Knowledge and Use of Family Planning Method Among Dalit Married Women

(A Case Study of Bijuwar VDC of Pyuthan District)

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LETTER OF RECOMMENDATION

This thesis entitled knowledge and use of Family Planning Methods of Dalit married women (A case study of Bijuwar VDC of Pyuthan Districts) has been prepared by Manju Dhital under my supervision and guidance. I hereby recommend this thesis for approval and acceptance.

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APPROVAL SHEET

This thesis entitled “Knowledge and Use of FP of Dalit Married Women”, (A case study of Bijuwar VDC of Pyuthan Districts) by Manju Dhital has been accepted as partial fulfillment of the requirement for the degree in master’s of arts in population studies.

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Manju Dhital

Contents

LIST OF TABLES

ABBREVITION/ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AM	Age at Marriage
BCHIMES	Before Census Household Information Monitory and Education System
BDCS	Birth Death and Contraceptive Prevalence Survey
CBS	Central Bureau of Statistics
CDPS	Central Department of Population Studies
CEB	Children Ever Born
FCHVS	Female Community Health Volunteers
FP	Family Planning
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
KAP	Knowledge, Attitude and Practice
MOH	Ministry Of Health
MWRA	Married Women of Reproductive Age
NCPS	Nepal Contraceptive Prevalence Survey
NDHS	Nepal Demographic and Health Survey
NFHS	Nepal Family Planning and Health Survey

NFS	Nepal Fertility Survey
NGO	Non Government Organization
PRB	Population Reference Bureau
RH	Reproductive Health
SPSS	Statistical Package for Social Sciences
UN	United Nation
UNFPA	United Nation Population Fund
VDC	Village Development Committee
WHO	World Health Origination
HH	Household
DDC	Districts Development Committee
UNICEF	United Nations Children's Emergency Fund

CHAPTER ONE

1.1 Background of the Study

Everybody wants to be healthy and fresh. Who and UNICEF have made various efforts to provide good health for all. But it is possible only by the control of population growth contraception is one kind of aspects affecting the health of an individual indirectly because it can helps to control of population growth.

In Nepal 2001 census, the national population of Nepal was 23 millions out of which half were women. The annual growth rate was 2.25 If such growth rate remains, the population of Nepal will double within 30.8 years. The birth rate has roughly declined from 41.2 to 33.08 per 1000 population during 1991-2001. The TFR has declined from 5.6 to 4.1 in the same year. Similarly the death rate has declined from 97 to 79 per 1000 live birth in same period (CBS 2001). Therefore there is a need for family planning in order to control the rapid population growth.

In Nepal family planning program was started by Family Planning Association of Nepal (FPAN) in 1959. Mostly the family planning method has been directly concerned towards women. However it is realized that women only reduce growth rate of population.

However FP is one of the direct methods which affect on fertility. FP is a method to prevent birth. It is also method that helps to prevent unwanted pregnancies, space between children and manage fertility. In Nepal many FP methods are available in the market e.g. Condom, Norplant, IUD, Pills, Depo-Provera etc.

FP is also taken as one of the important components of reproductive health. FP enhances neonatal and maternal health, child survival and contributes in bringing about balance between population growth and socio-economic development which ultimately results in improving the quality of life.

There are several definitions of FP. An Expert Committees 1971 of the WHO define family planning as a way of thinking and living that is adopted voluntanly upon the basis of knowledge, attitude of responsible decisions by individuals and couples. In order to promote the health and welfare of the family group and thus contribute to the social development of a country. Another expert committee defined and described FP as follows
FP refers to practice that help individuals or couples to attain certain objectives.

- To avoid unwanted birth
- To bring about wanted birth
- To control the time of which birth occur in relation to ages of the parent.
- To regulate the intervals between pregnancies and
- To determine the no of children in the family.

FP means to enable couples and individuals to decide freely and make responsible for the no and spacing of their children in short form family planning program play a key role in providing information and services that help people make informed reproductive choices and use contraception safely and affectively (Updating & Robey, 1999).

In Nepal the knowledge and use of contraception has increased. The knowledge of contraceptive has increased five fold until 2001. The first Family Planning Survey (FPS) was conducted in the year 1976 and latest survey is Nepal Demographic Health Survey (NDHS) conducted in 2006. The percentage of currently married women who have heard about modern method of contraceptive in the last 20 years, from 21% age in 1979 to nearly 100% in 2006 (MOH, 2007) In Nepal, the current contraceptive prevalence rate is 39 % (in 2001 census). The 2006 NDHS indicate that 44% of currently married women are using modern family planning. The 35% who are using modern contraceptive represents a dramatic increase in the use of modern method from 26 % in the 1996 (NFHS) (Parham 1997)
There are many factors affecting the use of FP methods such as women age, education, place of residence, economic condition, cast and ethnic and others. Among them education is important which determines the use of FP service. Educated women frequently use FP means then uneducated because they have better knowledge about it. For example the CPR was 27.2

% for women with no schooling where as the women of secondary education was 40 % (Birth, Death & Contraceptive Survey, 1996).

According to the definition given by Dalit NGO federation, "People who are excluded socially, economically, politically, religiously, and culturally based on cast system and treated as untouchable in the society are Dalits.

Dalit have been living all round of Nepal such as Terai, Mountain and Hill region. According to Biswakarma (2006), in the total population of Nepal 20 % are Dalit. But they are deprived from many opportunities such as education, health facilities and job opportunities etc. Education is the most important factor of everyone. But Dalits literacy rate is very poor than others. According to national census 2001, the educational attainment of Dalit is 6.3 % in school level, 1.2 % in SLC and certificate level, 0.5 % in graduate and above and total literacy rate is 5.3 % .Economic status of Dalit is also poor generally they live in rural area. Most of them are involved in intimate occupation such as ironwork, sewing clothing and sewing shoe etc. But few people work as professional technical (1.6 %), in administrative works (1.3 %), in sales service (4.1 %), in forestry farming, fishing (71.8%) and in production labor (20.3) % (Acharya & Others).

Due to the poverty and ignorance the health situation of Dalit is very poor. The human development index (HDI) of Dalit population as whole lower (0.239) compare to the national average of 0.325.
The data from 2001 NDHS shows that `the contraceptive use among married women of rural is lowest of Dalit (28 %) and Muslim (15 %) while other cast have the highest contraceptive use. The knowledge level of Dalits women is also very low compared to Newars, Brahmans/Chhetris and hill Janajatis. Due to the lack of knowledge on FP, women of this community are bound to give birth almost each year. This has not only caused deterioration of health of Dalit women but also has added an additional burden of population growth to the nation itself. Due to their ignorance about a planned family very few have adopted FP measures, which have caused premature birth, high infant morality rate and malnourished children. The CPR of Dalit is 30 % (Population magazine Vol. III)

1.2 Statement of the Problem

Family planning is one of the direct methods of control of population growth. The CPR in our country is comparatively low with other Asian countries. So there are conducting many programmed through HMG, I/NGOs and local leaders for many districts. Different types of temporary and permanent family planning means are used to reduce fertility rate and control population.

Nepal is agriculture, traditional rural society. Still 86 % of populations live in rural areas. There are different types of caste into Dalit cast such as Sarki, Damahi, and Kami etc. Their own intimate work for example, Kami works of iron, Damai works to sewing clothes and Sarki work to sewing shoes. They are very poor and deprived of many opportunities such as education, health, job etc. Their socio-economic status is also low than other caste Brahman to Chhetri. The Dalits are also known as backward community in Nepal. Especially in Bijuwar VDC of Pyuthan District.

The use of FP women can have safe and satisfying life and this reason women are willed. This study will attempts to analysis factors contributing to determine contraceptive knowledge and use of women (reproductive age group 15-49) of Bijuwar VDC Pyuthan.

1.3 Objectives of the Study

The overall objective of the study is to examine the knowledge and use of family planning among the married women of 15-49 years. The specific objectives are as follows

1. To examine the knowledge and use of family planning among currently married women aged 15-49 yrs.
2. To find out the reason for non use of FP method.
3. To examine factors that determines use of FP.

1.4 Limitation of the Study

1. This study is limited to married women of Dalit community in Bijuwar VDC, Pyuthan aged (15-49 yrs).
2. This study is only based on opinion of women aged 15-49 yrs.
3. This study only covers knowledge and use of FP methods.
4. This study is based on VDC level therefore its result may not cover whole Dalit Population.

1.5 Significance of the Study

Use of family planning services in any area is also affected by the specific culture and norms, socio economic condition of respondents of this area. As Nepal is a multi ethnic and cast society. The ethnic and cast differences in contraceptive use is importantly to be known by the policy makes programme implementations because multi ethnic and cast society and

different socio economic condition of respondents is composed of different social norms and values with different attitude. Family planning and birth control aspects.
This study is expected to provide basic information on knowledge attitude and use of family planning services of Dalit community of women of reproductive age group (15-49) of Bijuwar VDC of Pyuthan district.
From this study, the information about knowledge and use of family planning means of grass root level can be obtained for all policy makers, planners, administers and demographers to make policy and implementing of family planning programme in nation as well as grass root level.

