KNOWLEDGE AND USE OF CONTRACEPTIVE AMONG MARRIED WOMEN

Submitted by

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ACRONYMS

AIDS : Acquired Immune Deficiency Syndrome
CBS : Central Bureau Statistics
CPR : Contraceptive Prevalence Rate
DHS : Demographic Health Survey
FP : Family Planning
FPAN : Family Planning Association Nepal
HIV : Human Immune deficiency Virus
ICPD : International Conference on Population and Development
INGOs : International Non-government Organization
IUCDs : Intra Uterine Contraceptive Devices
KAP : Knowledge Attitude and Practice
MCH : Maternal Child Health
MOH : Ministry of Health
NDHS : National Demographic Health Survey
NGOs : Non-Government Organization
STDs : Sexually Transmitted Diseases
UNFPA : United Nation Family Planning association
VDC : Village Development committee
VSC : Vasectomy
WHO : World Health Organization

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CHAPTER I

INTRODUCTION

1.1.1 Background of study

Family planning is essential component to combat seriousness of population problem and also one of the components of reproductive health. The international conference on population and development (ICPD) was held in Cairo. Egypt also addressed the issue of family Planning in the following aspect "recognize that appropriate method for couples and individual vary according to their age, parity, family size, preference and other factors and ensure that women and man have information and access to the widest possible range to safe and effectively family planning methods in order to exercise free and informed choice "(UNFPA, 1996)

In 2001, the national population of Nepal was 23 million people out of which half were women. The annul population growth rate is 2.25 (MOPE, 2004: P 5-6). If such growth rate remains, the population is doubled within 31 years. Now population of Nepal as of the census day, June 22, 2011 stands at 26.6 million people out of which more than half were female. An annual population growth of 1.4 percent (CBS, 2011).

In Nepal, the contraceptive prevalence rate was 3.0 percent in 1976, 7.0 percent in 1981, 15.0 percent in 1986 (Tuladhar, 1989) and, 39.3 percent in 2001 (DHS 2001). The contraceptive prevalence rate has been gradually increasing the women's education level.
The NDHS 2006 found that 48 percent of currently married women are using some method of contraception. The majority of users rely on a modern method. Use of modern contraceptive methods has increased markedly from 26.0 percent of currently married women in 1996 DHS to 44.2 percent in the 2006 NDHS. The most commonly used modern method is female sterilization 18.0 percent, followed by inject able .10.1 percent and male sterilizations 6.3 percent. (NDHS 2006)

Finding from the NDHS (2001) show that knowledge of family planning is nearly universal among Nepalese women and man knowledge of modern methods generally much higher than knowledge of traditional methods with women and man being must familiar with female and male

sterilization. Dissemination of information on family planning and the use of its method have been gradually spreading signs of initiation of the family planning program.

Various studies shows that there has been positive association between the use of contraceptive and level of urbanization (Risal and shrestha, 1989) more than 85 percent of Nepalese people reside in rural area (CBS, 2002) may be the reason for low use of contraception. Nepal fertility, family planning health survey 1991, noted that the proportion of currently married non –pregnant women using any modern method, 44 percent in urban and 23 percent for rural women. Similarly, family heath survey (1996) indicated that contraceptive prevalence rate is nearly twice as high urban area (50.0%) as in rural area (26.5%).

In the past family planning was considered a means to control population and to prevent unwanted pregnancies. But now after decades of implementing family planning programs worldwide it has been realized that family planning have lots of benefits for improving overall health status of mothers, children, families and quality of life of people.

Family planning emerged as one of the major components of Nepal's planed activities 1968 with the implementation of Third Development Plan (1965 -1970) and the lunching of Nepal Family Planning and Maternal Child Health project (FP/MCH) under the Ministry of Health. Until then, family planning activities were undertaken by the Family Planning Association of Nepal (FPAN), a non-governmental organization established in 18th September 1959 (MOP ,2004 : p.32). It was introduced officially in 1965. After establishment of FP/MCH services aimed at reducing crude birth rate and infant mortality rate, and improving health status of mothers and children. Since 1968 Nepal has been actively involved in providing family planning services with the establishment of Nepal Family Planning and Maternal Child Health (NFP and MCH) project.

Currently, besides the governmental program's different NGOOs and INGOs are also providing family planning services as well as information education and communication services related to the family planning. Some of these institutions are the Nepal Family Planning Associations, Care Nepal, and plan international, Nepal Red Cross Society, ADRA and Marry Stoppers etc.

Mostly the contraceptive methods have been directed towards women and male methods are neglected. However, it is realized that women only can't reduce the growth rate of population. Family planning refers to practices that help individuals or couples to attain certain objectives to avoid unwanted births, to bring about wanted births, to regulate the intervals between pregnancies, to control the time at which births occur in relation to ages of the parents and, to determine the number of children in the family.

In Nepal family planning services are provided using a cafeteria approach, which means that different methods of contraception are made available to most of the health institutions and a client is to choice the method that suits his or her objectives. It is expected that this approach will not only increase the prevalence of contraceptive use but also reduce the fertility (MOH, 2004). Major objectives of the family planning programmed in Nepal are space and or limit their children, prevent unwanted pregnancies, adolescent reproductive health and manage infertility.

Illiteracy and poverty support the high level of fertility and low level of contraceptives use. Some of the major reasons for the prevalence of high infant/child mortality are the loosely birth spacing, large family size, poor environmental sanitation and imbalance diet. Furthermore poverty and traditional beliefs, illiteracy, mother's lack of knowledge about contraceptive use contribute to high infant and child death. On the other hand, infant mortality and contraceptive use are negatively correlated.

Breastfeeding is another important proximate determinant of fertility. Although breastfeeding in Nepal is almost universal and prolonged, most women are not aware of its contraceptive effect. Breastfeeding increase the length of post-partum amenorrhea, thereby providing protection against pregnancy for some time after birth of the child.

The researcher conducted the research on knowledge and use of contraceptive. It shows that the knowledge of family planning is universal in Nepal. There has been impressive increase in the use of contraception in Nepal over the last 10 years. Various studies shows that there are too difference between rural and urban population and literate and illiterate population to knowledge and use of contraceptive.

Nepal in figure (2011), total number of contraceptive users in Nepal, 2007-2010:

Couple accepting various family planning services by type of services

S.N.	Items	2006/07	2007/08	2008/09	2009/10
1	IUD acceptors (new)	7740	8260	17421	31858
2	Vasectomy acceptors	19579	17652	17508	17579
3	Laparoscopy and other female sterilization	66392	62989	60170	53208
4	Depo-Provera (new)	222901	247240	254115	260134
5	Pills acceptors (new)	78178	94367	106713	119488
6	Condom accepters (new)	131629	131706	159838	159338
7	No. of condom distributed	19744321	19576163	23975853	23900867
8	Norplant accepters (new)	11402	11177	16714	23956
9	Total new acceptors	537821	573391	632479	665561

Source: Nepal Demographic Health Survey, 2011

In this regard, family planning services are designed to provide a constellation of contraceptive methods/services that reduce fertility, enhance maternal health, and contribute to bringing about a balance in populati0on growth and socio-economic development, resulting in an environment that will help the Nepalese people improve their quality of life.

1.2 Statement of the problem

Despite the progress in family planning there are still 201 million women in developing countries, including Nepal who need but are not using modern contraceptives; 137 million at risk of unintended pregnancy are not using any method and additional 64 million are relying on traditional methods of FP. (H. Tuladhar and Marahatta, 2008).

In developing countries population growth is a serious problem. In our country there is lack of industries, low level of education facility, low productivity, low economic status etc. Thus our country is facing various kind of problem. In Nepal, economical active population is unemployed because of rapidly increasing population. The status of Nepalese women is also very long with socio-economic condition. Socio-economic and demographic variables affect to the use of contraceptive method. Family planning services are providing at the grass root level not only by government organizations. But also some of known government organization includes contraceptive retail sales (CRS) besides these organization other NGOs and institutions are providing services.

Now a day, there are many programs of family planning to reduce the fertility rate but also population growth is not reducing because most of the family planning programs are urban people oriented and a few programs are for rural area. So they also failed to reach in that rural area people. Validity and quality of contraceptive were also poor in remote area. In spite of these efforts made by various government and non-government organizations the family planning programs have not been able to achieve the goals reaching at the local level.

Different community has their own different ideas, attitudes, beliefs and assumptions, which determine the knowledge and use of contraceptive methods. At Amarpur VDC there are different ethnic group, most of them are illiterate and ignorant about contraceptive methods. They have their own belief, system and health care practices that consequently influence the contraceptive knowledge and use. Poor socio-economic and educational status of people at the study area may prohibit them from proper contraception.

This study is also an attempt to access the knowledge and use of contraceptive aged 15-49 married women of ward no. 3,5,8 and 9 in Amarpur V.D.C. of Panchthar district. The purpose of this study is to find out the knowledge and use of contraceptive and to find out the socio-economic status of married women. Most of the women of the community are unaware about contraception. To find out the reasons behind it, the researcher has selected the problem related to knowledge and use of contraceptive. So it is being essential to focus on knowledge and use of contraceptive among married women.

1.3 Objectives of the Study

The main purpose of this study was to assess the determinants of knowledge and use of contraceptive among married women at Amarpur VDC of Panchthar District. The specific objectives of the study are given below:

i) To find out the knowledge of contraceptive methods.
ii) To identify the role of education in the use of contraceptive methods among married women.
iii) To identify the socio-economic status of married women.

1.4 Research Question

a) What are the sources of knowledge of Contraceptive Method?
b) What role does Education play in the use of Contraceptive methods in married women.
c) How does the socio-Economic conditions affect on the use of Contraceptive methods?

