. 21.6% were graduated where as only 3.4% were educated up to higher studies. And rest 15% was illiterate.

Altogether, 70% of the respondents were confined were confined within household work only. 15% of the respondents were involved in service. 8.4% were engaged in agriculture/Husbandry, 5% of them were engaged in Business/Industries and few of them respondents (1.6) were wage labors.

A great majority of respondents 85% were belonged to economically lower level. Similarly, 13.4% of women were belonged to middle economic status and only 1.6% was from higher economic status.

While talking about the age of marriage, 60% of the respondents was married at teenage (considered in the study as below 20) 38.4% were married at the age between 20-30 years. Only 1.6% got married above 30yrs.

Regarding the respondents having children, 91.6% had children and rest 8.4% did not have any child. Among those who had children, 27.2% had only one child, 25.5% had two child and 47.2% had more than two children. Those who were not having any child were asked whether they were using contraceptive means. Among those 20% were using contraceptive means and 80% were not using any means.

Regarding the respondent's knowledge on family planning all of the respondent 100% knew about family planning methods. Regarding the sources of inspiration to know the family planning methods, majority of respondent (26.6%) inspired through their friends whereas 21.6% inspired through Doctor, husband and friend where as 13.3% inspired from others. 10% were inspired from husband and friend(both). In total 6.6 of respondent inspired from family members, 5% inspired from friend and family and the rest 3.3% were inspired through doctor.

Regarding the awareness of women on family planning methods, majority of respondent were aware about various family planning methods. They were aware on temporary methods such as Pills, Condom, Coper T, Depo, Norplant and Permanent family planning devises. 13.3% of respondent were aware on Depo only. 5% were aware on permanent family planning and the rest 1.6% of respondent were not aware regarding various family planning methods and they were illiterate.

In total, 81.6% of the respondents thought family planning methods are important due to various reasons. Such as, It controls the unwanted birth, it helps to regulate interval between pregnancies, to determine the number of children and for women's health8.3% of respondents thought family planning methods are Important for women's health. 6.6% thought family planning methods control the unwanted birth so it is important. Only

1.6% respondents thought to determine the number of children in the family various methods of family planning is important.

About the sources of learning family planning methods 26.6% learned from their School, Media and friends. All of them were literate. 21.6% learned through media.16.6% were learned from the school.11.6% learned from their friends. Next 11.6% respondents learned form family, friend and media. Only family became the source of learning institution for 6.6% of interviewed women. And the rest 5% of the tatal learned through the visit of clinic.

Regarding the distribution of respondents on the basis of use or non-use of family planning methods,68.3% had applied family planning methods before. 31.6% had not used before. Among 68.3%, 46.3% used Depo-Provera as their means. 34.1% applied Pills. Only 7.3% of respondents used Copper T and 12.1% used Condom.

According to my study 91.6% women had children. And among them a72.7% made interval between their pregnancies. Where as rest 27.2% has not made interval. When respondents were asked about their choice in future of family planning methods. 83.3% wanted to apply family planning devise in future. Among them 28% wanted to apply Coper T, 28% preferred other methods to apply. 22% respondents wanted to use Depo-Provera as their devise. 12% wanted for Pills, 8% preferred Condom and only 2% wanted Norplant.

Regarding the collected data majority 88.3% got help from their family members in household activities. 11.6% did not get help. 32.7% got help through husband. 24.5% got help from servant. Sister in Laws play active role in helping the household activities for 13.2% of respondents. 9.4% got help through their husband and servant.

On the aspect of decision making of women for bearing of child 83.3% respondents said both (husband & wife) of them engaged in the decision making process. According to 6.6%, their husband made decision regarding the bearing of child. 5% replied there in laws made decision. Only few percent(1.6%) said parents are the decision makers.

In regards to the responsibility for caring and rearing of the child according to majority of women 78.3% both husband and wife involved in caring of child at home. 8.3% answered their husband took responsibility. 6.6% respondent involve themselves in caring and rearing of the child. And the rest 6.6% in laws take responsibility.

According to the collected data in my field survey, 78.3% women involved in decision making process regarding family planning with their husband. 13.3 women made decision by themselves only. For 6.6% of respondents husband made decision. And in laws also played important role in decision-making process for 1.6% of respondent.

60% of interviewed women prefer both children (boy &girl). 31.6% want to have boy child and only 8.3 prefer girl child. According to 5.5% of women, their husband prefers both children (girl & boy). 38.3% of respondents husband prefer boy child and only 6.6% husbands prefer girl child. And regarding the in laws child of preference 50% said in laws prefer both children (girl & boy). 48.3% in laws prefer boy child and only 1.6% prefer girl child.

In order to know the number of children their husband wants, question was asked. And it was found out majority of respondents 68.3% husband wanted two children. 15% respondents replied their husband wanted three children. 13.3% said and few 3.4% wanted more than three children.

It was found out that 53.3% respondents want more than two years interval between two children. 36.6% husband thought two years of interval and 10% thought one year in needed as interval between two children.

93.3% respondent do not get pressure to become pregnant, 6.6% get pressure.

Majority of women believed (61.6%) that son and daughter are equal, 35% thought society want the birth of son. Only few 3.4% thought son takes care of parents in future.

All the respondents were asked on what should be done to improve the position of women in decision making for family planning. 18.3% women thought women should aware on their right of self decision-making. 6.6% thought the need of destruction of superstitious cultural beliefs. 5% said women’s opinion should be respected. Only 3.3% said there may be other

reasons as well. And the majority 66.6% said all of the above mentioned points were important for improvement of the position of women in decision making for family planning.