1.6 Research Question

This study is design to provide the answer of the following research question.

1. What are the factors that determine the knowledge and use of family planning method among Dalit women of Bijuwar VDC?
2. What is the knowledge and use of family planning methods among the women reproductive age group?
3. What are the differentials in knowledge and use of family planning method among Dalit women of Bijuwar VDC?
4. What are the causes for use or non use of family planning method among Dalit women of Bijuwar VDC?

1.6 Organization of the Study

This study is dived into six chapters. The first chapter deals with background of the study, statement of the problem, signification of the study, objective of the study, limitation of the study, research questions and organizational of the study. Chapter two is to deal with literature review of theoretical phase and empirical phase and conceptual phase. Chapter three is to provide methodology which includes sources of data, study area, sample size and type, sampling method and procedure, questionnaire design, data collection method, data processing etc. Similarly, chapter four is deals tabulated and analysis the background characteristic of respondents and average no of birth given by them. Fifth chapter is analyses the use and knowledge of family planning methods among currently married women of study area and chapter sixth deals summary of the findings, conclusions and recommendations with possible areas for the further study in relation with the issue.

CHAPTER TWO

2.1 Theoretical Literature

Family planning is one of the most effective means of the promoting child survival and development. It is also one of the most effective. Its last effectiveness increases when one considers its impact on women's health and wealth.

The most important factors that change the shape of and structure of population are birth rate, death rate and migration. Out of these, birth rate dominates other two. The fertility rate of Nepal is among the highest in the world (PRB 1998). Population growth rate is grater than the economic growth rate due to which all the development effects have been failed.

Different NGOs and INGO's related to family planning activities are engaged in overcoming problems emerged due to population growth. In 1969 A.D. the Family Planning Association established with the objective "small family is happy family". And other organization also concerned with family planning programmer. The objectives of all these organization are to control high growth of population. By the use of family planning means, any women can give birth to desire number of children.

UNFPA (1997) mentions that there is highest contraceptive prevalence in Europe, 72 % followed by North America 71 %, Latin America and Caribbean 60 %, Asia 59.8 % and Africa 19 % which is lowest rate.

In 1994, International Conference on Population and Development (ICPD) held in Cairo has also emphasized women development as a basic tool for a country's overall development and improving the quality of people life. The conference recommends that the full participation and partnership of both women and men is required in productive and reproductive life including shared responsibilities for care and nurturing of children and maintenance of household in all parts of the world women are facing threats to their life, health and wellbeing as a result of being over burdened with work and of their lack of power of influence in most regions of the world. Women receive less formal education than men and at the same time women's own knowledge capabilities and coping mechanism. Often go unrecognized. The power relations that impede women's attainment of healthy and fulfilling lives operate at many level of society.

According to the theory of demographic transition, the reduction in the birth rate is a by-product of industrialization and modernization. Note stein pointed out that the rapid growth of population during the past three centuries was mainly due to the decline in the death rate, resulting from the process of modernization which involved rising standards of living, rising

income and advances in sanitation and in medical knowledge, fertility also registered a decline though this response to moderation was not as spectacular. Throughout the modern west birth rates reached very low levels by the middle of the 1930s. This decline was achieved because of the widespread acceptance of contraception under the influence of the new idea of the small family, so common in any urban industrialized society. (Asha A Bhende, Tara Kanitkar)

Bongaarts (1978) showed the four principles of proximate determinants of fertility namely proportion of married women, post partum infacundability induced abortion and prevalence of contraceptive use. Bongaarts claimed that 96 % of fertility could be explained by these four factors. In typical traditional society whose fertility, the principal role is generally played by former two determinants and in non traditional or modern society where fertility is found in transition if is highly affected by later to determinants (Dhakal, 1995:8).

In 1995, Sterling proposed a generalized model for the fertility decision, according to which a women varies her child bearing. In order to optimize her husband's utility. Her decisions are affected by income, Price and cost of regulation on fertility required examination of the net effects via the proximate variables directly. The theory regarding migrate fertility assumes that migrants earn more in cities than in their rural places of origin. The higher income is supposed to raise the living standard and increase the cost of the child bearing which result is decline in fertility. In addition migrant are expected to adopt and become more like native city dwellers. Urban born women generally have fewer children than rural born women thus migrant fertility is expected to fall approaching urban fertility level (Sally 1982: 248-251).

In the context of Nepal, since 1965 formal his majesty's government adopted a policy of family planning and commended integrated services with MCH activities. After than family planning association of Nepal (FPAN) was established. The government supports the provision of family planning services through maternal and child health board under whose umbrella, Nepal FP, Maternal and Child Health Project is established in 1968. At first the services were concentrated only within the Kathmandu valley. Later the services were gradually expanded including other parts of the country. In 1968 a semi autonomous body called Nepal family planning and MCH board was established. Family planning and maternal and child health project is responsible for the delivery of FP/MCH services to the entire population of whole services.

In 1959, as the first non-government organization to deal with the RH, FPS under the initiative of few Nepalese medical proctors of social workers in 1987, government made a decision of regarding of family planning services would be provided by integrating all vertical projects in all 75 district with the restructuring to the ministry, The integrated

community health services department project (ICHSDP) was abolished and converted into public health division in 1987. Furthermore, it is integrated with reproductive health in 1996 and adopted some strategies.

2.2 Empirical Literature

Modern contraceptives have given hundreds of million of couples the opportunity to prevent unwanted or poorly timed pregnancies in an effective safe manner, get despite significant progress, these are to days 300 million couples who do not want any more children but who are still not using an effective means of FP. less than one third of the couples are within easy of FP Services.

Nearly 350 million couples worldwide are still in need of effective family planning methods so they can space their children of limit the size of their families. This number is expected to grow by 40 % in the next 15 years. At least 120 million women want to use family planning methods, but lack of access to information and services or the support to their husbands and communities. And more than 50 million of the 190 million women who became pregnant each year have abortion (UNFPA, NP, vol II).

According to the world population sheet 2007, The highest contraception prevalence rate of married women (15-49) Northern America all methods 76 % and modern methods 69 % followed by South America all method 75 % and any modern methods 66 %, Asia all method 66 % and any modern method 60 %, Europe all methods 67 % and any modern method 53 %, Africa all method 28 % and any modern method 22 % and South Asia all methods 59 % and any modern method 52 %

In the context of Nepal, the Nepal Fertility survey 1976, Nepal contraceptive prevalence survey 1981 and Nepal fertility and family planning survey 1986 & Nepal fertility family planning & survey(NFFHS) 1991 have shown increasing % of at least one method knowing women aged 15-49. Nepal Fertility survey 1976 has shown 21.3 %, Nepal contraceptive prevalence survey has shown 51.9 % in 1981, Nepal fertility and family planning survey has shown 55.5 % in 1986 and Nepal fertility family planning & survey (NFFHS) have shown 93 % in 1991. The women's knowledge about the availability of contraceptives increased. Nepal family planning health survey 1996 has reported that 96 % of country married women among reproductive age know at least one method of contraceptive.

The relation between age of currently married women & contraceptive use is curvilinear (MOH 1986). It indicates that the contraceptive is low during the early part of the reproductive life, increases in the middle age of child bearing and again falls at the older ages

(MOH 1986) reported that there were 1.3% & 11.5 % contraceptive users at age groups 15.19 and 45.49 respectively. Similarly, NIU (1991) reported that there were 2.5 & 23.1% uses in age groups 15-19 and 45.49 are group respectively. A increase in CPR in expected with the increase in the no of living child couples who have had there on more living children are more likely to be current users than those with a smaller number (Tuladher 1986)

Among Nepalese ethnic groups, Teacher (1989;233) has found the highest contraceptives prevalence rate among Newars (71.8 %) followed by Brahmins (71.8%),Cherries (71.8 %),Traceries(6.6 %),Tharus (5.1 %), Magar (4.7 %)and Muslim(1.6 %), tamang (204 %), Gurung (3.8 %), Rai (3 %).The most widely known modern contraceptive among married women are female sterilization (99%)male sterilization (98%), injection (97%) and pills (93%).

Niraula & Shrestha(1997) using the data of NFFHS 1991 found that among the ethnic group the highest contraceptive rates has found Newar 46% follows by the Brahaman 32%, Yadaav 21%, Magar 18%, Rai 12%, Tamang 18%, Muslim 9%, Tharu 18% availability and accessibility of FP services are one of main reason for the high use of it. The change in social culture norms motivate and increase use of FP service. (Teacher, 1987). Strong positive relationship between women's education and current use of contraceptive use has been reported in various studies of FP and health survey in Nepal, In NFFHS 1991 found that about 40% of women with some level of secondary education, the ministry of health, 1986 reported that the level of current use varied from 14.2% among women with no educated to 33.9% among these with completed middle school education. (Rijal & Shrestha 1989).

NFHS 1996 indicated about 98% currently married women haired at last one method of family planning and mainly this knowledge comes from media exposure about 53% expose to FP massage from the Radio on the television and 23% exposed to FP massage from print media. Ever use of modern FP method increase from 4 % in 1976 to 35% in 1996. Female & male sterilization are the most popular method among ever user female sterilization increase while ever use of male sterilization decrease.