1.5 Significance of the Study

In the past family planning was considered as means to control population and to prevent unwanted pregnancy but it has been realized it could be use for improving overall health status of mothers, children, families and qualities of life of people.

Increasing population is a worldwide problem today and Nepal is no exception. A variety of different methods of contraception are available, which are generally and extremely safe compared to the risk associated to pregnancy and child birth. Not all methods are suitable for everyone. Expending the numbers of family planning options available to women is a critical part of increasing contraceptive coverage, decreasing unwanted pregnancy and reducing maternal morbidity and around the world.

The study will attempt to describe the importance of contraceptive methods. This study is important is so far that it can find out level of education of contraceptive users. Therefore the findings of the study is useful for government agencies, local NGOs and INGOs. Hopefully, the result of the study is helpful to other researchers who want to carry out research in this area. Besides this, the study will able to give information for planners and policy makers. The main significations of the study are given below:

i) This study is relevant to study the factors related to increasing maternal death during pregnancy.
ii) This study will give the information on use of contraceptive methods which can play vital role to reduce maternal mortality.
iii) This study will improve the health status of mother by extending birth interval and limiting unwanted birth.
iv) It is useful for the further study in similar area.

1.6 Delimitation of the Study

This study is limited in following points:

i) This study is covers the knowledge and use of contraceptive methods.
ii) This study is limited in 3,5,8,and 9 wards of Amarpur VDC of Panchther District .
iii) This study is limited to the married women of age 15-49 years.

1.6 Definition of the terms used

i) **Availability of modern contraceptive**: presence of any modern contraceptives in health institution which is able to be used or obtained when needed.
ii) **Contraceptive Device**: The preventive method to help women avoid unwanted pregnancies. It temporary and permanent methods to prevent pregnancies.
iii) **Contraceptive prevalence rate (CPR)**: percentage of contraceptive users currently using contraception is called contraceptive prevalence rate.
iv) **Fear of side effect of modern contraceptives**: Anxiety due to the perception of any unwanted or adverse effect after the use of any modern contraceptive.
v) **Informed choice**: Information of any modern contraceptives given to the client prior to purchase or use of modern contraceptives.
vi) **Knowledge on modern contraceptive**: he some total of what is known about modern contraceptive through formal and non-formal way.
vii) **Modern contraceptives**: Methods of modern contraceptive are as follows:
    a. Condom
    b. Implants
    c. Inject able
    d. IUDs

e. Pills

f. VSC (vasectomy, laparoscopy)

viii) **Permanent Toilet**: Permanent toilet is well established which include water seal latrine, septic tank, aqua privy and chemical closet etc.

ix) **Temporary Toilet**: Temporary Toilet is not well management which includes borehole latrine, traditional latrine etc.

x) **Users**: Those respondents fall in this group who use either permanent or temporary contraceptive device.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

This chapter deals with review of some selected studies relevant to knowledge and use of contraceptive and its relation to family planning services. This study has been completed in the field of reproductive health in the past. The knowledge and use of contraceptive played an important role in married women which are reviewed and presented theoretically, empirically and conceptual framework in the following ways.

2.1 Theoretical literature

According to (WHO, 1997) Family Planning allows individuals and couples to anticipate and attain their desire number of children the spacing and timing of their births. It is achieved through use of contraceptive method and treatment of involuntary infertility. A women's ability to space and limit or pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

Modern family planning methods (modern contraceptive) are suitable for many reasons such as pregnancy planning, limiting the number their children, avoiding unwanted pregnancy, avoiding the health risk (STDs, HIV/AIDS) . There are so many different types of modern contraception available today that the people should be able to find the right method. Ideally, we should have reached the stage where unwanted pregnancies are rate, the family size are small spacing between children are enough because there are so many contraceptives.

Offering many method choices encourages use of contraception, making it easier for people to choose a method they like. For each additional contraceptive method that is widely available in the country, the percentage of married women using contraception increases by an average of 3.3 percentage points, according to analysis of Demographic and Health Survey data from 44 countries (DHS, 2010).

Over the past three decades, the increasing availability of safer methods of modern contraception, although still in some respect inadequate has permitted greater opportunities for individual choice and responsible decision making in matters of reproduction throughout much of the world. Currently, about 55 percent of couples in developing regions use some method of family planning. This figure represents nearly a fivefold, increase since the 1960. Unmet need for family

planning has been defined as the proportion of women who want no more children or want children only after two years but are not using any form of contraception. On the other hand current users of family planning methods are categorized as having a met need for family planning. The total demand for family planning defined as the sum of these two components (MOHP, 2007).

Ever use of contraception varies with women's age. The pattern of ever use is curvilinear, with use being lowest among women in the youngest age group (15-19), increasing with age and reaching a plateau among women in their thirties before declining thereafter. The level of ever-use of any method among currently married women rises to a high of 81 percent among those age 35-39, and then declines to 67 percent among women as 45-49. Ever use of any modern method by age follows a similar pattern, regardless of marital status (NDHS 2006, p.77).

Contraceptive use varies by age. Use is lower among younger women (because they are in the early stage of family building) and among older women (some of whom are no longer fecund) than among those at intermediate ages. For example, current use of a modern contraceptive method is 14 percent among currently married women age 15-19, raises to 60 percent among age 35-39 and then drops sharply to 42 percent at ages 45-49. Most women who are sterilized are over age 30, while inject are popular among women age 20-44(NDHS 2006, p.78).

Family planning services are essential parts of reproductive health care and have saved the lives and protected the health of millions of women and children. Over the past 30 years, the development of modern contraceptive methods have given people grater individual freedom and enhanced their ability to plan their families. Contraceptive use has increase from less than 10.0 percent of couples 30-60 percent of couples today and family size has fallen from an average of six children in 1960 to less than three. However, today at least 350 million couples do not have access to full range of safe and effective modern method of family planning.

2.2 Empirical literature

Knowledge of contraceptive method is presented forever married and currently married women and men by specific methods. Finding from the 2001 NDHS shows that knowledge of at least one modern method of family planning is nearly universal in Nepal, with little difference between women and men. The most widely known modern contraceptive method both ever married and currently married women are female sterilization (99%) and condom (91%). Four in five women

know of implants, a little more than one in two women have heard of the IUD, while two in five women have heard of vaginal methods. This pattern is similar forever married and currently married men expect that men are relatively more likely than women to have heard of condoms, vaginal methods and the IUD and are less likely than women to have heard of indictable and pills. A greater proportion of women and men reported knowing a modern method than a traditional method. This is more pronounced in the case of women, only 55 percent of them know of any traditional method. Reported knowledge of traditional method is much higher among men (more than 80%). One of the region for the low reporting of knowledge of a traditional method may be that these are not included in the government family planning and women may be reluctant since they are not widely accepted (NDHS,2001).

The most common source of information on contraceptive method is Radio. According to survey, the proportion of women, who received information on contraceptive method from radio, friends and health workers were approximately 47 percent, 31 percent and 25 percent respectively. A strong positive association between the educational and literacy level of women had a higher over use rate of contraception than rural women. The most common method of contraception ever used was Depo-Provera (44%), followed by female sterilization (24%), pills (22%) ever use of condoms in this survey was 17 percent (BCHIMES, 2000).

People use a family planning method longer if they have chosen it for themselves. A six country study in Guatemala, Hong Kong, Jordan, Kenya, Nepal, Trinidad and Tobago conducted between 1984 and 1987 among over 11,500 women found that continued use of contraceptive method was strongly associated with obtaining the method that the client had in mind as well as a client's motivation to avoid pregnancy and the knowledge, that her partner would agree with her choice of method. Similarly a 1988 study in Indonesia found that 91% women who obtained their preferred method were still using that method after one year compared with 28% of other women (NDHS, 2010).

The majority of the currently married women (73.5%) were familiar at least one method of family planning. Among the individual methods female sterilization to be the best known method (62.5%) followed by male sterilization (55.3%), pills (49.5%) and inject able (47.9%). Contraceptive knowledge varies with women as, space of residence, development region, ecological zone and women education. (K.C. 2000)

NDHS 2001 also show that knowledge of contraceptive method is nearly universal among Nepalese men and women. Most familiar method is male and female sterilization. The mass media are important sources of information on family planning. Three in five women and seven in ten men heart or seen about family planning on the radio, television or in sprint media.

Less than three out of four of the married women (73.5%) were familiar with at least one method of family planning. Almost all reported about the modern method of contraception, where the female sterilization, which also proves that the females are dominated. (K.C. 2000)

Almost 34 percent of currently married women reported to ever practical by from of contraception. Those who had use to modern method constituted about 34 percent. The most commonly use method were female sterilization (14.4%) followed by male sterilization (7.1%) inject (6.3%) pills (40%) and condom (3.1%). Ever use of IUD, Norplant and vaginal methods was nominal constituting less than 1% of currently married women using is method. Their share of traditional method to the overall ever use of contraception were negligible (KC. 1998).

