

CHAPTER ONE

INTRODUCTION

1.1 Background

Human being always wants to be healthy and in good physical shape since it is one of the world's the best creatures. WHO and UNICEF have made various efforts to provide good and quality health services and facilities for all. But it has become challenge. The population growth has created problem to accomplish their goals. For this work contraception is the most effective device that can control the birth. It also affects the health of women who give birth to make healthy life and help control population growth, too.

According to census (2001), 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 up within 30.8 years. The crude birth rate has roughly declined from 41.2 to 33.08 per 1000 population during 1991-2001 and now it has reached 27.7 in 2008. Like wise, the crude death rate also has roughly declined from 9.6 to 8.3 per 1000 population during 2001-2008. The TFR was declined from 4.6 to 4.1 in the same year and now it has reached 3.1 in 2006 which can be taken as satisfactory result in birth control. Similarly, the infant mortality rate was declined from 97 to 79 per 1000 live birth in same period and now it has rapidly declined and reached 48 per 1000 live birth which is great success in control of infant mortality rate that about 50% death rate has been controlled within the period of 1996 to 2006. In the same way mortality rate under 5 years is also rapidly declined i.e. from 118 to 61 live

birth between the period of 1996-2006 (Nepal in Figures, 2008). This is the satisfactory result of family planning. Therefore, there is a need for family planning in order to control the rapid population growth and for healthy lives because it is only one way to control the population.

In Nepal Family Planning (FP) program was started by Family Planning Association of Nepal (FPAN) in 1959. Mostly the family planning method has been directly concerned towards women as considering it would work to 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 the method that helps to prevent unwanted pregnancies, time span between children and manage fertility. In Nepal many FP services are available in the market e.g. Condom, Norplant, IUD, Pills, Depo-Provera and so on.

FP is taken as one of the most significant 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 voluntarily 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.

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. Knowledge of contraception is nearly universal in Nepal. Nepal Family Health Survey (1996) shows that 98 percent of both ever-married and currently married women age 15-49 know at least one method of family planning. A greater proportion of currently married women reported knowing a modern method (98 percent) than a traditional method (44 percent). 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, 1996).

There are many factors affecting the use of FP methods such as women's age, education, place of residence, economic condition, caste and ethnic group. Among them education is the most important which determines the use of FP service. Educated women frequently use FP means in compared to uneducated women because they have better knowledge about it. For example the contraceptive prevalence rate (CPR), was 27.2% for women with no schooling whereas the women of secondary education was 40% (Birth, Death & Contraceptive Survey, 1996).

Therefore, this study is mostly concentrating towards the impact of FP services in the health of reproductive age group who are currently using the devices as FP services in the sector of sexual life such as control of

unwanted pregnancy, birth spacing, healthier life of mother and children and side effect if faced by someone.

1.2 Statement of the Problem

In Nepal demographic matters have gained major importance because of an exceptional increase in its population. This large increase in its population has emerged as a matter of great public concern because it is undermining our efforts to raise living standards of our people. Due to this population expansion Nepal is not able to provide young adults with jobs and housing and other consumer essentials. To ensure the population growth rate, we must find out the factors that create such conditions in a given cultural set up.

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 many programs have been conducted 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.

The main problem of development in developing countries is rapid population growth. The population and development is related to each other and on the other hand the modernization, improved living conditions, which are the part of the development, can be expected to bring population growth down. Development may not be possible as long as the current high rate of population growth continues (Acharya, 2002). Recognizing the need to bring the population growth rate in the line with resources, many

developing countries have adopted family planning program in their national policies and programs.

Although, Nepal has invested 15 to 19 percent of its total health expenditure in family planning program. Contraceptive Prevalence Rate (CPR) of Nepal is very low as compare to other South Asian Countries. Beside this, the knowledge of any modern method of family planning is nearly 100 percent among currently married women of reproductive age (15-49 years), but the utilization of family planning services is low. Only 39 percent of currently married women of reproductive age use contraceptives (CBS, 2001). The main trust of national health policy relating with family planning program is to expand and sustain adequate need of family planning services at the community level through meeting the unmet of family planning i.e. contraception is increased over the years, instead of having a greater participation of NGOs and INGOs.