Married women in Nepal have an unmet need for family planning service of which 9% have a need for spacing and 15% have a need for limiting. At the same time among women currently using a method 43% are using for limiting and 5% are using for spacing. Taken together nearly 3 in 4 Nepalese women have a demand for family planning. However only two thirds of these women's demand is currently being met. If all women with unmet need were to use FP. The contraceptive prevalence rate would increase from 45 % to 73 %.

The level of modern contraceptive use in Nepal has risen steadily over the last two decade while almost all currently married women reported knowledge at last one method (usually a modern method) only 38% currently married women report use leaving used a modern method. Female sterilization is the most popular method among currently married women 12% overall 29% of currently married women in Nepal are currently using a contraceptive method (26% modern methods and 3% traditional methods) NHFS, 1996

Parajuli (1996), found respondents knowing at least four methods if they have primary and above level of education. In illiterate groups, Tharus had less knowledge than Magaras 27% followed by Tharu 17%. The reasons for not using contraceptive was their own though first they are in fecund and second is desire for more children for both ethnic groups.

Modernization has been chaining life style so many of the child bearing women do not want breast feeding. They have the feeling that breast feeding is not good for physical beauty. This reason reduces the chance of post partum amenorrhea. (Subedi,1997)

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UN 1999, found that highest contraceptive prevalence rate in North America 77%, followed by Europe 71%, Latin America and Caribean 68%, Asia 60% and lowest Africa 24%. UN also found that the SAARC countries highest CBR in Srilanka 66% followed by Bangaladesh 49%, India 41%, Nepal 25%, Pakisthan & Maldives 18% & Lowest for Bhuthan 8%.

A simple picture image with respect to the literacy women for example among literacy women the level of current use was 33.4% while it increases to 45% for literate group. Women that reported currently using a method were asked to describe the currently FP method used. (BCHIMES, 2000)

No of condom acceptation are always in increasing trend since 1996/97 to 2003/04 from 59420 to 105313 respectively they know Condom works not only to control birth but also avoids or prevalence from sexually transmitted infection (SITO) such as syphilis, gonorrhea, HIV aids etc. But 2 in 5 men also believed that condom reduce a men's pleasure and that a condom is very inconvenient to use. (DHS, 2001).

The data form 2001. NDHS show that access to and used of range of health and family planning services for rural women in lowest among Dalit women. The contraceptive use among married rural women is lowest for Dalit (21%) and Muslims (15%) while othere castes have the highest contraceptive use. The knowledge of Dalit women is also very low compare to Newars, Bharaman, Chhetries and hill Janajati. The contraceptive prevalence rate of Dalit women is 30% (NDHS, 2001).

Findings from the 2001, NDHS shows that knowledge of at last is modern methods of FP in nearly universal in Nepal. The most widely known modern contraceptive method among both ever married and currently married women are female sterilization (99%), male sterilization (98%), injectable (97%), Pills (93%), Condom (91%). 54% of currently married women 63% of currently married men have used a modern method. Injectable use more common in newly married women among currently married men condom were more popular. The pattern of ever use in curvilinear, with use being lowest among women in the youngest age group (15-19) increasing with age and reaching a plateau among in their Thirties before declining (NDHS 2001)

The contraceptive prevalence rate among the currently married women in Nepal increased from 25.1% in 1991 to 39.3% in 2001. The most used modern methods among the currently married women in Nepal, one female sterilization (15%), injection (8.4%) and condom (2.9%) male sterilization (6%) and pills (2%). There has been a threefold increase in the share of temporary methods among all modern method in the last decade and a decline in the share of permanent methods. Almost all Nepalese women of reproductive age have heard of at least one method of family planning. All these indicate positive contribution of FP services to reducing population growth rate in Nepal in the future. The use of condom is the most popular among the illiterate women. The CPR of 62% in urban areas as against 37% in rural area clearly reflects this. (Source: Nepal country report, 2002).
The contraceptive prevalence rate 39% in 2001 to 47% by the end of 10th five year plan period and to 58.2% by 2017(DOH, fiscal year 2003/2004).

Bogart's found that factor associated with fertility decline contraceptive use and a desire for fewer children remained nearly unchanged in the stalled countries. Similarly, unintended birth and unmet need of contraception remained high in these countries ("Unmet need" is the proportion of women who prefer to avoid a pregnancy but are not using contraception.). In China, Kenya and the communication Republic, socio economic improvement, such as increases in per capita income and education, stagnated as well as, (World population data sheet in 2005)

A wide gap exists in modern contraceptive use between poorer and wealthier women. The use of contraceptive is more common among wealthier women than poorer women in nearly all countries and gap in particularly pronounced in the poorest countries. Nation average for contraceptive use is different within countries. Percentage of married women age 15-49 using modern contraceptive as follows. (World population data sheet, 2005

Table 2.1 Distribution of modern contraceptive use between poorer and wealthier

Countries	Poorer married women (15-49) use of	Wealthier married women (15-

	modern contraceptive (%)	49) use of modern contraceptive
Ghana	9.0	19.0
Uganda	11.0	41.0
Nepal	24.0	55.0
Peru	37.0	58.0
Indonesia	46.0	57.0
Ethiopia	3.0	23.0

(**Source: World Bank, round 11 Countries reports on health, nutrition and population conditions among the poor & the better of in 56 countries)**

Family planning information is largely received through Radio with limited exposure through the television and print media 68 % of women heard about FP on the Radio compare with 40 % who heard about it from the television, 40 % who have seen a massage on a poster or billboard, 15 % who read about it in newspaper or magazine and 6 % who saw a FP massage at a street Drama (NDHS, 2006).

NDHS, 2006 the government sectors remains the major source of contraceptive method providing methods to nearly 4 in 5 female users. Nearly one in three users obtaining their method form government hospitals and another one in five from mobile camps (Serving sterilization users alone) 12 % of female users obtain their method from sub-Health post. The non government sector primarily family planning association of Nepal (FPAN) and Mari Stop, supplies 6 % of user while the private medical sector supplies contraceptive to 14 % of user most of whom 10 % obtain their supplies from pharmacies.

According to NDHS 2006 Nearly 1 in 2 currently married women is using a method of contraception with most women using a modern method 44 % , the two most popular modern methods are female sterilization (18%), injection 10% the use of modern contraception method among currently married women increased by 70% in the past ten year from 26% in 1996 to 44% in 2006, with much of this increase contributed to the HH in the use of female sterilization the pills, condom & injectables overall there has been a 36% increase in the share of temporary methods over permanent method in the past decade.

Family planning policy in tenth plan

In The Tenth plan Population management policy had taken as one of the means of achieving the major objectives to attract couples toward a two child family norms to implement various programme to affect fertility and to provide FP maternal child health services of all main goals were to bring the total fertility rate from 4.1 to 3.5, to increase the uses of family planning device from 39.3 to 47.0, to decrease the IMR from 64.2 to 45 per 1000 live births.

Strategies :

- ❖ Easy access to reproductive health Services, delayed marriage and breast-feeding will be encouraged.
- ❖ Public awareness on massive scale will be emphasized in population management.

Policy/ Action plan

- ❖ Encourage availability of reproductive health services to all, encourage late marriage and promote of breast feeding.

- ❖ The population related behavior change, communication programme will be taken at the village level with the help of local bodies as well as an by mobilizing the community based organization to raise the public awareness in such the area as, education to the children and health about the important of small family, late marriage, RH, enhance social status of women, important of family planning, involvement of men in family planning and so on (NPC, 2002).

WHO (1994), support that FP service should be viewed in large context or RH core of women. The over of goal of any programme that addresses women's RH. Issued should be to contribute to the improvement of the health & well-being of women. Provision of a comprehensive, RH core programme.

Three year Interim policy

Three years interim plan has developed a long term plan 10 years in many aspects. Population management policy has taken as one of the means of achieving the major objectives (Management of population by giving of the rights of reproductive health and sexual health of male and female.) to attract couples towards two children by poverty alleviation and women's awareness. In three year Interim policy, the main goals are taken to bring the TFR from 3.1 to 3, to increase the use of FP device from 48 % to 51 %, to decrease the IMR from 48 to 42 per 1000 live birth, to decrease the MMR from 281 to 250 per 100000 live birth and decrease the CMR from 61 to 55 per 1000 live birth.

Strategies

1. Development of small family and to decrease the population growth, public awareness activities will be giving priority for target group.
2. To get the effectiveness of population management activities, the improvement policy and small family, women's education, breast feeding, late marriage, nutrition, reproductive health, and importance of family planning will be encourage.