About 30 percent of currently married women were using contraception at the time of survey. This figure is 1.5% higher than that found in the DHS, 1996. Seven-tenth of the prevalence rate was contributed permanent methods. The other mostly used methods were inject able (45%) pills (1.8%) and condom (1.8%). Differential in contraceptive use is widely pronounced while considering the place of residence, women education and number of living sons. These findings can be important policy implications in that increases in women's education can have a tremendous effect in increasing the reversible method users in Nepal. (Subedi, 1996)

Among Nepalese ethnic group has found that the highest contraceptive prevalence rate (CPR) among Brahmins 14.6 percent, Chhettris 11.6 percent. Thakuris 6.6 percent, Tharu 5.1percent, Magar 4.9 percent, and Muslim 1.8 percent. Tuladhar 1986 also noted that the contraceptive prevalence rate increase as may be expected with the number of living children. Couples who have had three or more living children are more likely to be current users than those smaller numbers. Further, no living son is another important factor affecting the use of contraceptive in Nepal. (Tuladhar, 1989:223)

Lower percentage of current married rural women is practicing sterilization compared to urban women. It is noted that female sterilization (FST) is popular among currently women in Terai region and male sterilization is popular in mountain and hill region people believe that they can't

work, if they sterilized, so working female people less like to use sterilized. MEBDC survey 1996 showed that contraceptive knowledge varies with women age, place of residence and women education. (Pathak, 1996)

Chaudhary (2000) stated that majority of currently married 75 percent were familiar at least one method of contraceptive. Among the individual, method Depo-Provera appears to be the best known as contraceptive device followed by female sterilization pills and inject. Contraceptive knowledge and use associated with various areas likewise women age, education, occupation, number of living children, number of living sons, religion, availability and accessibility of contraceptive device. The contraceptive prevalence rate was 43.3 percent among the currently married women. The Depo-Provera contributed about 50 percent of the total contraceptive prevalence rate and other mostly was female sterilization (7.7%), condom (5.2%), pills, (9%) and inject (4%).

Aryal (1999) found that majority of the married women (95.6%) are familiar with at list one contraceptive method. Among that individual method female sterilization appear to be the best known as (86.1%) followed by male sterilization (85.6%). The contraceptive prevalence rate has been found 25.6 percent of the currently married women in reproductive age in these communities. Of the total current users 74.1 percent have reported some side-effect by a particular method i.e. back waist pain, irregular menstruation, headache, physical weakness.

Aryal (1994), conducted a study entitled “A study Married women’s knowledge, attitude and practice of family planning methods in Barkrang village in Gorkha district of Nepal”. The population of this study was 315 married women and sample size 30 percent i.e. 94 women of 15 to 49 years. Simple random sampling is used to select the data. It was found that knowledge of contraception was 84.6 percent in Brahmin and lowest in Damai, 41.7 percent. Similarly Chhetri were found highest in practices 58.5 percent of family planning devices. While Brahmin were 53.8 percent. Similarly 86 percent of respondent had positive attitude and 5.3 percent of respondents had negative attitude regarding family planning method. The study recommends that the knowledge, attitude and practice of family planning area associate with the caste, occupation and economic status. Therefore Multi-sector should be applied in planning. He emphasized that rural areas , traditional (Dhami and Jhankri) should be trained about family planning who can play positive and negative roles.

Pudasiani (2007), conducted a study entitled “A study on Knowledge of Contraceptive use in Chepang Community at Dhusha V.D.C. of Dhading district”. The total numbers of respondents were 170 householders for married women to reproductive age 15 to 49 years. Simple statistical tools were used to analyze the data. The study found that majority of the married women, 61.76 percent were familiar with at least knowledge about family planning methods in future.

Acharya (2007) has studied contraceptive knowledge and use in Tanahunsar VDC of Tanahu district. The study reveals that the contraceptive prevalence rate has been found 75 percent among the currently married women. The most common method of contraception was Depo-Provera (50 percent), followed by Pills (17.8 percent), Condom (16.7 percent), Female Sterilization and Noraplant (6 percent) respectively in this study area and CPR were found higher for those women who were engaged in non-farming occupation than those women who were engaged in farming activities. The study found that majority of the married women were familiar with at least one contraceptive devices, majority of female prefer male sterilization for future use. Positive attitude toward sterilization was found in the study area.

Nepal fertility, family planning and health survey (1991) reported that 93 percent of currently married women have knowledge at least one family planning method. It was only 21 percent in 1996, approximately all 99.7 percent educated were found knowledgeable. Urban women were knowledgeable then rural women. 24 percent of currently married women were using modern family planning methods.

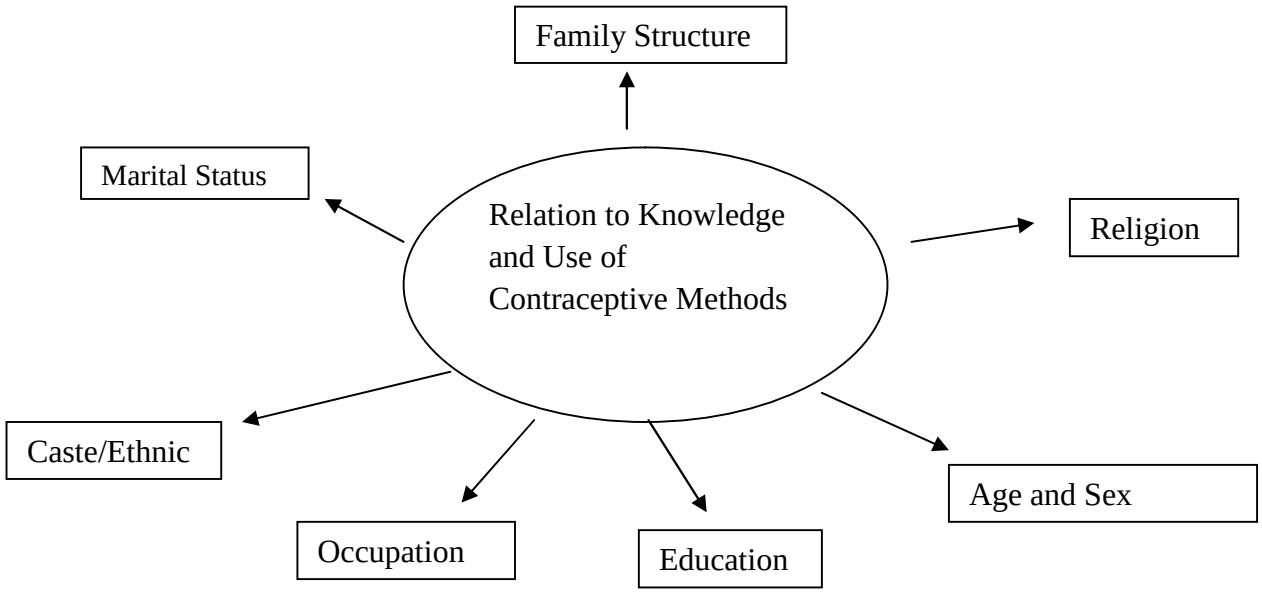
2.3 Conceptual Framework

Conceptual Framework has been developed on the basis of review of related literature. Many researchers have examined the knowledge and use of contraceptives. It is considered that too many factors affecting practices of Family planning and use of Contraceptive devices. Independent variables such as demographic factors, socio-economic factors, religion, caste, ethnicity, occupation, income, all affect the practice of Family Planning and use of Contraceptive devices.

The variables are shown in the Conceptual Framework as below:

Figure No. 1

Conceptual Framework



The customized conceptual framework built is used to analyze the socio-economic and demographic factors associated with contraceptive use among married women. We hypothesize that the factors associated with each group due to differences such as education and desire of children. While the framework used is generalized in 15-49 years' married women. The socio-economic factors including religion, caste, ethnicity, occupation, income, education and family structure all affect the practice of Family Planning and use of Contraceptive methods.

CHAPTER III

METHODOLOGY

This chapter includes various details about the process which this research is conducted the various procedures and types of data collection. It is also present the short decision of research design, nature and source of data, population of the study, tools of data collection and validation of tools, data collection procedures, sampling procedures and data analysis and interpretation.

3.1 Research Design

The research design to this study was based on quantitative design. The study is of descriptive type which attempts to study the knowledge and use of contraceptive among 15-49 married women.

3.2 Population of the Study

The study area has been selected as Amarpur VDC of Panchthar district. It is located in Mechi Zone, Eastern Development region of Nepal. Amarpur VDC is one of the rural areas of this district, which lies 50 km far from District headquarter. Ward no 3,5,8 and 9 of Amarpur has 1830 households. Among them 150 households were selected from those wards. The married women were targeted for this study.

3.3 Sample Size and Sampling Procedure

From the 9 wards of Amarpur V.D.C. the wards 3, 5, 8 and 9 were selected through the lottery system. Those four wards had 1830 households out of which 150 households were selected by simple random sampling method. From the selected households the 150 married women aged 15-49 were selected as the respondents. 37 respondents each were selected from the wards 3, 5, and 8 whereas 39 respondents were selected from ward no 9.

3.4 Source of Data

Primary and secondary data are used in this study. The primary data is collected from field survey with interview schedule and secondary data is collected from books, journal survey reports.

3.5 Data Collection Tools

For the purpose of data collection mainly interview schedule was used. Before conducting the sample field survey a set of interview schedule conducted. The interview schedule had closed questionnaire.

3.6 Validation of the Tools.

After the preparation of the questionnaire, it was pretested in Nagi VDC among 20 households. After constructing the questionnaire and the process of tool is shown to the supervisor and modified the tools according to his suggestions. After modified the tools is first administered in as group of 15 to 49 year's married women in Nagi VDC, among 20 household to determine as a pre-test. According to the input obtained from the result of the pre-test some questionnaire are further from modified and then the tool is final. See appendix for research tools.

3.7 Data Collection Procedure

The researcher was taken the authorized letter from the HPPE department. Then researcher visited the study area after taking the permission from the village secretary of the Amarpur VDC. Then necessary information was collected using interview schedule.

3.8 Data analysis and Interpretation

Data analysis is the main part of the research study. We can get the raw data from field then it should be manipulated in such way so that valid interpretation of the data could be made possible.

In quantitative analysis data is tabulated and interpreted by using simple statistical tools. In qualitative analysis, description of the personal feeling and experiences will has been presented. The concerning with the all gathered information/data, or result will has been drawn by descriptive methods by tales for data presentation. The data was analyzed and statistically interpreted with the help of table, bar diagram, pie chart, line graph etc.

CHAPTER IV

RESULTS AND DISCUSSION

After collecting the primary data the data were checked, verified, modified and clarified to reduce possible errors. The data were using simple mathematical process likewise percentage were utilized to analysis and interpretations were adapted in this study. The analysis and interpretations of the data of the study has been presented in the knowledge and use of contraceptive among married women.