Women can have safe and satisfying life if they practice family planning this is the reason why women are always willing to practice it. This study will attempt to analyze factors contributing to determine the knowledge about contraceptive and use of contraceptive by women (reproductive age group of 15-49) of Ichangu Narayan VDC of Kathmandu district. The study area is not rural and is accessible from the capital city of Nepal. This study was designed to provide the answer of the following research questions: What are the factors that determine to use the family planning services? Who encouraged you to use the devices? What are the causes for non use of family planning services? What are the impact did you feel by using family planning services? Did you ever face any problem of socio-cultural barriers or economic constrains regarding to use of FP services?

1.3 Objectives of the Study

The present study is under taken with a view to analyze the knowledge, attitude and practices of family planning devices among married women of age between 15 to 49 year. Therefore the specific objectives of the study are as follows.

- To find out the knowledge of family planning of women who are currently using the family planning devices.
- To find out the practices of family planning among married women.
- To find out the socio-economic and demographic variables for using family planning methods.
- To make suggestions to overcome the hindrances in the way to adopt family planning methods among married women.

1.4 Significance of the Study

Use of family planning services can affect the reproductive health of married women who are currently using the devices normally or in an abnormal condition. If it is normal the health of FP user is well or not faced any health problem and if it is abnormal, the FP service user may face health problem like vomiting, giddiness, bleeding, side pain, abdominal pain, vaginal sores, itching and so on. Sometimes specific culture and traditional beliefs also affect the use of services and sometimes socio economic condition affects the user's behaviour. In such situation how contraceptive devices are being used to control the birth will become the major significance.

This study will be expected to provide basic information about the impact of family planning services in women of reproductive age group (15-49) of Ichangu Narayan VDC of Kathmandu district. From this study, the information about the impact of family planning services in reproductive age group in grass root level can be obtained for all policy makers, planners, administrators and demographers to make policy and implementation of family planning programme in nation as well as in grass root level.

1.5 Limitation of the Study

1. This study is limited to currently married women of aged 15-49 years in Ichangu Narayan VDC of Kathmandu District.
2. This study is based on opinion of women aged 15-49 years only.
3. This study describes the knowledge, attitude and errors of Family planning services only.
4. This study is based on VDC level, therefore, its result may not cover whole married women population of the country.

1.6 Organization of the Study

This study is divided into six chapters. The first chapter deals with background of the study, statement of the problem, objectives of the study, significance of the study, limitations of the study and organization of the study.

The second chapter deals with literature review (both theoretical phase as well as empirical phase, carried out at the local, national, regional and international levels) and conceptual frame work for the study.

The Third chapter provides the methodology which includes background of study area, sources of data, sample size, sampling method and procedure, questionnaire design, data collection method, data processing etc. Similarly, chapter four represents the background of the sample households and respondents as their individual characteristics. The fifth chapter is divided into two sections i.e. section first analyzes about various information of Family Planning (knowledge and practice of family planning methods, its sources, impact, advantages and side effect etc) and second section is about the use of FP methods by some socio-economic and demographic variables.

Finally, the sixth chapter deals the summary of the findings, conclusions and recommendations with possible areas for further research in relation with the issues.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Literature of Family Planning

Family planning is one of the most effective means for child's healthy life and social, cognitive and emotional development. It is also one of the most effective tools for maintaining population growth in the nation. Its effectiveness increases when one considers its impact on women's health and wealth. The most important factors that change the shape 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 greater than the economic growth rate due to which the effort in development is in vain.