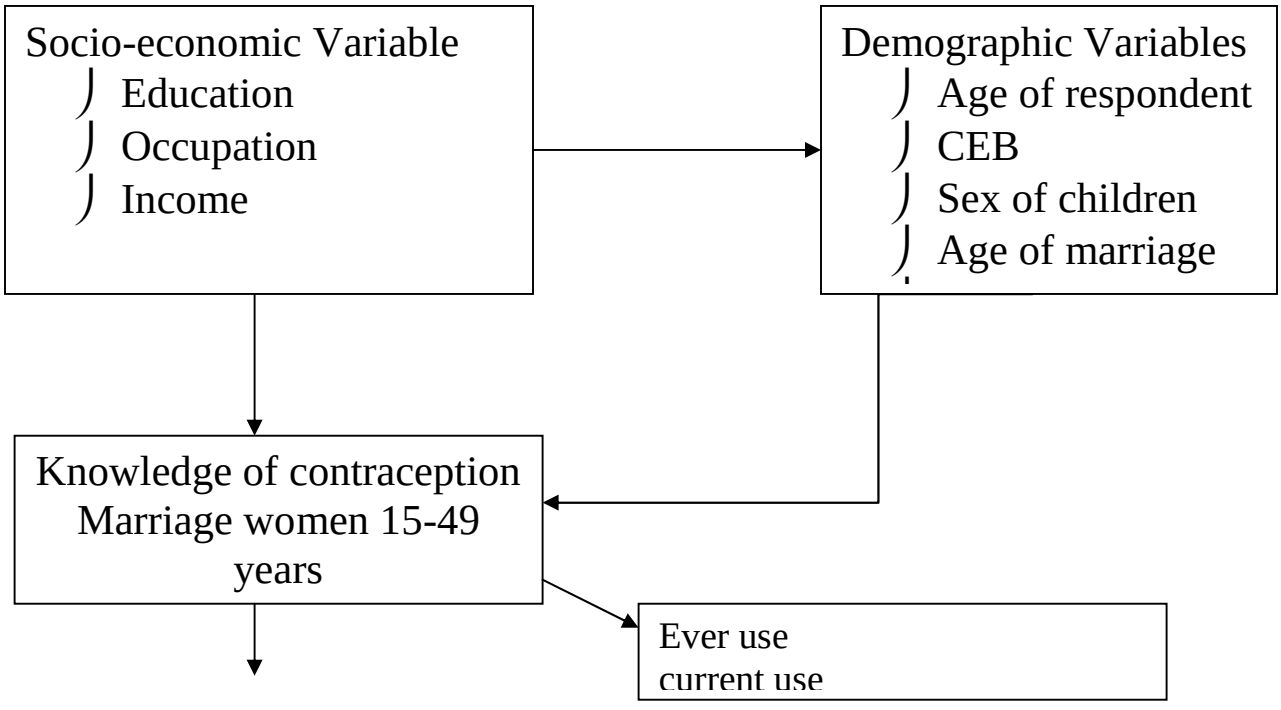
Policy and action plan

1. Especially, in the rural area will taking special program to decrease the population growth by increasing the attitude towards small Quality of family.
2. Participation of local bodies will be increase for to get rights of Reproductive health and sexual health of male and female and to approach the population management activities to all.

Conceptual Framework

Use of FP methods is one of the intermediate determinants of fertility. It is determined by various demographic socio, economic, cultural, geography and other variables.
Demographic factors such as age of women, no of Living children and age of marriage affect the current use of FP. Similarly, socio economic variable, live education, income, occupational status also affected currently use of FP.

Conceptual Framework



CHAPTER THREE

METHODOLOGY

This chapter deals with the research methodologies. It is used to collect quantitative and qualitative data, which is needed for the study. Especially this chapter discusses the location of the study area, research design, and source of data, sample design, method of data collection, and method of analysis of data.

Introduction of the study Area

Pyuthan is less developed district in mid-western development region and situated in east part of Rapti zone. The political boundaries of this district are Argha Khachi and Gulmi in east, Rolpa and Dang in west, Baglung and Rolpa in North and Arghakhachi and Dang in south. The total area of this district is 132890 hector. The total household of this district is 40263 and total population of this district is 212484, where 98330 are male and 114094 are female (CBS, 2001). The density of population in this district is 162 per sq. km. The average household size is 5.28. The average maximum temperature is 24.1^0c and minimum is 14.8^0c. This district lies $82^0$36" east to $83^0$6" east latitude and $27^0$52" north to $28^0$21" north longitude and 305m to 3659m altitude above the sea level (DDC Pyuthan; 2003).

Bijuwar VDC is one of the 49 VDCs in Pyuthan district. This is located at about 2 mile far from the district headquarter. Pyuthan khalanga. It is situated at the centre of 7 VDCs namely Dharma wait, Maranthana, Kalanga, Khaira, Vijaynagar, Dhakhakwadi and Majkot. The climate of this VDC is sub-tropical.

According to the national population census 2001, Nepal, the total number of houses in Bijuwar VDC has 1354. The Brahmans are majority inhabitants, other castes are Chhetri, Magar, Kami, Sarki, Damai etc. Both joint and nuclear families exist in Bijuwar VDC.

Main occupation of this village is agriculture. People are small farmers with small lands. Livestock rearing is common. Some of the people of this VDC are engaged in government services and some are engaged in business. There is one milk dairy cooperative. The VDC has 5 primary schools, two lower secondary school and one campus. There are 6 social clubs, which are working for the welfare of society. Transportation facility is available in ward no. 1, 2, 4, 6 and 7 of this VDC. There is daily bus service from Kathmandu, Butwal, Dang, Nepalgung and Mahendranagar. Other wards have not such facility. Ward no 1, 2 & 3 of this VDC is the study area. There are 376 households in this ward and total Dalit household are 140. Out of these household 25 household from ward no 1, 25 household from ward no 2 and 60 household from ward no 3 are purposively taking for study.

3.2 sources of Data

This study is based on primary data collection .Which is obtaining by active participation of investigator herself in household survey. Different data published by VDC office, DDC office planning commission and other various organizations has been taken for the study as secondary data.

3.3 Sampling Procedures

The study area contains 9 wards having 1354 HH (CBS 2001) and 6339 total population. Among them total population of Dalit is 1935 and total HH of Dalit is 418. First of all, 3 wards (1, 2 and 3) are selected by random sampling techniques because one third of area is taken for sampling. The total no of Dalit HHS in the sampling area are 140, among them 110 HHs are only selected. This represents 25% of total Dalit HH of VDC .Which can be considered to be representative of the universe of the study. Similarly, respondents are selected only one for each HH who youngest among married women of age or 15-49 years.

3.3 Questionnaire Design

A structured questionnaire was prepared for this study. Both closed and open ended questions were included in the questionnaire. The questionnaire divided into two parts to collect information about individual and house holds characteristics. In the first part households

schedule designed so as to take the information of age, sex, marital status, relationship with head of HH. In second part, the individual schedule designed for the question, related to knowledge and use of family planning methods asked to respondents.

3.4 Data collection method

The data was collected for all selected households one by one. Data was collected by researches herself through direct interview.

3.5 Data collection and Processing

The filled up questionnaire was scrutinized each day after the data collection. Then the data was entered into computer data were entered using computer software. SPSS\Statistical package for social sciences. Data was again crossed checked by output table and cross tables in order to check entry errors or reported errors. Tables and figure was processed from the SPSS software & using descriptive method data was analysis.

CHAPTER FOUR

Background Characteristics of Respondents

This chapter has been provided some demographical and socio-economic characteristics of the household population of Dalit community of the sample household. Demographic characteristics provided educational attainment, major occupation and size of landholding and level of monthly income of the sample household of the study area.

Household Background Characteristics

4.1.1 Age-sex structure

Age sex structure is primary basis of demographic classification of vital statistics. Age and sex are very important variables in study of fertility, morality and migration.

Table 4.1 Distribution of sample households currently population by age & sex

Age	**Male**		**Female**		**Total**	
	Number	Percent	Number	Percent	Number	Percent
0-4	27	9.3	39	12.8	66	11.1
5-9	47	16.3	41	13.4	88	14.8
10-14	33	11.4	25	8.2	58	9.8

15-19	17	5.9	32	10.5	49	8.22
20-24	22	7.6	37	12.1	59	9.9
25-29	28	9.7	37	12.1	65	10.9
30-34	23	8	18	5.9	41	6.9
35-39	23	8	20	6.5	43	7.2
40-44	18	6.2	15	4.9	33	5.6
45-49	19	6.6	16	5.2	35	5.9
50-54	9	3.1	8	2.6	17	2.9
55-59	9	3.1	7	2.2	16	2.7
60-64	6	2.1	5	1.6	11	1.9
65-69	7	2.4	2	0.7	9	1.5
70 & above	1	0.35	4	1.1	5	0.8
Total	**289**	**100.00**	**306**	**10**	**595**	**100.00**

Source: Field survey 2008

Table 4.1 shows distribution of currently population of sample household by age & sex. There are 595 people in 110 households. Among them 289 are male & 306 are female. The average household size is 5.4 people per household. The highest percentage of population is found in the age group 5-9 years (17.8) followed by 11.1 % in the age group 0-4 years.

4.1.2 Marital status

Marital status is one of the important characteristics for this study. Therefore, the characteristics the marital status of the sample household of the study area is given.