8.2 Conclusion

Throughout the research, it has been found out that women themselves do not decide for using and not using family planning methods. Their husband and in laws involve in decision making process. Women are denied their right on willing or not willing to become pregnant. Despite the fact that the country has leaped forward in the sector of education, women still have to depend on the decision-making of others for using family planning. In my research, it is found that most of the respondents were aware of some form of family planning methods. Those who did not know anything about family planning methods were illiterate, thus education does have a role in teaching people about family planning methods.

The findings of my study also shows that women chose Depo-Provera and Coper T to be the preferred methods of family planning, because this was attributed to long duration of action once applied. In the field site, the women are considered as the house hold workers, who depend more on men's decision making power as they are paralyzed with the socio, cultural, economic, and political spheres. Even though family planning is crucial, and is related more with women, the men are considered as the decision makers in majority of the household.

In the changing political, social, cultural, and technological environment, women's awareness level is increasing in Dang District. Though it is hard for women to make decision, few respondents resisted the decisions made by their husbands. Therefore, the education awareness, political awareness, and changing social dynamics is playing important role in family planning, and has impact on women's decision making.

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A STUDY ON DECISSION MAKING OF WOMEN IN FAMILY PLANNING

QUESTIONNAIRE

1) *Name of the respondent.....*
2) Name of the V.D.C. / Municipality.....
3) Age:
   (a) Below 20 (b) 20-30 (c) Above 30-47
4) Education:
   a) Illiterate
   b) School Level
   c) Up to graduate
   d) Higher Study(Specify)

5) Caste:
   (a) Brahmin (b) Chhetri (c) Newar (d) Other (Specify)
6) Occupation :
   (a) House Hold Work Only
   (b) Agriculture/Animal Husbandry
   (c) Service
   (d) Business /Industries
   (e) Wage labor
   (f) Others (Specify)

7) Your income enough to feed your family?

   (a) Not Enough (b) Enough (c) Surplus

8) When did you get married?

   (a) Teenage (b) 20-30 years old (c) Above 30 years

9) Do you have any child?

   (a) Yes (b) No

10) If yes, how many?

   (a) One (b) Two (c) More than two

11) If no, are you using any contraceptive means?

(a) Yes (b) No

12) Do you know about the family planning methods?

(a) Yes (b) No

13) If yes, who inspired you to know family planning methods?

(a) Husband (b) Doctor (c) Family Members (c) Friends (d) Others(Specify)

14) Which of the following do you aware off?

(a) Permanent family planning methods

(b) Temporary family planning methods

i) Pills

ii) Condom

iii) Copper-T

iv) Depo-Provera

v) Norplant

vi) Non of the above

vii) All of the above

15) Do you think family planning methods are important?

(a) Yes (b) No

16) If yes, then in what?

(a) It controls the unwanted birth.

(b) It helps to regulate intervals between pregnancies.

(c) To determine the number of children in the family.

(d) For women's health.

(e) All of the above.

(f) Other (Specify)

17) Where do you learn about family planning methods?

(a) School (b) Family (c) Friends (d) Media

(f) Other (specify)

18) Which of the following do you believe?

(a) Children are god gift so we should bear as much as we can.

(b) We should determine the number of children in the family.

(c) Family planning is the bad way of controlling the birth of child.

19) Have you ever applied family planning devise before?

(a) Yes (b) No

20) If yes, which one you applied?

(a) Permanent devise

(b) Temporary devise

a) Pills b) Depo c) Norplant d) Copper-T e) Condom

f) Others(Specify)

21) Did you make interval between pregnancies?

(a) Yes (b) No

22) If yes, which method you applied?

a) Pills b)Depo c) Norplant d) Copper-T e) Condom f) Others(Specify)

23) Do you want to apply family planning devise in future also?

(a) Yes (b) No

24) If yes, which methods do you prefer?

a) Pills b) Depo c) Norplant d) Copper-T e) Condom f) Others(Specify)

25) Do you get help from family member in household activities?

(a) Yes (b) No

26) If yes, then who plays active role in helping you?

(a) Husband (b) Sister-in Law (c) Mother-in-Law (d) Servant (e) Others

27) Who makes decision (household activities) in your home?

(a) Husband (b) Self (c) Both (d) In-Laws (e) Other(Specify)

28) Who decides for bearing of children?

(a) Husband (b) Self (c) Both (d) In-Laws (e) Parents

29) Who takes responsibility for the caring and rearing of the child?

(a) Husband (b) Self (c) Both (d) In-Laws

30) Who decides for the using of family planning methods?

(a) Husband (b) Self (c) Both (d) In-Laws

31) What is your child of preference?

(a) Boy Child (b) Girl Child (c) Both

32) What is your husband's child of preference?

(a) Boy Child (b) Girl Child (c) Both

33) What is your In-Laws child of preference?

(a) Boy Child (b) Girl Child (c) Both

34) How many children your husband's wants?

(a) One (b) Two (c) Three (d) More than three

35) What should be the interval between two children according to your

Husband?

(a) One year (b) Two years (c) More than Two years

36) Do you get pressure to become pregnant?

(a) Yes (b) No

37) Which one of the statement do you most believe?

(a) Son takes care of Parents in future than daughter.

(b) Daughter takes care of Parents in future than Son.

(c) Society wants the birth of son.

(d) Son and daughter are equal.

38) What should be done to improve the position of women in decision making for the family planning?

(a) Women's opinion should be respected.

(b) Destruction of superstitious cultural beliefs.

(c) Women themselves should aware on their right of self decision making.

(d) Others reasons.

(e) All of the above.