Different NGOs and INGO's who are working in the realm of family planning activities are engaged in overcoming problems emerged due to population growth. In 1959 A.D. the Family Planning Association of Nepal (FPAN) was established with the objective of "small family is happy family". The Association began educating people through print and electronic media since 1960s. Since the only electronic media reaching the general public was radio, therefore FPAN initiated a weekly radio program on family planning in 1968. FPAN started more target-oriented and focused programs in the 1970s. A Family Planning Welfare Project was implemented in ten wards of Kathmandu valley in 1972, which started providing sterilization services on request and assistance of USAID. Since these projects required fulltime workers, staff and volunteers were recruited to provide the services. FPAN started publishing family planning

magazine and other materials for the target population in the 1970s. Similarly, FPAN programs were expanded from three districts in the 1960s to 15 districts in the 1970s and 34 districts in 2009. The program focus of FPAN has been changing gradually to adjust its program thrust and activities with contemporary demand for family planning services by the people. In the 1960s and 1970s, it adopted an integrated approach of amalgamating community development and family planning programs. Consequently, an emphasis was given to disseminating FP messages and delivering services to the needy people in the 1990s in compliance with the changes in behaviour and attitudes of the people.

The objectives of all organizations who are working directly or indirectly in the field of family planning are focused on controlling high growth rate of population. Family planning makes women give birth to desired number of children.

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

According to the theory of demographic transition, the reduction in the birth rate is a by-product of industrialization and modernization. Notestein 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. The birth rates had really reached very low in the west by the middle of 1930s. This decline was achieved because of the widespread acceptance of

contraception under the influence of the new idea of the small family. This practice of very common in any urban industrialized society (Asha A Bhende and Tara Kanitkar, 1998)

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

Sterling (1992) 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. It directly helps to decline fertility rate. In addition migrant people 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.

In the context of Nepal, since 1965 the then his majesty's government adopted a policy of family planning and commended integrated services with MCH activities. The government supported the provision of family planning services through maternal and child health board under whose

umbrella, Nepal FP, Maternal and Child Health Project was established in 1968. At first the services were concentrated only within the Kathmandu valley. Later on 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 practicers of social workers in 1987, government made a decision about family planning services would be provided by integrating all vertical projects in all 75 districts with the restructuring to the ministry. The integrated community health services department project (ICHSDP) was abolished and converted into public health division in 1987. Furthermore, it is integrated with reproductive health in 1996 and adopted some strategies.

2.2 Empirical Literature of Family Planning

Modern contraceptives have given hundreds of million of couples the opportunity to prevent unwanted and premature pregnancies. It has become very effective and safe. Despite significant progress, there are today 300 million couples who do not want any more children but who are still not using an effective means of FP. Among them less than one third of the couples are within easy of FP Services (UNESCO, 1998-2001)

According to the world population sheet (2007), the highest contraception prevalence rate of married women (15-49) are in Northern America. About 76 % use all methods and about 69 % use modern methods. Where as 75 % use all methods and 66% use modern methods in South America. In Asia, 66% use all methods and 60 % use modern methods. In Europe 67 % use all methods and 53% use modern methods. Similarly in Africa, 28 % use all methods and 22% use modern methods. Like wise in South Asia, 59% use all methods and 52% use modern methods.

The national Contraceptive Prevalence Survey (NCPS, 1981), Nepal fertility and Family Planning Survey, and Fertility, family Planning and Health Status Survey (NFFHS, 1991), and recent survey i.e. Nepal Family Health Survey 1996 have revealed increasing percentage of at least one method of knowledge women aged 15-49 from 21.3 % in 1976 to 51.9 % in 1981, to 55.9% in 1986, to 93.0 % in 1991 to 98.4 % in 1996. The knowledge about the availability of contraceptive did not increase much during the 1981 – 1986 period though the accessibility of contraceptives increased.

Tuladhar's study shows that the knowledge of contraceptives services has been increased rapidly since last five years. In 1981 about one third of the exposed women knew where to get modern contraceptives in contrast to only about 6 % in 1976 (Tuladhar: 1989:230). His study shows that the highest level of knowledge has been found among women aged 25-34 years.

The relation between age of currently married women & contraceptive use is curvilinear (MOH, 1995). It indicates that the use of 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 (1996) reported that there were 1.3% & 11.5 % contraceptive users at age groups 15-19 and 45-49 respectively.