Table 4.2 Distribution of sample household by aged 10 years and above by sex and marital status.

Marital status	**Male**		**Female**		**Total**	
	Number	Percent	Number	Percent	Number	Percent
Married	140	65.1	140	62	280	63.4
Unmarried	66	30.7	74	32.7	140	31.8
Widow/Widower	9	4.2	12	5.3	21	4.8
Total	**215**	**100**	**266**	**100**	**441**	**100**

Source: Field survey 2008

Table 4.2 shows that the marital status of sample household population aged 10 years and above. The total population of 10 years and above is 441 where male are 215 and female are 226. Only 30.7 % of male & 32.7 % of female are unmarried. The study finds that the married population is the highest (63.5 %) followed by unmarried 31.8 and widow/widower 4.8 %.

4.1.3 Socio-Economic characteristics

Socio-economic characteristics deal with education attainment, major occupation and size of land holding, level of monthly income of the husband of respondent women, access to basic facilities, occupation and educational status

4.1.3.1 Educational Attainment

Educational attainment is the most important factor for the people with which they can face and solve every problem. Knowledge and use of family planning also depends upon the educational attainment. Couple can decide how much children are suitable for their happy life and in what way they deal with their children for their bright future.

Table 4.3 Distribution of population by aged 5 years and above by sex and literacy status.

Literacy Status	**Male**		**Female**		**Total**	
	Number	Percent	Number	Percent	Number	Percent
No Education	44	16.8	78	29.2	122	23.1
Primary	91	34.7	81	30.3	172	32.5
Lower Secondary	47	17.9	59	22.1	106	20.1
Secondary	56	21.4	39	14.6	95	18
SLC passed	22	8.4	10	3.8	32	6.1
I.A. above	2	0.8	0	0.0	2	0.38
Total	**262**	**100.00**	**267**	**100.00**	**529**	**100.00**

Source: Field survey, 2008

Table 4.3 shows that the distribution of population aged 5 years and above. The total literacy rate is 77 % of the sample household. Which shows the literacy rate among Dalit community of the study area is satisfactory. This table shows that the male literacy status is greater than female literacy status of the study area. It is also shown that there are no female whose educational attainment is I.A. passed and above.

4.1.3.2 Major Occupation

Occupation is that factor which helps to improve socio economic factor of the people. In Dalit community, major occupation is their traditional occupation like sewing, shoe making, ironwork etc. However, they are shifted in many kinds of occupation like agriculture, service, business etc.

Table 4.4 Distribution of population by major occupation

Occupation	**Number**	**Percent**
Agriculture	75	17.0
Service	53	12.0
Business	38	8.6
HH work	109	24.7
Daily wage	51	11.6
Pension	6	1.3
Student	106	24.0
Don't Know	3	0.9
Total	**441**	**100.00**

Source: Field survey, 2008

Table 4.4 shows distribution of population of age 10 and above by major occupation in the sample household of the study area. The major occupation of the study area is household work (24.7 %) and maximum number of female is involved in this sector but this sector is not returnable. Others are student (24.0 %), agriculture (17.0%), and service (12.0 %). In the study area 8.6 % of the population are involve in business. They have modernized their traditional occupation.

4.1.3.3 Size of Land Holding

The size of land is related to the economic condition of the people.

Table 4.5 Distribution of households by size of land holding

Size of land holding (Ropani)	Number	Percent
Landless	3	2.7
Less than 1	4	3.6
1-2	54	49.1
3-4	39	35.5
5 and above	10	9.1
Total	**110**	**100**

Source: Field survey, 2008

Table 4.5 shows distribution of households by size of landholding. Among the total sample household the highest portion (49.1 %) of household have 1-2 ropani of land followed by 3-4 ropani (35.45 %). Nearly three % households were landless.

4.1.3.4 Basic Major Facilities

Basic major facilities available of the sample household of the study area are shown as follows.

Table 4.6 Distribution of household by available of basic major facilities

Types of facilities	Number	Percent
Radio	100	90.9
Telephone	52	47.3
Toilet	43	39.1
Water at home	0	0.0

Source: Field survey, 2008

Table 4.6 shows that out of the total sample household, 90.9 % household have Radio facilities, 47.3 % of household have telephone facilities and only 39.1 % household have toilet but no one have water facilities their own home.

4.1.3.5 Income Distribution

The income level plays major role in determining the level of living standard and economic activities, which influences all activities of people.

Table 4.7 Distribution of household by monthly income

Monthly income in RS	Number	Percent

Less than 1,000	19	17.3
1,000-2,000	35	31.8
2,001-3,000	28	25.5
More than 3,000	28	25.5
Total	**110**	**100**

Source: Field survey, 2008

Above table shows distribution of households by monthly income. It shows that in the study area, the number of households having monthly income in between RS 1,001 to 2,000 is highest (31.81 %), about 25.5 % household have monthly income 2,001 to 3,000 and more than 3,000. Only 17.3 % household have monthly income is less than 1,000.

4.2 Respondents background characteristics

4.2.1 Educational status

Education is most important factor. It is the indictor of development and awareness in every aspects of society. In the study are among 110 responds of currently married women aged 15 to 49, the educational background is as given below,

Table 4.8 Distribution of Respondents according to their level of education**.**

Level of Education	**Number**	**Percent**
No Education	45	40.9
Primary	22	20.0
Lower Education	23	20.9
Secondary	16	14.5
S.L.C. Passed and Higher	4	3.6
Total	**110**	**100**

Source Field survey, 2008

Table 4.8 shows distribution of respondents (Currently married women age 15 to 49) according to their level of education it seems that illiteracy rate i.e. no education is higher in study area. 40.9 % of the respondents of the study area have no education about 20 % of respondents have primary level of education; about 20.9 % have lower secondary level of education. 14.5 % have secondary level of education and 3.6 % of have S.L.C. passed.

Age at Marriage.

According to census marriage is defined as man and woman who are married either consensually or religiously or legally and live together in the same or different place as husband and wife are know as married person.

Table 4.9 Distribution of respondents according to age at marriage.

Age at Marriage(in years)	**Number**	**Percent**
<15	0	0
15-19	60	54.6
20-24	49	44.6
25 and above	1	0.90
Total	**110**	**100**

Source Field survey 2008

Table 4.9 shows distribution of age at marriage of the respondents. It shows that in the study area, higher number of respondent have got marriage at age 15 to 19 years(54.6 %) which is followed by age 20-24 years(44.6 %) and 0.9 % have got marriage at age 25 and above. But there are no respondents have married on the 15 years of age.

4.3 Major Occupation

Women's occupation is one of the most important factors in the family planning. Most of the study shows that the occupation of women determines that how much children they have. In this study woman whose main occupation is farming, animal husbandry, vegetables, gardening and so on are taken as agriculture.

Table 4. 10 Distribution of responds according to their major occupation

Occupation	Number	Percent
Agriculture	17	15.5
Service	1	0.9
Business	4	3.7
Household work	66	60.0
Daily work	22	20.0
Total	**110**	**100.00**

Source: Field survey 2008

Table 4.10 shows distribution of responds i.e. currently married women aged 15-5 according to their major occupation. It shows that the highest number of respondent are involved in household work (60 %) followed by Daily Wage (20 %) and Agriculture (15.5 %).Only 0.9 % women is involved in service.

4.2.4. Age at first Birth

Among the total 110 respondents, the age at first birth of the respondents is shows as follows.

Table 4.11 Distribution of the responds according to the age at first birth

Age at first birth	No	Percent
15-19	20	18.2
20-24	79	71.8
25 and above	9	8.2
No given Birth	2	1.8
Total	**110**	**100.00**

Source: Field survey 2008

Table 4.10 shows that out of the 110 married Women the highest no of women given birth at the age 20-24 years (71.8%). Followed by at the age 15-19 years (18.2 %) and 25 and above (8.2 %). It is also shows that 2 respondents have not given any birth till the time of survey.

4.2.5 Children Ever Born

Children Ever Born is defined as the no of living children to women at the time of survey use and non use of contraception and desire for children determines the number of living children it can be understood that it CEB is very high, women may not tend to use FP devices, respondents were asked about the no of children ever born. The responses are tabulated in

Table 4.12 Distribution of respondent women by No of CEB

No of CEB	Respondents	Percent
0	3	2.7
1	21	18.2
2	25	23.6
3	29	27.3
4	14	12.7
5	12	10.9
6	3	2.7
7	3	1.8
Total	110	100

Source: field survey 2008,

Table 4.11 shows that 27.3 % of the respondents have given birth to at least 3 children but the rest 2.7 % have not given any child. In this way, 23.6 % respondents have given birth to at least 2 child 18.2 % have given at least one child, 12.7 % have given 4 child, 10.9 % have given to at least 5 child, 2.7 % have given at least 6 child and only 1.2 % have given to at least 7 child.

CHAPTER FIVE

Knowledge and Use of Family Planning Methods

5.1 Knowledge of family planning

This section describes the findings on knowledge of contractive. The study collects information about the knowledge of contractive from all respondents .The respondents have initially asked whether they have heard about any contractive methods. If they say yes then different methods are given to the respondents and asked whether they have heard of particular method.