4.1 Demographic Characteristics

This chapter deals with some demographic and socio-economic characteristics of the household population of Amarpur VDC at Panchthar District. Demographic characteristics include age, sex, marital status and socio-economic characteristics include education attainment, major occupation and size of landholding etc of the study area.

4.1.1 Age and Sex Structure

Age is the most important variable. It shows the number of people consisting economically active population and development out of total population.

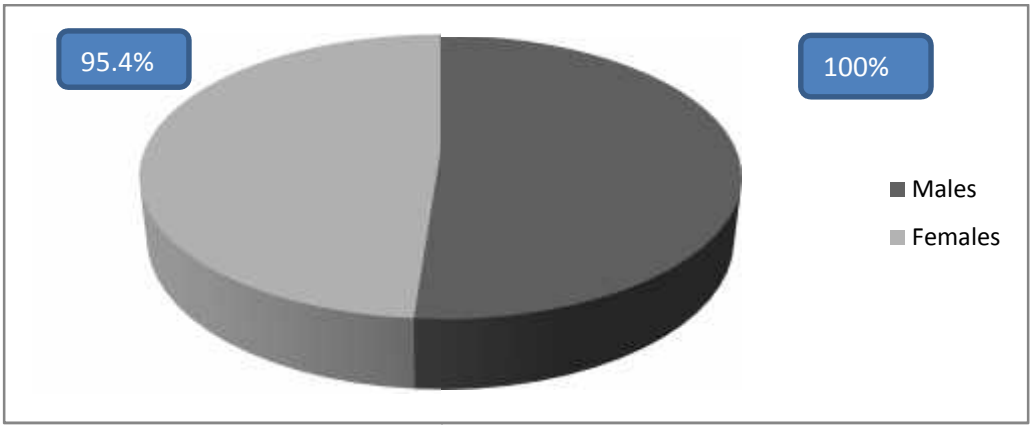
Table 4.1: population Distribution by Age and Sex According to 5 Years Age Group

Age Group	Male	Percent	Female	Percent	Total	Percent	Sex Ratio
0-4	31	9.28	35	10.00	66	9.65	88.50
5-9	32	9.58	36	10.00	68	9.95	88.89
10-14	35	10.48	33	9.40	68	9.95	106.0
15-19	36	10.78	30	8.57	66	9.65	120.0
20-24	29	8.70	31	8.85	60	8.77	93.55
25-29	26	7.80	28	8.00	54	7.80	92.85
30-34	31	9.30	27	7.70	58	8.50	114.80
35-39	29	8.70	31	8.85	60	8.77	93.55
40-44	27	8.00	26	7.40	53	7.75	103.85
45-49	19	4.8	20	5.70	36	5.25	80.0
50-54	13	3.90	16	4.8	29	4.20	81.25
55-59	10	3.00	14	4.0	24	3.50	71.4
60 Above	19	5.68	23	6.57	42	6.15	82.6
Total	**334**	**100.0**	**350**	**100.0**	**684**	**100.0**	**95.4**

Distribution of population by sex and five years age group has been presented in table 4.1 from table, it is clear that for both sex a higher proportion fall in early age group. Among total household population 48.83 percent of the population is male and 51.17 percent are female. The average size of household is 4.56 people per house which is lower than average national figure (4.70) based on 2011 census preliminary results. The sex ratio of the household is found 95.4 which is greater than national figure (94.0).

This table indicates that out of total population highest percent of population falls in the age group 10-19 is in male (10 percent above) and the highest percent of female is in male 0-9 age group 10% above). The lowest percentage of male population in the age groups of 55-59 and for female 55-59 age group also i.e. 3.0 percent and 4 percent. The sex ratio according to age group is higher for 15-19 year age group population which is 120.0 and lowest for 55.59 years age group i.e. 71.4 percent.

Figure 2: Sex Ratio (Males per Hundred Females)



4.1.2 Caste /Ethnicity

This study area is inhabited by different caste/ethnic group such as Brahmin, Chhetri, Magar, Gurung Damai/Kami and Newar. In this study distribution of caste and ethnic group has been given below:

Table 4.2: Respondent's Distribution by Caste/Ethnicity

Caste/Ethnic Groups	Number	Percent
Brahmin	43	28.8
Chhetri	64	42.8
Magar	10	6.4
Gurung	7	4.7
Damai/kami	17	11.3
Newar	9	6.0
Total	150	100.0

As shown by the Table 4.2 the Chhetri constitute 42.8 percent of the total married women on the study. The second highest caste/ethnic group 28.8 percent populations are Brahmin followed by

Damai/Kami (11.3%), Magar (6.4%), Newar (6.0%) and Gurung (4.7%). It is shown that there was different composition of caste/ethnicity but the majority was chhetri compare to others.

4.1.3 Marital Status

Marital Status is one of the important and socio-cultural and demographic aspects which are an important determinant of fertility.

Table 4.3: Distribution of Respondents by marriage

Married Women	**Respondents**	**Percent**
15-19	39	26
20-24	63	42
25-29	27	18
30-34	12	8
35-39	6	4
40-44	3	2
Total	**150**	**100**

Among the total respondents 26 percent had married under the age group 15-19, whereas 42 percent under 20-24, 18 percent under 25-29, 8 percent under 30-34, 4 percent under 35-39 and 2 percent under 40-44. Among the age 20-24 the largest percent of women had got married that is 42 percent whereas the least 2 percent had married under the age group 40-44.

4.1.4 Education Attainment

The data on educational attainment were collected for all respondent married women. Educational attainment is shown as below.

Table 4.4: Distribution of respondents by Education Attainment

Literacy Status	**Respondents**	**Percentage**
Literate	127	84.45
Illiterate	23	15.55
Total	150	100.00
Level of Education		
Never been to School	23	15.45
Primary Level	66	44
Lower Secondary Level	39	26
Secondary Level	15	10
Higher Secondary Level	7	4.55
Total	150	100.00

The literacy status and level of education of the respondents of the study area is shown in the table above. It shows that 84.45 percent of the respondents were literate whereas 15.55 percent were

illiterate. It shows that educational status of the study area is higher than the national literacy rate. The level of education of the respondents of the study area shows that the largest number of them had primary level of education which is 44 percent whereas the least of the respondents were in the level of Higher Secondary level. And 15.45 percent had never been to school.

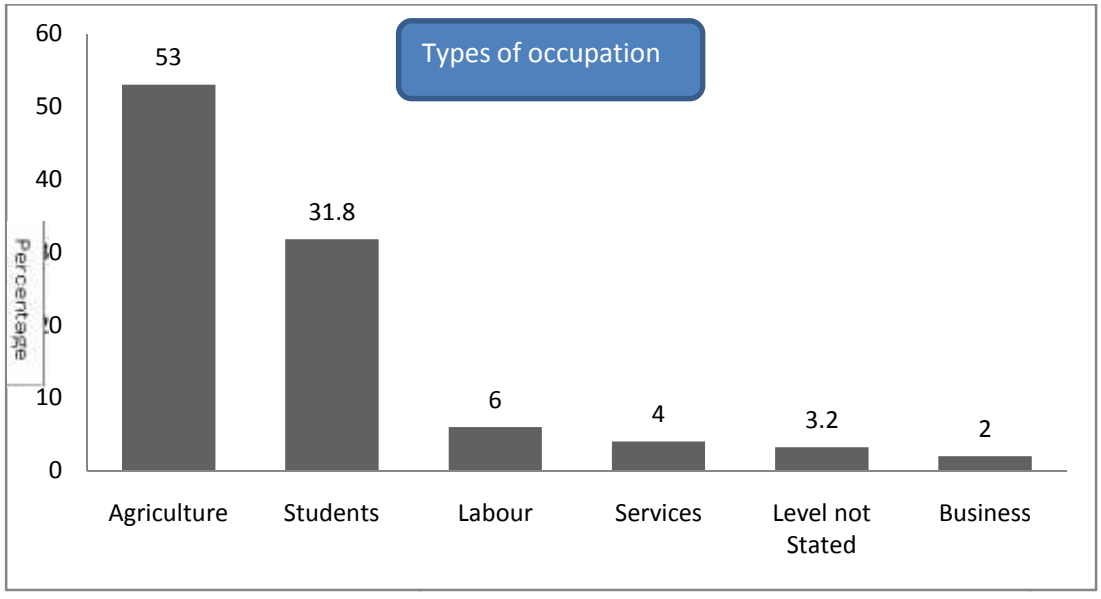
4.1.5 Occupation

Occupation distribution of household head or person plays a vital role in the economic status of household. Economic status also determines the level of education status too. So the occupation of the household is most important variables. The occupational status of the study area is presented in table 4.5.

Table 4.5: Respondents distribution by Types of Occupation

Types of Occupation	Number	Percent
Agriculture	80	53.0
Business	3	2.0
Students	48	31.8
Services	6	4
Labor (Wages)	9	6
Level Not Stated	5	3.2
Total	**150**	**100.0**

Figure 3: Distribution of Occupation



The Figure 4.5 shows that 53 percent of the married women reported their occupation as agriculture followed by students (31.8%), Business (2%), Services (4%), Labor (wages) (6%) and level not stated (3.2%). The highest percent of occupation was agriculture, which was 53 percent and the lowest percent of occupation was business which was 2 percent.

The data prove that agriculture is the main occupation in the study area. It is also clear the proportion of households involved in service, business, labor are very low.

4.1.6 Religion

Most of the respondents were Hindu. According to CBS (2001), 80.62 percent populations are Hindu. Similarly Buddhist and Christian respondents were also found. The religious situation of the respondents is given in following table.