Among Nepalese ethnic groups, Teacher (1989) has found that the highest contraceptives prevalence rate among Newars is 71.8% followed by Brahmins 71.8%. Similarly Chhetries (71.8%), Traceries (6.6%), Tharus (5.1%), Magar (4.7%) and Muslim (1.6%), Tamang (20.4%), Gurung (3.8%), and Rai (3%) are other ethnic groups. The most widely known modern contraceptive among married women are female sterilization (99%) male sterilization (98%), injection (97%) and Pills (93%) according to Teacher, 1989:233).

NFHS (1996) indicated about 98% currently married women had at last one method of family planning and mainly this knowledge come from media exposure. About 53% exposes to FP message from the Radio, 23% got information from the screen media (television) and 23% exposed to FP message from print media. Ever use of modern FP method increases from 4% in 1976 to 35% in 1996. Female & male sterilization are the most popular method among others. The use of female sterilization has been increasing while the use of male sterilization has been constantly decreasing.

Married women in Nepal have an unmet need for family planning service of which 9% have a need for spacing child birth and 15% have a need for limiting child birth. 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 every woman's need has to be met, 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 decades while almost all currently married women reported that they have knowledge about at least one method (usually a modern method). Female sterilization is the most popular method among currently married women. Overall 29% of currently married women in Nepal are currently using a contraceptive method i.e. 26% modern methods and 3% traditional methods (NHFS, 1996)

Modernization has been changing life style over night and it made so many of the child bearing women reject 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).

UN (1999) found that highest contraceptive prevalence rate in North America 77%, followed by Europe 71%, Latin America and Caribbean 68%, Asia 60% and lowest in Africa 24%. UN also found that the SAARC countries have the highest CBR. Among them Srilanka has 66% followed by Bangladesh 49%, India 41%, Nepal 25%, Pakistan & Maldives 18% & Lowest in Bhuthan and it has 8%.

Numbers of condom acceptation are always in increasing trend since 1996/97 to 2003/04. It increased from 59420 to 105313 respectively. The users know that the Condom does not only control birth but also avoids or prevalence from sexually transmitted infection (SITO) such as syphilis, gonorrhoea, 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 (NDHS, 2006).

NDHS shows that knowledge of at least one modern methods of FP is 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%), injection (97%), Pills (93%), Condom (91%). 54% of currently married women and 63% of currently married men have used a modern method. Injection is more common in newly married women where as among currently married men, condom is more popular. The pattern of use is in curvilinear with use being lowest among women in the youngest age group (15-19). It is also increasing with the age and reaching a plateau among in their thirties before declining (NDHS, 2006).

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 methods 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 (Nepal country report, 2002).

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

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 compared with 40% who heard about it from the television, 40% who have seen a message on a poster or bulletin board, 15% who read about it in newspaper or magazine and 6% who observed a FP message at a street Drama (NDHS, 2006).

The government sector remains the major source of contraceptive method providing to nearly 4 in 5 female users. Nearly one in three users are obtaining their method from 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 users. The most of whom (10 %) obtain their supplies from pharmacies (NDHS, 2006).