5.1.1 Level of Knowledge on Family Planning Methods.

Among the total respondent high percentages say that they are heard about family planning method.

Table 5.1 Distribution of respondents according to knowledge of family planning**.**

Heard about Family Planning Method	**No**	**Percent**
Yes	103	93.6
No	7	6.4
Total	**110**	**100.00**

Source: Field Survey 2008

Table5.1 show that 93.6 % of the respondents heard about family planning method and only 6.4 % respondents never heard about family planning methods.

5.1.2 Knowledge of different Family Planning Methods.

The Knowledge of different Family Planning Methods among the respondents is given below.

Table 5.2 Distribution of Respondents knowing about Different Family Planning Methods**.**

Methods	**Number**	**Percent**
Pills	56	50.9
IUD	9	8.2
Depo	77	70.0
Female Sterilization	96	87.3
Male Sterilization	95	
Condom	98	89.1
Norplant	26	23.6
Kamal	14	12.7
Withdrawal	9	8.2
Safe period	16	14.5

Source: Field Survey 2008

In table 5.2, information about family planning methods is presented. Finding from the field survey shows that the most popular family planning methods among respondents are Condom (89.1 %), Female Sterilization (87.3 %), Male Sterilization (86.4 %), Depo (70 %), Pills (50.9 %), only 8.2 % of respondents know about IUD and withdrawal.

5.1.3. Knowledge of Family Planning Methods According to Level of Education

The table below presents the knowledge on family planning of the respondents according to their level of education.

Table 5.3. Distribution of currently married women knowing about the family planning method of aged 15-49 years according to their level of education**.**

Methods	**Level of Education**											
	NO Education		**Primary**		**Lower Secondary**		**Secondary**		**SLC Passed**		**Total**	
	No	%	No	%	No	%	No	%	NO	%	No	%
Pills	14	31.1	13	59.1	13	56.5	12	75	4	100	56	50.9
IUD	-	-	1	4.6	2	9	4	25	2	50	9	8.2
Depo	20	44.4	18	81.8	20	87	15	93.8	4	100	77	70
Female Ste.	36	80	21	95.5	20	87	15	93.8	4	100	96	87.3
Male Ste.	37	82.2	20	90.9	19	82.6	15	93.8	4	100	95	86.4
Condom	-38	84.4	19	86.4	22	95.7	15	93.8	4	100	98	89.1
Norplant	-	-	4	18.2	8	34.8	10	15.6	4	100	26	23.6
Kamas	-	-	2	9.1	3	13.04	7	43.8	2	50	14	12.7
Withdrawal	-	-	1	4.6	1	4.35	4	25	3	75	9	8.2
Safe Period	-	-	1	4.6	5	21.73	8	50	3	75	16	14.5

Source: field survey 20081

Table 5.3 shows the distribution of currently married women who have knowledge of contraceptive to their level of education. This table shows that there is direct relationship between education and knowledge of family planning method. It means those whose education level is higher have more knowledge about different types of family planning methods than the illiterates.

5.1.4 Knowledge about Sources of Contractive Supplies

The Knowledge on sources different contraceptives supplies of the study area is given below.

Table 5.4 Distribution of respondents by knowledge on sources of different contraceptive supplies.

Sources of Contractive Supplies	**Number**	**Percent**
NO knowledge	10	9.1
Grocery	18	16.4
Hospital	100	90.9
Health post	44	40.0
Private clinic	31	36.4

Source: field survey 2008

Table 5.4 shows that maximum % of the respondents have knowledge on sources of contraceptive Supplies (90.9). The higher number (90.9 %) of the respondents knowledge that hospital is the sources of contraceptive supplies and 40 % respondent have knowledge that Health post also sources of Contractive supplies. Only 16.36 % of respondents have knowledge about sources of contractive supplies is Grocery also.

5.1.5. Knowledge on Family planning Method by occupation.

Occupation also determine the level of knowledge of Family planning. Table below presents the knowledge on family Planning methods according to their knowledge.

Table 5.5 Distribution of currently married women knowledge about the method of family planning according to their occupation.

Kinds of occupation										
Methods	**agriculture**		**Service**		**Business**		**Household work**		**Daily wage**	
	No	Percent	No	Percent	No	Percent	No	Percent	No	Percent
Pills	8	47.1	1	100	3	75	37	56.1	7	31.8
IUD	3	17.7	0	-	1	25	4	6.1	1	4.6
Depo	12	70.6	1	100	3	75	48	72.7	13	59.1
Female ste.	15	88.2	1	100	3	75	58	87.9	19	86.4
Male ste.	15	88.2	1	100	3	75	57	86.4	19	86.4
Condom	16	94.1	1	100	3	75	59	89.4	19	86.4
Norplant	2	11.8	1	100	1	25	19	28.8	3	13.6
Kamal	1	5.9	1	100	2	50	10	15.2	0	-
Withdrawal	1	5.9	1	100	1	25	5	7.6	1	4.6
Safe period	2	11.8	0	-	1	25	13	20	0	-

Source: field survey 2008

Table 5.5 shows the knowledge about family planning of respondents according to their occupation. Table shows whose occupation is agriculture, 94.1 % of respondents have heard about condom and 88.2 % of respondents have heard about male sterilization. Likewise whose occupation is Daily wage, 86.7 % of respondents have heard about condom, Male sterilization
and Female sterilization.

5.1.6 Visit of Health center for family Planning.

The table below presents the condition of visit on health center for family planning of the respondents

Table 5.6 Distribution of respondents visited health center family planning**.**

Health center	**Number**	**Percent**
No visit	58	52.7
Grocery	1	0.9
Hospital	54	49.1
Health post	13	11.8
private clinic	7	6.6

Source: field survey 2008

Table 5.6 shows that 52.3 % of women never visit any health post for family planning and 49.1 % of respondent or Dalit married women visited the hospital for family planning Likewise 11.82 % and 6.63 % of Dalit married women ever visited health post and private clinic for family planning respectively.

5.2 Uses of Family planning methods.

Contractive is one of the most important 'Proximate Determinants' of aggregate level of fertility. Furthermore, it generally, assumed to play the principle role in transition to lower fertility. The use of contractive may have impact on declining population growth.

5.2.1 Ever use of family planning methods.

Data on ever use of contraception has special significance because it revels the cumulative success of programs promotion the use of family planning among couples. Ever use refers to use of a method at any time with no distinction between past and present use (NDHS 2006).Respondents of the study area who had ever used a method of family planning.

Table 5.7 Distribution of currently married Dalit women aged 15-49 according to ever use of any contractive method**.**

Ever use contractive method	**Number**	**Percent**
Yes	80	**72.7**
No	30	**27.3**
Total	**110**	**100**

Source: field survey 2008

Table 5.7 shows that 72.7 % of currently married Dlit women in the study area have ever used family planning methods and 30 % of women never used any family planning methods.

Table 5.8 Distribution of currently married women aged 15-49 who have ever used any family planning methods. (In total No of ever used of family planning methods only).

Method	**Number**	**Percent**
Pills	18	22.5
IUD	0	0
Depo	36	45.0
Female ste.	23	28.8
Male ste.	9	11.3
Condom	57	71.3
Norplant	0	-
Kamal	0	-
Withdrawl	5	6.3
Safe period	12	15.0

Survey: field survey 2008

Table 5.8 shows distribution of currently married women aged 15-49 who has ever used any contractive method. Among ever used of contractive 71.25 % have ever used Condom, 45% have ever used Depo i.e. injectable, 28. 75 and 11.25 % have used female and male sterilization respectively. Likewise 15 % used the method of safe period and 6.25 % used the method of withdrawal.

5.3.1Current Use of FP

Current use of FP in defined as the proportion of women who reported the use of family planning method of the time of interview (NDHS-2006). The level of current use-usually calculated among currently married women is the most widely used and valuable measure of the success of FP program

Table 5.9 Distribution of currently married women aged 15-49 who are currently using FD method (in total no of respondent)

Currently using FP	**Number**	**Percent**
Yes	73	66.4
No	37	33.6
Total	**110**	**100**

Source: field survey 2008

Table-5.9 shows that 66.4% of the currently married women in the study area are currently using FP method were as national figure of current user of modern contraceptive method is 44.2% (NDHS 2006)

Table 5.10 Distribution of currently married women aged 15-49 who are reported currently using any FP method by differentiation method. (In total no of current user of EP method only)

Method	**Number**	**Percent**
Pills	6	8.2
IUD	-	-
Depo	16	21.9
Female Ste.	23	31.5
Male Ste	8	11
Condom	17	23.3
Norplant	-	-
Kamal	-	-
Withdrawal	-	-
Safe period	3	4.1
Other	-	-
Total	**73**	**100**

Source: field survey 2008

Table 5.10 Shows distribution of currently married women aged 15-19 who using any FP method by differential method (in total no of current user of contraceptive method only). Among currently users of FP method, 31.5 % have used female sterilization, 23.3 % are currently using condom making it most popular methods in the study area, 21.9 % are currently using Depo, 11 % have used male Ste, 82 % currently using polls and 4.1 % are using safe period.