Table 4.6: Population Distribution by Religion

Caste/Ethnic Groups	Number	Percent
Hindu	138	92
Buddhist	3	2
Christian	9	6
Total	**150**	**100.00**

Among the 150 respondents, majority of respondents were Hindu, they were around 92 percent of the total respondents. There were 2 percent Buddhist, 6 percent was Christian in the study area.

In Nepal majority of people follow the Hindu religion and its rule and regulation. Data of the study area also found the same data of the national data of Nepal.

4.1.7 Family Structure

Family is the most important primary unit of social structure in Nepal. Basically nuclear and joint families are two types of family system in Nepal the respondent's types of family are given table 4.7.

Table 4.7: Family Structure

Types of Family	Number	Percent
Nuclear	134	89.35
Joint	16	10.65
Total	**150**	**100.0**

Out of 150 household of study area, 89.35 percent households are nuclear family and 10.65 percent to the joint family. It proves that nuclear family is increasing and slowly joint family numbers are decreasing.

4.1.8 Size of Landholding

Most of the respondents depended upon agriculture. The distribution of cultivated land among the households is presented in the table 4.8.

Table 4.8: Distribution of Households According to Landholding

Size of Land	**Number of Household**	**Percent**
Landless	7	4.67
1-15 Aana	43	28.67
1-10 Ropani	78	52.0
11 Ropani above	22	14.66
Total	**150**	**100.0**

This table shows those 4.67 percent households do not have land. They are landless however 95.33 percent household have own land. Among them 28.67 percent have 1-15 aana followed by 52.0 percent who have 1-10 Ropani and 14.66 percent household have more than 11 Ropani land. They were depending on labors (agriculture labor and other works) that were landless.

4.2 Knowledge and Use of Contraceptive Methods

The main objectives of this chapter is to examine the knowledge and use of contraceptive method among married women of reproductive age (15-49) years. Contraceptive services are provided through sub health post, health post, hospital, clinic and other government and non-government sectors. But family planning programme was unable to need demand for the currently married women who want to limit birth. Those respondents who mention at least one name of contraceptive method are categorized under having knowledge.

4.2.1 Knowledge of Contraceptive Method

Acquiring knowledge of contraceptive method is an important precondition toward gaining access to and then using a suitable contraceptive method in a timely and effective manner.

In this study it was found that every married woman had heard about any of the contraceptive method. But they did not know how to use this method properly. Knowledge of contraceptive method of the respondents is given in following table.

Table 4.9: Distribution of Married Women who know any Contraceptive Method by Specific Method

Contraceptive Method	Knowledge of Respondents N=150	Percent
Any Modern Method		
Male Sterilization	141	94.25
Female Sterilization	139	92.65
Depo-Provera	94	62.65
Condom	137	91.65
Norplant	67	44.65
Pills	118	78.65
IUD	83	55.35
Foaming Tablet	60	40.00
Any Traditional Method		
Withdrawal	7	4.80
Periodic Abstinence	9	6.15

For analytical proposes contraceptive methods are grouped in tow group in the table. Modern and traditional method, modern methods include male sterilization, female sterilization, Depo-Provera, Pills, condom, Norplant, IUD and foam/Jelly. Traditionally methods include withdrawal and periodic abstinence. A greater proportion (84.7 percent) of married women reported of knowing at least one modern method and about 9 percent reported of knowing traditional method.

By specific method male sterilization (94.25%) appears to be the best known contraceptive method, followed by female sterilization (92.66%), condom (91.65%), Depo-Provera (62.66%), pills (78.65%), IUD (55.34%), Norplant (44.66%) and foaming tablet (40.0%). Male sterilization has been gaining popular in this study area. Only few respondents are familiar with withdrawal, and periodic abstinence.

4.2.2 Sources of Information

The electronic media (radio, TV) are effective means for communication message about family planning. Majority of women have heard about at least one method of contraceptive. The respondent's source of knowledge shown in the given table:

Table 4.10: Distribution of Respondents by sources of knowledge

Sources of Knowledge	No. of Household (N=150)	Percent
Radio	110	73.33
TV	76	50.56
Newspaper	42	28.00
Health Worker	49	32.66
Husband	80	53.33
Friend	45	30.00

The majority of women (73.33%) have heard of a family planning message on the radio. Followed by Husband (53.33%), Television (50.5%), Health worker (32.6%). Friends (30%) and Newspaper (28%). It is shown that radio is the main source of knowledge about contraceptive.

4.3 Use of Contraceptives

Family planning methods are important for shaping family size, prevention of HIV/Aid and birth spacing. Availability of FP devices to the access to users has positive effect. It generally assumed to play the vital role in transition to lower fertility. The use of contraceptive may have significant impact on declining populating growth.

4.3.1 User of Contraceptives by education and specific method

Data on used has special significance since it reveals the cumulative success of programs promoting the use of family planning among married women of reproductive age.

Table 4.11: Distribution of Used Contraceptive Method By Education and Specific Method

Used of Contraceptive Method	**Education of Women**				**Total**	
	Literate		Illiterate			
	Number	Percent	Number	Percent	Number	Percent
Yes	110	96.5	24	66.67	134	89.33
No	4	3.5	12	33.33	16	10.67
Total	**114**	**100**	**36**	**100**	**150**	**100**
Users of Contraceptive Methods						
Condom	20	18.20	7	29.15	27	20.14
Pills	32	29.00	9	37.50	41	30.60
Depo-Provera	38	34.55	6	25.00	44	32.85
Norplant	8	7.28	2	8.35	10	7.50
Female Sterilization	2	1.80	-	-	10	7.50
Total	**110**	**100**	**24**	**100**	**134**	**100**

Table 4.11 shows the percent distribution of married women who have used a contraceptive method education and specific method. In this table, literate women who have every used of contraceptive method was 96.5 percent while it was 66.67 percent among illiterate women. 89.33 percent of the respondents used any of the contraceptive devices whereas 10.67 percent were not using any of those.

According to table, the target proportion of women have used of Depo-Provera (injectable) 32.85 percent followed by pills (30.6%), condom (20.15%) similarly Norplant were used 7.5 percent, male sterilization (75%) and female sterilization (1.5%) among respondents. There are not respondents were used in traditional method to void the pregnancy because it is not good method.

When the relationship between mother's education and knowledge of contraceptive was examined it was noticed that literate women had the highest percentage of knowledge and used too.

4.3.2 Use of Contraceptive according to the types

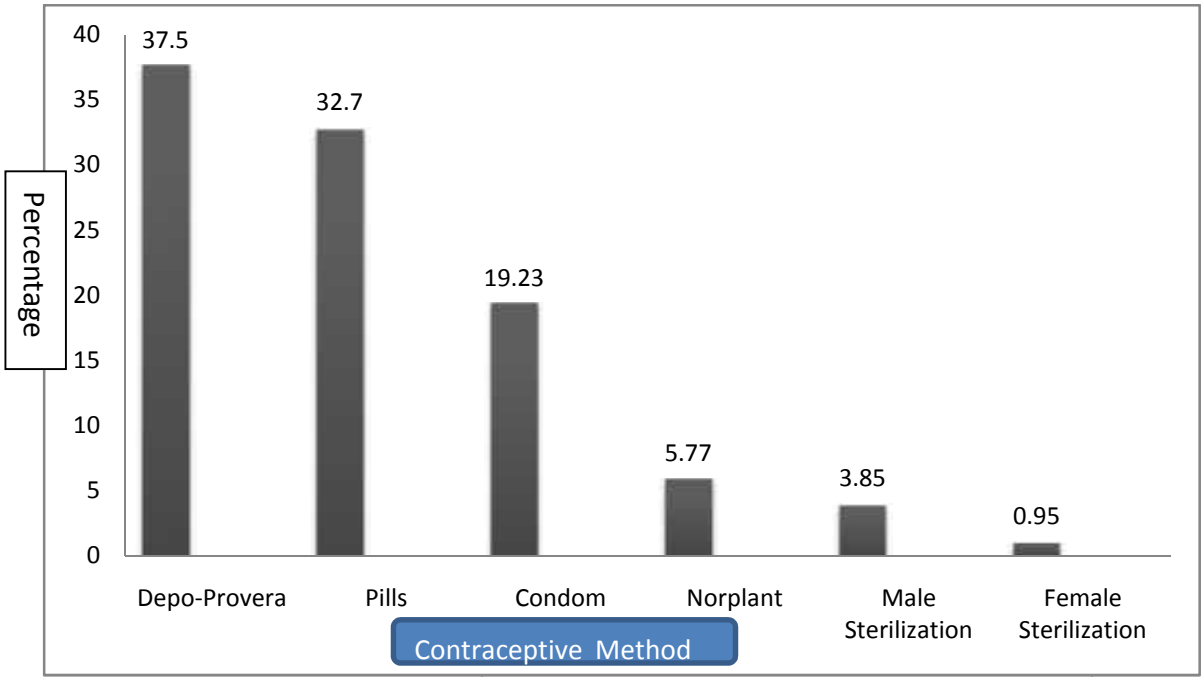
Use of contraceptive is defined as the proportion of women who reported they were using family planning (contraceptive) method at the time of interview. The level of use is most widely it is measure of success family planning method.

Table 4.12: Distribution of Married Women According to types of Contraceptive

Contraceptive Method	**Users**	
	Number	**Percent**
Male sterilization	5	3.85
Female sterilization	1	0.95
Depo-Provera (Injection)	50	37.50
Condom	26	19.23
Norplant	8	5.77
Pills	44	32.70
Foam/Jelly	-	-
Total	**134**	**100.0**

The above table can be shown on the following diagram as well.