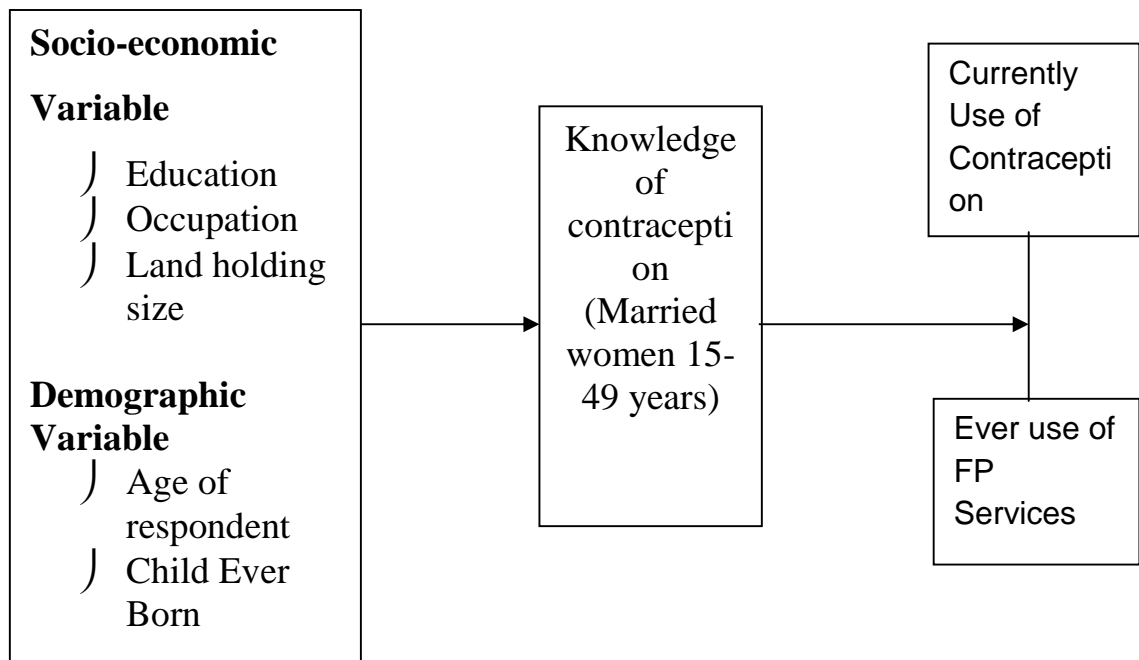
According to NDHS (2006) nearly 1 in 2 currently married women is using a method of contraception with most women using a modern method 44 %. The two most popular modern methods are female sterilization (18%), injection 10%). The use of modern contraception method among currently married women increased 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 & injections. Overall there has been a 36% increase in the share of temporary methods over permanent method in the past decade.

2.3 Conceptual Framework

Use of FP methods is one of the intermediate determinants of fertility. It is determined by some socio-economic and demographic variables. Demographic factors such as age of women, number of having children and knowledge/heard of FP may affect use of FP methods. Similarly, socio economic variable like level of education, land holding size and occupational status may also affect use of FP methods. Hence, it has been shown in figure 2.1 given below.

Figure 2.1: Use of Family Planning Methods by Socio-economic and Demographic Variables in the Study Area



CHAPTER THREE

RESEARCH METHODOLOGY

This chapter presents the methodology pursued in this study. It gives descriptive information of the study area, universe/sample designed, nature of data, tools and techniques of data collection and mode of data analysis.

This study among the currently married women aged between 15-49 years of Ichangu Narayan Village Development Committee has been designed to obtain information on their knowledge, attitude and practice of family planning. The fieldwork was conducted in the month of November 2011.

3.1 Rationale for the Selection of Study Area

As mentioned earlier main objectives of this study was described the knowledge, attitude and practice of family planning among married women at micro level. For this purpose, Ichangu Narayan VDC was selected for the study. It is situated and nearly closed in north-western part of Kathmandu metropolitan city of Kathmandu district. The VDC is bordered by Kathmandu metropolitan city in the East, Ramkot VDC in the West, Goldhunga VDC in the North and Sitapaila VDC in the South. The total population and household of the VDC were found to be 10563 and 1881 respectively (VDC Profile, 2067). The VDC was selected for behind reason such as the impression of Ichangu Narayan society and curiosity of gaining more knowledge about the Ichangu women to seem somehow applied family planning devices for reproductive health. So, the researcher had got more opportunity to visit in Ichangu Narayan VDC of as visitor and most accessible site for the researcher also.

3.2 Universe and Sampling Procedure

The universe of the study comprises of all the women residing in Ichangu Narayan VDC of Kathmandu district. A random sampling procedure was applied for the selection of sample size. First of all, ward no. 2 of the VDC was selected by random, and a sample of women was selected from after the household's listings of the selected wards. All the sampling household of the selected ward is taken as the units of analysis. The total household and population in this ward is 176 and 970 respectively (VDC Profile, 2067). From this survey 60 married women respondent of 15-49 age groups obtained by purposively for sample size which is considered to representative of the universe of the study. Respondents were selected by random sampling techniques under the probability sampling method.