5.3.1.2 Education of Women and Current Use of (FP Method)

In the study area respondents are asked about their educational background and the result is as follows.

Table 5.11 distribution of currently married women who are currently using FP method of aged 15-49 according to their level of education (in total no of respondents **)**

Level of education	**Current user**	**%**	**Respondent**
No education	21	46.7	45
Primary	15	81.8	12
Lower secondary	17	73.9	23
Secondary or Higher	17	85	20
Total			**110**

Source: field survey 2008

Table 5.11 shows that women with secondary or higher level of education are currently using FP method more compare to primary level of education.

Table 5.12 distributions of currently married women who are currently using FP method of aged 15-49 years according to their level of education and differential methods

Methods	**Level of education**									
	No education		**Primary**		**Lower Secondary**		**Secondary +**		**Total**	
	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent
Pills	1	4.8	1	5.5	2	11.8	2	11.8	6	8.2
IUD	-		-		-		-			
Depo	5	23.8	5	27.8	3	17.6	3	17.6	16	21.9
Female ste.	11	52.4	4	22.2	3	17.6	5	29.4	23	31.5
Male Ste.	3	14.3	2	11.1	1	5.9	2	11.8	8	11
Comdom	1	4.1	5	27.8	6	35.3	5	29.4	17	23.2
Norplant										
Kamal										
Withdrawal										
Safe period			1	5.6	2	11.8			3	4.1
total	21	**100**	18	**100**	17	**100**	17	**100**	73	**100**

Source: field survey 2008

Table 5.12 shows distribution of currently married women aged 15-19 according to their level of education who are using FP method, the table shows that among no education current users of FP. 52.4% are using female stc, 23.2% are currently using Depo, 14.3% are currently using male stc and 4.8% are using both Pills and condom. Among primary level current user

of FP, 27.8% are currently using Depo and condom, 33.3% are using permanent methods and 5.6% are currently using both pills and safe period similarly, among the current users of FP having women secondary level of education, 35.3% are using condom, 17.6% are using both Depo and female stc, 11.8% are using both pills and safe period and 5.9% are using male stc. In the same way, among current user of FP having secondary, higher, 41.2 are using permanent methods, 29.4% are using condom, 17.6% are using Depo 11.8% are using pills.

5.3.1.3 Occupation of women and current use of FP methods

The occupation of women is considered as the major determinants of their fertility behavior. Contraceptive prevalence rates are generally higher for women involved in non-agriculture activities compared to those who are in agriculture.

Table 5.13 Distribution of currently married women aged 15-49 who are reported currently using any FP method by occupation**.**

Occupation	**Current user**	**Respondent**
Agriculture	13	18
Non agriculture	60	92
Total	**73**	**110**

Source: field survey 2008

Table 5.13 shows that women have major occupation as non-agriculture are currently using FP methods lower compared to women having major occupation as agriculture its cause most of women are being household work because non of having own land for agriculture and most of man have gone to India.

5.4 Encouragement for using Family planning

Among the use of Family planning method respondents the encouragement for using Family planning methods given below.

Table 5.14 Distribution of respondents by encouragement sources for using Family planning.

Encouragement	Number	Percent
Self	20	25
Family	12	15
Friend	6	7.5
Husband	29	36.25
Neighbor	5	6.25
Media	8	10
Total	**80**	**100**

Source: field survey 2008

Table 5.14 shows that encouragement sources of family planning use among the respondent. It shows that the main role play to use family planning method is respondent husband (36.25 %). In the study area 25 % of respondents are using family planning method by their own decision. Likewise 15 % are encouraged by their family, 10 % are encouraged by media, .50 % is friend and 6.25 % are encouraged by neighbor

5.5 Future use of Family planning methods.

Among the total respondents the condition of future use of family planning method is given below.

Table 5.15 Distribution of respondents by intention of future use of family planning

Use	Number	Percent
Yes	54	49.1
No	56	50.9
Total	**110**	**100**

Source: field survey 2008

Among the total respondents of the sample household 50.9 % that they are not going to use any family planning method in future and 49.1 % answered that they are going to use family planning method in future

5.6 Reason for non use of FP methods

An understanding of the reason for non using FP methods as follows

Table 5.16 Distribution of currently married women aged 15-49 according to using Status of methods

FP Methods	Number	Percent
Current use	73	66.4
Non users	37	33.6
Total	**110**	**100**

Source: Field survey 2008

The above table shows that among currently married women aged 15-49 years 33.6 % ns non users of FP methods. The reason for non users of FP method for the currently married women in the study area was asked and their response is listed show.

Table no 5.17 Distribution of respondents according to reason for not using any family planning method in future**.**

Reason	Number	Percent
Sexual displeasure	1	1.8
Want to have daughter	1	1.8
Desire of son	10	17.9
Fear of side effect	8	14.3
Not necessary	32	57.1
Don't know	4	7.1
Total	**56**	**100**

Source: field survey 2008

Table 5.17 dhow that the distribution of respondents according to reason for not using any family planning methods in future. Among the total respondents of not using any kinds of family planning methods in future, 57.1 % say that they have no necessary for family planning on future because they have already used permanent methods of FP. 17.9 are not using the method in future because they have desire of son, 7.1 % of respondents answered don't know and 1.8 % answered that they have want to daughter and sexual displeasure.

5.7 Desire for Additional children

Desire for more children than they have also determines the fertility behavior and use of family planning devices. For example, the couple or women who do not want to have more children, are likely to use sterilized method and who want to have more children, are likely to use temporary contraceptive devices. Respondents were asked whether they were willing to have additional children. The respondents were asked whether they were willing to have additional children. The responses are presented in

Table 5.18 Distribution of respondents by desire for additional children

Desire for any more children	Respondents	Percent

Yes	39	35.5
No	71	64.5
Total	**110**	**100**
Whose desire	-	-
Husband desire	14	35.9
Own desire	17	43.6
Family desire	8	20.5
Total	**39**	**100**

Source: field survey 2008

It is clear to see from the table 5.18 that majority of the respondents have no desire for additional children which is accounted for 64.5 % but the rest 35.5 % respondents said to be needed more. Among the respondents who reported that they needed more children, 43.6 % said that it is own interested, 35.5 % said it is husband desire 20.5 % said as family desire.

5.8 Ideal number of children

Fertility behavior of women depends upon the no of children they want. Their expectation of the no of children determines the use of and non use of contraceptives. This also shows that they are alert in fertility matters. Respondents were asked about their preference no of children, as follows

Table: 5.19 Distribution of respondents by Ideal Number of children

Ideal Number of children	Respondents	Percent
1	-	22.7
2	25	62.7
3	69	11.8
4	13	2.7
5+	3	-

Source: field survey 2008

Table 5.19 Shows that majority of the respondents 62.7 % want to have three children followed by two 22.7 %, 11.8 % of the respondents reported four children as the ideal number and 2.7 % of the respondents reported 5 and more than 5 children as the ideal number. This shows that the respondent's fertility behavior is towards big family size and it may take long time to improve their attitude towards having small no of children, similarly, the average no of ideal children as 3.

CHAPTER SIX

SUMMARY CONCLUSION AND RECOMMENDATION

Summary

This study knowledge, use and attitude toward contraceptives among currently married women of the reproductive age of Dalit community at Bijuwar VDC wand No. 1, 2, 3. The study is mainly based on the primary data obtain from field survey, 2008. it provides information about contraceptive knowledge and use differential in current use, accessibility of contraceptives and attitude towards contraceptives. The data gathered from ward 1, 2 and 3 out of total HH of Dalit of this study area, 110 households using structural interview. This households are taken 25 from ward no 1, 25 from ward no 2 and 60 from ward no 3 .

The total literacy rate is 76.94% of the sample household (the population of five years of age and above). It shows that the literacy rate among Dalit community of the study area is and satisfactory. Which is higher than average national level figure of 54.09 % based on 2001 census?

The major occupation is household work 24.72 % and agriculture 17.01% majority (49.09%) of household size of lend holding is found to be 1-2 Ropani followed by 3-4 Ropani 35.45% and only the 9.09% house hold size of land holding is found to be 5 and above. Almost 91% house holds have Radio 47.2% have telephone facility, only the few households have to Toilet (39.10%) and No household use water at home. Almost 31.81% Households monthly income is NRS 100-200 where as 25.46 % household monthly income NRS 3000 and only 17.27% household has monthly income less than 1000.
Almost all respondents are illiterate i.e., no education (40.91%) in the study area. About 20 % of respondents have primary level of education followed by only 3.64 % have SLC passed.

In the study area, higher no of respondent have got marriage at age 15-19 years (54.55%) which is followed by age above 25 years only 0.9%.
No of respondents are household work (60%) followed by agriculture 15.45% and only the 0.9 % women are involved in service.

Out of 110 married women the highest no of women given birth at the age 20-24 years 71.82% followed by at the 25 and above years 8.18% only.