Figure 4: Distribution of Married Women According to types of Contraceptive Users



As shown by figure, 4.12 the use of contraceptive methods of married women are presented. It was 37.5 percent Depo-Provera is a highest used method of all contraceptive, followed by Pills (32.7%), condom (19.23%), male sterilization (3.85%), Norplant (5.77%) and 0.96 percent female sterilization. Above figure clearly shown that the mostly used of contraceptive is Depo-Provera among contraceptives users.

4.3.3 Contraceptive Use by Age

Age is the most important factors in demographic analysis. Here, current use of contraceptives by age groups of married women who have used any types of contraceptives in this study area. Contraceptive use by age is shown in the given table.

Table 4.13 shows that the distribution of married women who used any method of contraceptive according to age group of women. It was found that the highest proportion users group was 20-29 years (61 respondents). The lowest was in 40-49 years (21 respondents). Similarly 30-39 age groups 47 respondents were used contraceptive method.

As shows by Table 4.16, Depo-Provera is the highest used in all age group (32.85%), followed by pills (30.60%), condom (20.15%), male sterilization and Norplant (7.5%) each and female sterilization (1.5%). There are more or less all respondents who are using temporary method till 49 years.

Table 4.13: Distribution of Married Women who has Used any Method by Age

Contraceptive Method	Age Groups of Respondents								Total	
	15-19		20-29		30-39		40-49			
	No	%	No	%	No	%	No	%	No	%
Condom	-	-	14	22.95	9	19.15	4	19.0	27	20.15
Pills	-	-	17	27.85	15	31.90	9	42.85	41	30.60
Depo-Provera	3	60	25	41.00	13	27.65	3	14.30	44	32.85
Norplant	2	40	5	8.20	3	6.400	-	-	10	7.50
Female Sterilization	-	-	-	-	-	-	2	9.50	2	1.50
Male Sterilization	-	-	-	-	7	14.9	3	14.30	10	7.50
Foam/Jelly	-	-	-	-	-	-	-	-	-	-
Natural Method	-	-	-	-	-	-	-	-	-	-
Total	**5**	**100.0**	**61**	**100.0**	**47**	**100.0**	**21**	**100.0**	**134**	**100.0**

4.3.4 Contraceptive Use by Occupation

Work status of women is a major determinant of fertility behavior, family size and birth space. The CPR was higher for those women who are engaged in farming occupation, which engaged in non farming activities. Contraceptive used by occupation is presented in table 4.17:

Table 4.14: Distribution of Respondents who have used any Method of CPR by their Occupation

No. of Contraceptive User	Agriculture		Non Agriculture		Total	Percent
	Number	Percent	Number	Percent		
Yes	83	61.95	51	38.10	134	89.33
No	13	75.0	3	25.0	16	10.67
Total	**96**	**64.0**	**54**	**36.0**	**150**	**100**

Tables 4.14 present that the percent distribution of married women who have used any methods of contraceptives. In these table 61.95 percent contraceptive users engages in agriculture out of 96 respondents, whose major occupation is agriculture. About 38 percent contraceptives user engaged in non agriculture out of 54 respondents. Non agriculture included business, students, services, labor and level stated.

Analysis of data reveals that most of the respondents were engaged in agriculture and least respondents were engaged in business that used contraceptive device. It conclude that no relation between occupation and use of contraceptives.

4.3.5 Use of Contraceptive by Number of Living Children

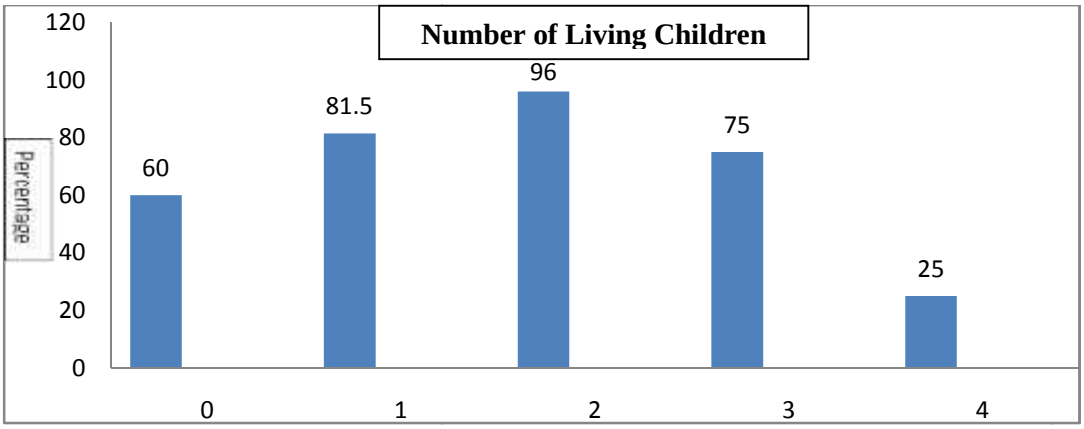
Number of living children is an important factor that effects the use of the contraceptives. Curvilinear relationship existed between number of living children and use of contraceptives. Current use of contraceptive by number of leaving children is shown in given table.

Table 4.15: Respondents Distribution on Use of Contraceptive by Number of Leaving Children

Number of Living Children	**No. of Users (Any Method)**				**Number of Women**	**Percent**
	Yes	**Percent**	**No**	**Percent**		
0	12	60.0	8	40.0	20	100
1	22	81.5	5	18.5	27	100
2	49	96.0	2	4.0	51	100
3	27	75.0	9	25.0	36	100
4+	4	25.0	12	75.0	16	100
Total	**104**	**69.33**	**46**	**30.67**	**150**	**100**

Table 4.15 shows that percentage distribution of married women who are using contraceptive methods by No. lf living children. The Table indicates 12 respondents (60%) of 20 women are using any contraceptive method that. The highest percentage of users 49 respondents (96%) of 51 women who have two children and the lowest percentage of current users 25 percent of 16 respondents (women). Because o many of them were menopause and they have more children.

Figure 5: Respondents Use of Contraceptive by Number of living Children



4.3.6 Reasons for Non Users of Contraceptive

All married women who were not using any contraceptive method further asked the reasons for non-using contraceptive method. Reason for not using contraceptive shown by given table.

Table 4.16: Distribution of Married Women by Reason for not using Contraceptives

Reason for non use of contraceptives	Number	Percent
Against Religion	-	-
Sexual Displeasure	-	-
Wants son	8	50.00
Wants Daughter	1	6.25
Wants more children	-	-
Fear of Side Effects	6	37.50
No Knowledge	1	6.25
Total	16	100

Table 4.16 shows that 50 percent respondents stated that wants son is the main reason for not using contraceptive method followed by fear or side effects 37.5 percent, wants daughter 6.25 percent and no knowledge 6.25 among non users of contraceptive devices. From this research we can say that some women are fear of side effects from the use of contraception. Many woman have traditional think about son they belief that, son is necessary to support for their old age.

4.3.7 Non Users of Contraceptive

An important indicator of the changing demand for family planning is the extent to which non users of contraception plant to use family planning to future. married women who are not using contraception at the time of survey were asked about their intention to use family planning in future. The results are shown in table.

Table 4.17: Distribution of Women who are not Using Contraceptive Method but to use Future

Use in Future	**Number**	**Percent**
Yes	13	88.5
No	3	11.5
Total No. of non-users	**16**	**100**

The above table 4.17 shows that the distribution of married women who are not using contraceptive method but to use in future. Among the married women who are not using contraception. 88.5 percent reported that they intend to adopt method in future and 11.5 percent reported that they did not use any method in future.

4.3.8 Side Effects on Contraceptive Method

Currently married women who were using modern methods of contraceptive were asked if they had any side effect during period of used contraceptive device. The side effects on contraceptive method are shown given below.

Table 4.18: Distribution of Married Women who Reported side-effect

Side Effects	**No. of Respondents**	**Percent**
Types of Side Effects		
Irregular Menstruation	15	39.3
Over Bleeding	6	15.7
Weakness	8	21.4
Weight Loss	4	10.5
Back pain/ Headache	5	13.1
Total	**38**	**100.00**

As shown table 4.18 who used contraceptives 21.4 percent of the respondents reported weakness. Irregular menstruation (39.3%), 10.5 percent respondents weight loss, back pain/ headache (13.1%) and over bleeding (15.7%) each. The major problems reported by highest percent of women

are irregular menstruation and weakness. It means 38 respondents were suffering from some types of side effect.

4.3.9 Access to Source of Supply

Access and travel time to source of supply is one of the main reasons for the high use of contraceptive. The main changes in social and cultural norms motivate and increase the use of contraceptives. Time to reach source of supply is shown by gi8ven table:

Table 4.19: Distribution of Contraceptive Users of Modern Methods by Time to reach source of Supply

Travel Time	No. of Users	Percent
0-30 minutes	60	44.8
31-60 minutes	65	48.5
1 hours and above	9	6.7
Total	**134**	**100**

Table 4.19 stated that contraceptive users who respond to travel to reach sources of supply. Among them 44.8 percent contraceptive users have required 0-30 minutes to reach sources of supply, while 48.5 percent users required 31-60 minutes and 6.7 percent users reported 1 hour or above. Travel time is effective factor for the use of contraceptive. If it takes long time to get service, user do not want to take continue it.