3.3 Nature and Sources of Data

In the study, both primary and secondary data were used. The primary data was collected from the field study. For this purpose, a brief and intensive fieldwork has been conducted. During the fieldwork, primary data was collected from the sample respondents. On the other hand, the secondary data was taken from published and unpublished literature such as books, journals, articles, research reports, VDC report, etc.

3.4 Methods of Data Collection

3.4.1 Questionnaire Design

A set of structured and unstructured interview questionnaire was designed and apply for meet the study purpose. The structured questionnaire deals with the purpose of getting information about on socio-economic and

demographic status of the married women respondents, knowledge and attitude about on family planning and RH of the households.

The discussions on unstructured questions were related with use of practice of family planning and their error, current use and impact of family planning devices. The data was collected through the unstructured interviews support to assess the data from structured interview in the relevant place in the text.

3.5 Data Analysis

The data was manually edited and coded. The data was tabulated with the help of computer using SPSS and also presented by simple master table as manually. The independent variables used in the analysis were socio-economic and demographic variables. Occupation, educational status and landholding size are included as socio-economic variables. Age of the respondents, number of children and knowledge/heard of FP are taken as demographic variables. Univariate and bivariate tables of almost all items were obtained and interpreted on the basis of percentage distribution.

CHAPTER FOUR

BACKGROUND CHARACTERISTICS OF THE HOUSEHOLDS AND RESPONDENTS

This chapter describes the general background characteristics of sample household population and sample women respondents under the study area.

4.1 Background Characteristics of the Sample Households

This chapter has provided some demographical and socio-economic characteristics of the household population from sample household. Demographic characteristics provided the information of age, sex, marital status, age at marriage, child ever born and so on but socio economic characteristics provided educational attainment, major occupation and size of landholding and level of income and social status of the sample household of the study area.

4.1.1 Caste/ethnic Composition of the Sample Household

In Nepal there are more than 100 caste and ethnic groups residing since immense time, and they have own identity, culture, religion, language, customs, norms and values (CBS, 2003). However, in total sample households of the study area there are only 7 castes and ethnicities which are given below in Table 1 in detail.

Table 1 clearly shows that the total number of sample households is 60, whereas Newars are in the majority (40.0%), followed by Tamang and Chhetri 23.33% and 18.33 % respectively.

Table 1: Percentage Distribution of Sample Household by Caste/Ethnicity

S. N	Caste/ethnicity	Total Nos. of Sample Household	Percent
1	Newar	24	40.0
2	Tamang	14	23.33
3	Chhetri	11	18.33
4	Brahmin	7	11.66
5	Magar	2	3.33
6	Gurung	1	1.66
7	Kami	1	1.66
	Total	60	100.0

Source: Field Survey, 2011

4.1.2 Age and Sex Structure of the Sample Household Population

It is very essential to know about the distribution of sample population of the study area. Age and sex structure is primary basis of demographic classification of vital statistics. They are very important variables to find out of the household size and structure. Here, some data of age and sex is presented on Table 2.

Table 2: Percentage Distribution of Sample Households Population by Age & Sex

S. N	Age in years	Sex		Total	Percent
		Male	Female		
1	less than 15	40	44	84	26.16
2	15-59	104	120	224	69.78
3	60+ above	6	7	13	4.04
	Total	150	171	321	100.0

Source: Field Survey, 2011

Table 2 shows distribution of current population of sample household by age & sex. For convenience, the ages of the total household population have been categorized into three age groups. There are 321 people in 60 households whereas 150 are male and 171 are female. The average

household size is 5.3 persons per household. The highest percentage of population is found in the age group between 15-59 years (69.78%) followed by below 15 years (26.16%) and above 60 years (4.04%), respectively.

4.1.3 Marital Status of Sample Household

Marital status is one of the most important socio-economic characteristics. It is also universal demographic component. It can play a vital role to determining educational status, household decision making power, use of family planning devices and so on. Therefore, the marital status of the sample household population is given Table 3.