Almost all currently married women are familiar with at least one contraceptive method (93.64%). Among individual method, condom 89%, Depo 77%, Pills 50%, Norplant 23%, Kamal, 12%, IUD and withdrawal 8% and safe period 14%.

The contraceptive prevalence rate is 66.37% for currently married women of reproductive age in this community, which better than national figure 44.2% (NDHS, 2006) Almost 66.4 % of the total contraceptive prevalence rate is contributed by 20.9% female Ste. Followed by condom 15.5%, Depo 14.5%, Pills 5.5% etc and the current users of IUD, Norplant, kamal are not found in the study area.

There is positive relationship associated between current use of FP and level education of women. It ranges from non education (illiterate) 46.7%, primary 81.8%, lower secondary 73.9% and secondary or highest 85% of the total no of respondent, there is great difference between the working status of women and current use of contraceptive methods. The current use of contraceptive method is found higher 72.22% in agriculture activities than in non agriculture activities 65.2%.
Majority of current users (66.37%) reported receiving any form of contraceptive methods from public sectors. This is the most important source of supply for Depo. Condom, female Stc, Male Stc, Pills, where as the share of private sector is only 6.63%.
Similarly, the majority of encouragement for using family planning 36.25% by household followed by self 25% , family 15%, media 10%, friend 7.5% and neighbor 6.25%.

Among the total respondents 50.9% are answered they are not going to use any family planning method in future but only 49.1% are going to use any FP method in future. Among the total respondents of non uses of FP in future 57.14% say that they have no necessary to FP on future because they have already used permanent methods of FP. Nearly 18 % are using FP by the cause of desire of son, 14.28% are not using FP method in future because of fear of side effect.

Out of the total 39 respondent of desire for any more children, 43.6 % are own desire, 35.9 % are husbands desire, and only the 20.5 % are family desire.

The majority of ideal no of children 62.7 % want to have three children followed by tow 22.7 %, 11.8 % of the respondent reported four children, 2.7 % of the respondent reported 5 and more than 5 children as the ideal number.

Conclusion

The household and socio-economic condition of the respondents is found to be low.

The current pattern of contraceptive among currently married women is dominated by condom, Depo and female sterilization in the study area.

The respondent of level of education is very low; only the few respondents have been passed SLC Level. The currently married women secondary higher level of education is found using FP more compared to no education and primary level of education.

Low use of temporary method of contraceptive indicates that most of couples want to fulfill their desired family size first.

The main reason for non using contraceptive seems to be desired for sons. This indicates that son preference is the barrier for using contraceptives.

The contraceptive method is found used more by these women who are engaged in agriculture activities than who are engaged in non agriculture activities. That cause will be no land for farming to household women.

That studies shows that there is positive relationship between the no of living children and use of contraceptive.

Recommendation

The following recommendations are made on the basis of the findings of the study.
Knowledge, attitude and use of FP are dependent on the level of women and men's education. In order to increase the KAP contraceptive among currently married women, formal and non formal education programs should be carried out emphasing the use of contraceptive methods.

Most of the couples in the Dalit community use FP only when they attend desires no of children. Therefore, the birth spacing method should be accessible and affordable for them and there should be effective counseling about use of FP.

The finding suggests that son-preference is prevailing among the married Dalit women this type of traditional concept should be removed by effective educational programs.

Condom, Depo and female sterilization are found to be most familiar modern FP method, but IUD and non plants user are not found in the study area. So it is necessary to motivate couple in different methods by effective counseling and IEC programs.

Free distribution channels of FP methods should be made effective and scientific so that every couple of reproductive age can have very conventional and easier access towards it.
Un-usual rumors about side effect of FP, method should be penetrated by operating effective IEC programs

Government should provide some incentive to children like school, health service, and nutrition and employment opportunity if parents have two children.

The overall status, i.e. educational status, economic status, decision-making women is very low so a special program is needed to raise the overall status of woman.

Couples should be trained on the importance of FP methods and the advantages of having less no of children.

Information, education and communication (IEC) materials should be accessible through primary health care centers to improve the level of FP use and to counter the rumor messages.

Issue for the further research

This study on the contraceptive knowledge and use is in the Dalit community. Further research may be carried out on other specific communities. This study is based on selected few socio-economic and demographic variables, other research can be carried out using other approach like culture, religion, psychological, geographical, maternal child health care, and demographic impact of sexual behavior, knowledge, attitude and prevention of STD, HIV/AIDS.

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Questionnaire

Knowledge and Use of Family Planning Methods among Dalit Married Women of Bijuwar VDC Pyuthan

Section-1 Household Questionnaire

Code No.: Date:
District: VDC:
Ward No.:
Name of the Household Head: ..... Religion: .....
Name of the Respondent: ..... Age (Complete Year): .....

Household Record

S.N. 1	Name of the Family Member 2	Relation with the HH Head 3	Male or Female 4	Age in Yrs 5	Literacy Status 6	If literate Educational Attainment 7	Marital Status 8	Occupation 9	Identification of Eligible (Women15-49 Yrs Married) 10

Note: Education is only asked to the people more than 5 yrs and marital status and occupation are asked to the people more than 10 yrs

Related to Q. No. 03	Related to Q. No. 06	Related to Q. No. 09	Related to Q. No. 10
01 Household Head	01 No Education	01 Agriculture	01 Unmarried
02 Husband	02 Primary	02 Service	02 Married
03 Son/Daughter	03 Lower Secondary	03 Business	03 Widow/Widower
04 Sister in Law	04 Secondary	04 HH Work	04 Separated
05 Grand son/Daughter	05 SLC Passed	05 Daily Wages	05 Divorce
06 Father/Mother	06 I.A. Above	06 Pension	06 Married but not Living Together
07 Father/Mother in law	07 Don't Know	07 Student	
08 Brother/Sister		08 Don't Know	
09 Nice/Nephew			
10 Other			

Individual Questionnaire

Q.N.	Questions	Response Category	Skip
11	What is your date of birth?	Year Month	

12	What is your complete age?	Year	
13	Can you read and write?	Yes 1 No 2	
14	Which class has you Passed?	Level of Education....	
15	What is your occupation?	Occupation Write Code.....	
16	What is your husband occupation?	Occupation Write Code.....	
17	What is your husband monthly income?	Income in Rs < 1000 1001-2000 2001-3000 >3000	
18	What was your age at first marriage?	..... years	
19	Have you given birth to any Children?	Yes 1 No 2	
20	What was your age at first birth?	..... years	
21	How many children are ever alive have you born?	Son Daughter Total	
22	Are the children still alive that you born?	Yes 1 No 2	
23	If No, how many have died	Son Daughter Total	
	Socio-Economic Condition of Household		
23	Do you or your family has own cultivated land?	Yes 1 No 2	
24	If yes, how much land does your family have?	Bigha ..... Ropani ..... Ana	
25	Has your family given land on rent?	Yes 1 No 2	
26	Does your family operate other land on rent?	Yes 1 No 2	
27	Which of the following facilities are available at your house?	Radio Yes 1 No 2 Telephone Yes 1 No 2 Toilet Yes 1 No 2 water Yes 1 No 2	
	Knowledge on Family Planning Method		
28	Have you ever heard about family planning Method?	Yes 1 No 2	
29	If yes, what Methods have you heard (Multiple responses)	01 Pills 02 IUD 03 Depo 04 Female stc 05 Male stc 06 Condom 07 Norplant 08 Kamal 09 Withdrawal 10 Safe period 11 Others	
30	Do you know the source of contraceptive supplies?	Yes 1 No 2	

31	If yes, what are they? (Multiple responses)	Grocery 1 Hospital 2 Healthpost 3 Private clinic 4 Others 5	
32	Have you ever visited any health Center for family planning	Yes 1 No 2	
33	If yes, what are the places have you ever visited? (Multiple responses)	Grocery 1 Hospital 2 Healthpost 3 Private clinic 4 Others 5	
	Use of Family Planning Methods		
34	Have you used family planning methods	Yes 1 No 2	
35	What methods have you ever used? (Multiple responses)	01 Pills 02 IUD 03 Depo 04 Female stc 05 Male stc 06 Condom 07 Norplant 08 Kamal 09 Withdrawal 10 Safe period 11 Others	
36	By whose encouragement did you practice Family planning?	self 1 family 2 friend 3 husband 4 neighbours 5 media 6 others 7	
37	Do you wants use any methods in future?	Yes 1 No 2	
38	If you are not using any family planning methods, what is the reason? (Multiple responses)	Sexual displeasure 1 Against religion 2 want to have daughter 3 Desire of son 4 Fear of side effect 5 others 6	
39 Are you and your spouse currently using any method FP? **Yes – 1, No – 2** **40 If yes, which method are you spouse currently using?** **Name of Method……..**			
	Desire Children		

41	In your opinion, what is the ideal no. of children for a couple?	Son ... Daughter ... Total	
42	Do you want any more children?	Yes 1 No 2	
43	If yes, what is reason for your desire for more children?	husband desire 1 own desire 2 family desire 3 others 4	
44	How many more children do you want?	Son ... Daughter ... Both ...	