4.3.10 Decision on Use of Contraceptive Method

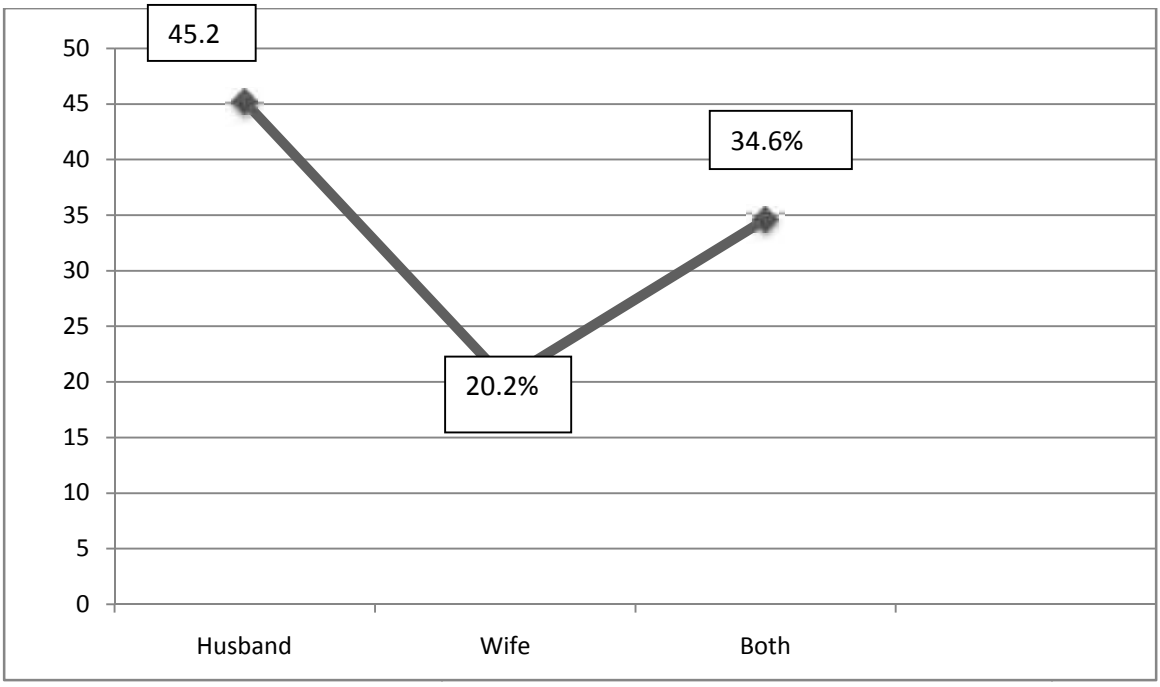
Husband and wife communication is often considered to be major determinants of contraceptive method. A question was asked whether the respondents usually discussed her husband about contraceptive.

Table 4.20: Distribution of Married Women Who Decide On Use of Contraceptive Method

Decide use of contraceptive method	No. of use	Percent
Husband	60	45.2
Wife	27	20.2
Both	47	34.6
Total	**134**	**100**

Table 4.20 shown, that about 45 percent women reported that their husband decide to use contraception, about 20 percent women decided to use contraceptive method and 34.6 percent women reported that contraceptive use was a joint decision.

Figure 6: Decide on use of Contraceptive Methods



According to the figure it is shown that majority of respondent's husband decide to use contraceptive device.

4.3.11 Contraceptive Method by Source of Supply

The married women who reported of using a modern method of contraception where they obtained the method from are shown on the table below.

Table 4.21: Distribution of Contraceptive Users by Source of Supply

Sources of Supply	**Number Who Usually go to get FPM**	**Percent**
Hospital	47	35.0
Outreach Clinic	12	8.95
NGO Clinic	34	25.35
Pharmacy	-	-
Private Clinic/Nursing Home	32	23.90
Others	9	6.70
Total	**134**	**100**

Table 4.21 shows that the majority of users received any forms of modern contraception from Hospital (35%), followed by 25.35 percent NGO clinic, private clinic (23.9%) outreach clinic (8.95%) and others (Shop) 6.7 percent. They usually go to get contraceptive method in the hospital.

4.3.12 Failure of the use of Contraceptive Method

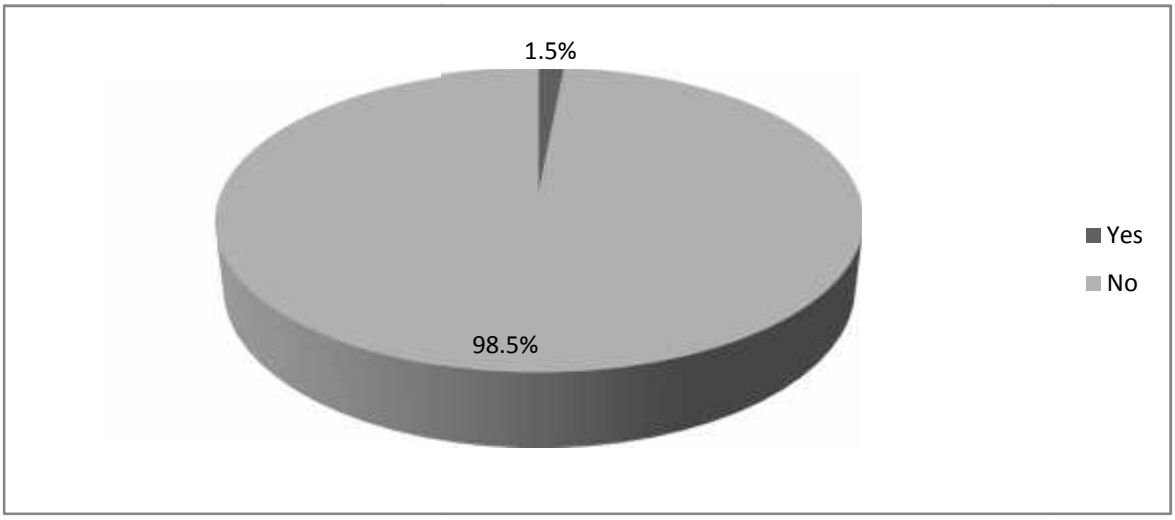
This research study aims to know efficiency to use method. The method failure question “Have you ever got pregnant while using family planning method?” was asked and the result is shown on the table.

Table 4.22: Distribution of Contraceptive Method

Method Failed	**No. of Respondents**	**Percent**
Yes	2	1.5
No	132	98.5
Total	**134**	**100**

The table 4.22 shows that out of 150 married women, among them 134 women 1.5 percent presents reported method failure when they used contraception and 98.5 percent married women were reported do not failure of contraceptive method. The analysis of data presents that the least respondents reported to fail when they use contraceptives.

Figure 7: Failure of the use of Contraceptive Method



4.3.13 Attitude and Perception of Sterilization

The research study aims to know respondents attitude and perception of sterilization. Who should do sterilization and timing to accept sterilization? The result are shown on the below.

Table 4.23: Distribution of Married Women According to their perception of Sterilization

Who should do Sterilization	**No. of Respondents**	**Percent**
Husband	67	44.65
Wife	35	23.35
Any of them	42	28.00
Don't know	6	4.00
Total	150	100.00
Timing of Accept Sterilization		
After having one child	33	22.00
Having 2-3 child	95	63.35
After having one son	17	11.35
After having one daughter	5	3.30
Total	**150**	**100.00**

Table 4.23 presented that about 45 percent married women of reproductive age have opinion that husband should go for sterilization. 23.35 percent married women are in favor of wife should go for sterilization, 28 percent women viewed that anyone of them could accept sterilization and 4 percent did not know about use of sterilization.

The majority of women about 64 percent respondents should sterilized after having 2-3 children followed by 22 percent reported after having one child and 11.35 through it is appropriate after having one son and 3.3 percent viewed that after having one daughter.

4.4 Findings

After analyzing and interpreting the information the following major finding were as follow:

i. In the study are 684 person which 334 (48.83%) male and 350 (51.17%) are female.
ii. The study area is inhabited by multi ethnic groups. Majority of respondents are chettri followed by Brahmin, Damai/Kami.
iii. The studied showed that there is majority of respondents were literate.(84.45%)
iv. The major occupation is agriculture which is 53 percent. Almost 14.65 percent of the households have own land that is 11 Ropani and above contrast 4.67 percent households are found landless.
v. Around 89 percent of total respondents were from nuclear family and remaining 11 percent respondents are joint family.

vi. The majority of the married women about 92 percent are familiar with at least one contraceptive method. By specific method male sterilization 94.25 percent appears to be the best known methods, followed by female sterilization 92.65 percent, condom 91.65 and pills 78.65 percent has been gaining popularity in this study area.

vii. About 73 percent respondents reported their source of knowledge was radio, flowed by husband 53 percent and TV 50.56 percent as source of family planning.

viii. Out of the 150 married 89.33 percent is every user. The most common method of contraception was Depo-Provera followed by pills 30.6 percent and condom 20.15 percent.

ix. The most common contraception used in this study was Depo-Provera 37.5 percent current use of contraceptive method varies with women's age, occupation and literacy status.

x. The number of living children and current use of contraception is direct relationship. The proportion of current users increased with increase in number of living children. The higher proportion is found among the women having 2 children (96%) out of 134 respondents in this study.

xi. Almost 10.65 percent respondents have stated that their main reason for not using contraceptive method is wants son 50 percent and 37.5 percent is fear of side effects.

xii. Among the current users 25.33 percent feel side effect. The most side effects are weakness and irregular menstruation.

xiii. The study shows that about 48.5 percent respondents required travel time 31-60 minutes where as 44.8 percent current users have need 0-30 minutes and only 6.7 percent respondents have need travel time 1 hours and above.

xiv. This study shows that about 45 percent women reported that use contraceptive on the decision of husband, 34.6 percent decide of both to use contraceptive method.

xv. A majority of contraceptive users reported to have received any forms of modern contraceptive from hospital (35.0%).others reported source of supply were NGO clinic (25.35%).

xvi. In total 1.5 percent contraceptive users reported that they become pregnant while they using any method.

xvii. About 45 percent married women have opinion that husband should sterilization, 23.35 percent married women are in favors of wife who should go for sterilization and 28 percent women viewed that anyone of their could accept sterilization.

xviii. Sixty three percent women reported that they will sterilization after having 2-3 children followed by having one son 22 percent.