Table 3: Percentage Distribution of Sample Households Population by Marital Status (above 6 years)

S. N	Marital Status	Total Nos. of Population	Percent
1	Married	140	50.54
2	Unmarried	112	40.43
3	Widow/Widower	11	3.97
4	Separated	14	5.05
	Total	277	100.0

Source: Field Survey, 2011

Table 3 shows that the marital status of sample household population aged of 6 years and above. The study found that the married population is the highest (50.54%), followed by unmarried 40.43%, widow or widower 3.97 percent and separated is 5.05 % respectively.

4.1.4 Education Status of the Sample Household Population

Educational attainment is the most important factor for the household population which they can face and solve every household problems and so on. Out of the total population 321, information on the literacy status of the population aged 6 years and above was sought.

Table 4: Percentage Distribution of Sample Household by Level of Education (6 years and above)

S. N	Level of Education	Total Nos. of Population	Percent
1	Literate	22	7.94
2	Illiterate	12	4.33
3	Primary	48	17.32
4	Lower secondary	60	21.66
5	Secondary	98	35.37
6	SLC and above	37	13.35
	Total	277	100.0

Source Field survey, 2011

Table 4 shows the distribution of household population according to their level of education. It seems that literacy rate is higher in the study area. Out of total, 35.37 % household population has secondary level of education and above. Similarly, 21.66 percent have lower secondary, 17.32 percent has primary, 13.35 percent SLC and above, 7.94 percent literate, only 4.33 percent population is illiterate of the sample household.

4.1.5 Occupation of the Sample Household Population

Occupation is that factor which helps to improve socio-economic status of the people. In Ichangu Narayan VDC, major occupation is their traditional

farming occupation. However, they are shifted in many kinds of occupation like service, business, etc.

Table 5: Percentage Distribution of the Sample Household Population by Occupation (6 years and above)

S. N	Major Occupation	Total Nos. of Population	Percent
1	Agriculture	82	29.60
2	Housewife	45	16.24
3	Study	44	15.88
4	Daily wage	39	14.07
5	Small Business	14	5.05
6	Service/job	27	9.74
7	Foreign employment	14	5.05
8	Unable to work	12	4.33
	Total	277	100.0

Source: Field Survey, 2011

Table 5 shows the distribution of household occupation of the study area. The major occupation of the population is agriculture work (29.60%) and maximum number of female is also involved in this sector but this sector is not returnable. Other major household population is involved in housewife (16.24%), study (15.88%), and daily wages (14.07%). Similarly, service/job, business, foreign unable to work, etc occupation are also found in the study area.

4.1.6 Land Ownership of the Sample Household

The size of land and land ownership status is related to improve the socio-economic condition of the households. Table 6 clearly shows the land ownership status of the study area.

Table 6: Percentage Distribution of Sample Households by Land Ownership

S. N	Land Ownership (Ropani)	Total Nos. of Sample Household	Percent
1	Landlessness	3	5.0
2	Less than 1 Ropani	6	10.0
3	1-5 Ropani	22	36.66
4	5-10 Ropani	24	40.0
5	More than 10 Ropani	5	8.33
	Total	60	100.0

Source: Field Survey, 2011

Among the total sample household, the highest proportion (40.0%) of the households have 5-10 Ropani of land. Similarly, 36.66 percent have 1-5 Ropani, 10.0 percent have less than one Ropani, 8.33 percent have more than 10 Ropani of land and nearly 5.0 percent households are found landless.

4.2 Background Characteristics of the Respondents

This section presents the background characteristics of the respondents (currently married women) age between 15-49 years.

4.2.1 Respondents by Age Groups

Table 7 shows the distribution of the married women aged between 15-49 years here refer to as respondents.

Table 7: Percentage Distribution of Sample Respondents by Age Groups

S. N	Age group in Years	Nos. of Respondent	Percentage
1	< 19	2	3.33
2	20-24	6	10.0
3	25-29	18	30.0
4	30-34	14	23.33
5	35-39	10	16.66
6	40-44	7	11.66
7	45-49	3	5.0
	Total	60	100.0

Source: Field Survey, 2011

The table 7 has clearly shown that 60 respondents are selected from 140 total currently married women. Majority respondents are from different age groups such as 18 (30.0%) respondents from 25-29 and 14 (23.33%) respondent from 30-34 age groups. Similarly, 10 (16.66%) respondents are from 35-39 age groups, 7 (11.66%) from the 40-44, 6 (10.0%) from the 20-24, 3 (5.0%) from 45-49, and 2 (3.33%) from the below 19 years of age groups respectively.