CHAPTER-V

SUMMARY, CONCLUSION AND IMPLICATIONS

5.1 Summary

This study has been analyzed Use of contraceptive among married women of reproductive age (15-49) years in Amarpur VDC in Panchthar district. This study is mainly based on the data obtained from field survey which provide data contraceptive knowledge and use, differential in current use, accessibility of contraceptive and side effects associated with particular method being use reason for non-use of contraceptives. This study is based on primary data gathered from the perception of 150 respondents of 150 households through simple random sampling method. The contraceptive prevalence rate was not so sound. Due to the lack of awareness, poverty and illiteracy.

For the context of the thesis "Use of contraceptive among married women in Panchthar district" was conducted in the Amarpur VDC. The main objectives of this study are to find out the knowledge of any contraceptive methods, to identify the role of education in the use of contraceptive methods among currently women and to identify the socioeconomic and demographic determinants of the use of contraceptive methods for the research of contraceptive method. For the researcher had taken randomly 150 households were selected in equal proportion from each wards from four (3,5,8 and 9) wards by applying simple random sampling. The primary method was collected by the help of closed questionnaire. The research is descriptive nature. Literature review Is an essential aspects of any study. The research has helped to formulate research objective, methodology, tools of the research followed by related literature review.

Finally, the collected data and information were analyzed and interpreted briefly and analyzed it by the help of the table, pie chart, bar diagram, line graph etc. the research shows that use of contraceptive among married women.

5.2 Conclusions

This section deals with the major conclusion derived from the analysis of data collection from the respondents. This study points out the use of contraceptive method.

i. The recurrent pattern of contraceptive use among users is obtained dominated by Depo-Provera and pills in this study.
ii. There is strong evidence that the women who have literate have strong power of knowledge and use of contraceptive. So, we can conclude that higher the education higher the knowledge and use of contraceptives.
iii. This study areas usually low use of permanent method indicates that the most of respondents want to fulfill or desire family size. It is also conclude that women use any kind of modern method after having to children.

iv. The most popular methods are male sterilization Depo-Provera, pills, condom and other are nominal.
v. There is positive relationship between number of living children and contraceptive use. It is also conclude that there is positive relationship between education and knowledge and use of contraceptive.
vi. The most important reason for not using contraceptive is desire for son and fear of side-effect.

5.3 Implications

On the basis of this study, some of the important general implications were drawn out. Similarly, implications were also stated for further researchers in the field of contraceptive devices are given below:

5.3.1 Policy Level

(i) Government and other related bodies should encourage the people to have small family norms by regarding them different types of opportunities, education etc.

(ii) Free distribution of contraceptive through public sectors (health post, sub-health post etc.) should be well managed.

(iii) This study suggests that the women who are not using any contraceptive method due to want one son and fear to side effects on there are health. So, effective and appropriate counseling should be all level.

5.3.2 Practice Level

i) Knowledge and use of contraceptives are depend of level of women's education in order to raise KAP of contraceptive among currently married women formal and non-formal programmed should be carried out.
ii) Study shows that couples using contraceptive only when the desire family size, desire number of children attained. Therefore contraceptive programmed should be lunched through community health workers to developed concept of birth spacing.
iii) The finding suggest that son preferences in reveling among the married women. These types of traditional concept should be removed by effective educational programmed and modernized though.

5.3.3 Further Research

(i) This study of knowledge and use of contraceptives is based on all caste /ethnicity and religious community. Further study may be carried out in other specific community.
(ii) A comparative study on knowledge and use of contraceptive methods, further study can be carried out in rural and urban area.

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APPENDIX

Knowledge and Use of Contraceptive among Married Women

Interview Schedule

Demographic Questions:

1. Name of the respondent:-
2. Respondents age:-
3. Word no:-
4. Village/Tole:-
5. Religion:-
6. Caste/Ethnicity:-
7. How many of your family members are currently living in your house?

Total numbers…….

S.N	Name (household head first)	Relation to household head	Sex		Age	Education			Marital Status	Occupation
						Literate		Class (passed)		
			M	F		Yes	No			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

8. Which types of family?
   a) Nuclear b) Joint
9. Do you have own cultivate land?
   a) Yes b) No
10. What is the quantity of land you have?
   a)…Aana b) ……Ropani

11. What type of livestock do you have?

   a) Cow/ buffalo b) Chicken

   c) Goat/pig d) other

12. Do you have a toilet?

   a) Yes b) N0

13. What kind of toilet your households have?

   a) Pit toilet b) flush toilet

   c) Traditional toilet d) other

14. Does your household have?

	Yes	NO		Yes	NO
a) Electricity	…	….	d) Bio-gas	….	….
b) Television	…	….	e) Motor-bike	….	….
c) Radio	…	….	F) Other	….	….

15. What is the major source of your drinking water?

   a) Pipe water b) River Water

   c) Stream Water d) Other

16. How long does it take to reach hospital/sub-health post?

a) …. Hours b) …. Minutes

17. What type of house do you have?

a) Pakki b) Kacchi c) Other

Determinants of knowledge and use of contraceptives

Questionnaire to be asked to currently married women aged 15-49 years

Knowledge of Contraceptive Method

1) How old are you and your husband?
   a) Wife (year…/…) b) Husband (Year…./…)
2) Can you and your husband read and write simple Nepali letters?
   a) Wife (yes/no) b) Husband (yes/no)
3) Up to what class you and your husband have passed?
   a) Wife (class….) b) Husband (class…..)
4) How is your age when you married?
   a) Wife (age….) b) Husband (age….)
5) What is your husband's occupation?
   ……..
6) Do you usually listen to a radio?
   a) Yes b) No
7) How many children were born alive to you?
   a) No. of children …….
8) How many sons and daughter live with you?
   a) Son (…….) b) Daughter (……)
9) What is your source of knowledge?
   a) Radio b) Television
   b) Newspaper d) Other

10) What method have you heard about? (multiple response)

a) Any modern method

i) Female sterilization ii) Male sterilization

iii) Depo-Provera iv) Condom

v) Pills vi) Norplant

vii) Foaming tablet

b) Any traditional method

i) Withdrawal ii) Periodic absence

11) FAMALE STERILIZATION women can have an operation to avoid having more children (also known as tubule legations).

a) Yes b) No

12) MALE STERILAZATION men can have an operation to avoid having more children(also known as vasectomy).

a) Yes b) No

13) INJECTABLES women can have injection by a health provider which stops them from becoming pregnant for one or more monthly (example: Depo-Provera, Sangini)

a) Yes b) No

14) Pills women can take a pill everyday to avoid becoming pregnant (example: Nilocon White).

a) Yes b) No

15) IUD women can a loop or coil placed inside them by doctor or a nurse (Coppor T, loop)

a) Yes b) No

16) CONDOM man can put a rubber sheet on their penis before sexual intercourse (example: dhal)?

a) Yes b) No

17) FOAM OR JELLY women can place a suppository, fuming tablets, jelly or cream in their vagina before intercourse (example: Kamal chakki)

a) Yes b) No

18) RHYTAM OR PERIODIC ABSITENCE every month that women's sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most to get pregnant?

a) Yes b) N0

19) How did you know about contraceptive method?

a) Radio/TV c) Written advertisement

b) Health personals d) Other

20) When did you know about contraceptive methods?

a) After marriage b) Before marriage

21) Have you or your husband ever used any method of family planning?

a) Yes b) No

22) If yes, which method?

a) Modern method b) Traditional method

23) Who decide about the current use of family planning?

a) Husband b) Wife c) Both

Use of Contraceptive Method

1) Have you or your spouse ever used any method?

a) Yes b) No

2) If yes, which method are you using?

a) Female sterilization f) Male sterilization

b) Condom g) Pills

c) Injection h) Implants

d) Foam/jelly i) Withdrawal

e) Periodic abstinence

3) Are you and your spouse currently using any contraceptive method?

a) Yes b) No

4) When did you or your spouse been using the contraceptive after marriage?

a) 0-4 month c) 9-12 month

b) 5-8 month d) 1 year above

5) If yes why did you use contraceptive method?
   a) To avoid pregnancy
   b) To avoid getting
   c) HIV/AIDS
   d) To avoid infection
   e) To avoiding getting STDs
   f) Partners insisted
6) Why did you not using the contraceptive method>
   a) Against religion
   b) Sexual displeasure
   c) Fear of side effect
   d) Wants more children
   e) Wants son
   f) No knowledge
7) Have you ever got pregnant while using a family planning method?
   a) Yes
   b) No
8) If yes which method was? (name of the method)
   ……..
9) Do you notice any side effect while using contraceptive?
   a) Yes
   b) No
10) If yes please mention what type?
   a) Irregular menstruation
   b) Weakness
   c) Weight loss
   d) Weight gain
   f) Over bleeding
   f) Back/waist
   g) Pain/headache
11) Why did you regret the operation?
   a) Want another child
   b) Side effect
   c) Marital status has changed
   d) Operation failed
   e) Other
12) Where did you obtain current method started using it?
   a) Government sector
   b) Non-government sector
   c) Private medical
   d) Other sources
13) How long does take you to travel from your hose to this place?
   a) …..hours
   b)……minutes
14) Where do people usually go to get family planning services?
   a) Hospital
   b) Pharmacy
   c) Private clinic
   d) Other

15) Do you plan to use family planning method in future (for non users only)?

a) Yes b) No

16) If yes which method do you plan to use?

a) Condom f) Female sterilization
b) Pills g) Male sterilization
c) Depo-Provera h) foams/jelly
d) IUD i) Rhythm
e) Norplant j) Other

17) In your opinion, who should do sterilization?

a) Husband c) Both
b) Wife d) Don’t know

18) In your opinion, when couple should accept sterilization?

a) After having one child d) After have one daughter
b) Having 2-3 child e) Don’t know
c) After having son