4.2.2 Respondent by Educational Status

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. Married couple can decide the number of children required and suitable for their happy life It also helps them deal with their children for their bright future. It is the indicator of development and awareness in every aspects of society. In the study the educational background of 60 respondents of currently married women aged 15 to 49, is given below table 8.

Table 8: Percentage Distribution of Literacy Rate of Respondents

S. N	Level of Education	Total Nos. of Respondent	Percent
1	Literate	4	6.66
2	Primary	8	13.33
3	Lower Secondary	12	20.0
4	Secondary	20	33.33
5	SLC and above	16	26.66
	Total	60	100.0

Source Field survey, 2011

Table 8 shows the distribution of respondents (Currently married women age 15 to 49) according to their level of education. It seems that literacy rate i.e. education is higher in study area. 33.33% of the respondents of the study area have passed the secondary level of education. Similarly 26.66% have passed the SLC and above, 20.0% have lower secondary, and 13.33% have primary level of education. Only 6.66% have literate level of education.

4.2.3 Respondent by Occupations

Occupation is that factor which helps to improve socio economic factor of the people. In Ichangu community, major occupation is their agriculture occupation. However, they have also shifted in many kinds of occupation like service, business, etc.

Table 9: Percentage Distribution of Respondents by Major Occupation

S. N	Occupation	Total Nos. of Respondent	Percent
1	Agriculture	22	36.66
2	Housewife	16	26.66
3	Daily wage	12	20.0
4	Small business (Tea shop/retails)	6	10.0
5	Service/job	4	6.66
	Total	60	100.0

Source: Field Survey, 2011

Table 9 shows distribution of respondents by major occupation in the sample household of the study area. The major occupation of the respondents is agriculture (36.66%), household work (26.66%) and maximum number of female is involved in this sector but this sector is not returnable. Others are involved in daily wages (20.0%), and 10% engaged in small business like retailer shop and 6.66% is engaged in service or job in various sectors.

4.2.4 Age at First 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 house or different place as husband and wife are know as married person.

Table 10 shows the distribution of age at first marriage of the respondents. It shows that in the study area, higher number of respondent have got marriage at age 20-24 years (43.33%) which is followed by age below 19 years (30.0%) and 26.66% got married at the age of 25 and above.

Table 10: Percentage Distribution of Respondents by Age at Marriage

S. N	Age at First Marriage	Total Nos. of Respondents	Percent
1	Below 19 years	18	30.0
2	20-24	26	43.33
3	25 and above	16	26.66
	Total	60	100.0

Source: Field Survey, 2011

4.2.5 Age at First Birth

Women's age is very important when she has her first baby. Among the total 60 respondents, the age at first birth of the respondents is shown below Table 11.

Table 11 shows that out of the 60 married women the highest no. of women given birth at the age 20-24 years (53.33%). Followed by at the age 25 years and above (21.66%) and 19 below (20.0%). It also shows that 3 respondents have not given any birth till the time of survey.

Table 11: Percentage Distribution of the Respondents According to the Age at First Birth

S. N	Age at First Birth	Total Nos. of Respondent	Percent
1	< 19 years	12	20.0
2	20-24	32	53.33
3	25 years and above	13	21.66
4	Birth Not Given	3	5.0
	Total	60	100.0

Source: Field survey, 2011

4.2.6 Children Ever Born

Children Ever Born is defined as the number of living children to women at the time of survey. Use and non use of contraception and desire for children determines the number of having children. To find the number of children ever born respondents were asked. Responses obtained from respondent are given below in detail.

Table 12: Percentage Distribution of Respondent by Number of Children Ever Born (CEB)

S. N	Nos. of Child Ever Born	Total Nos. of Respondents	Percent
1	1	8	13.33
2	2	12	20.0
3	3	16	26.66
4	4	19	31.66
5	5	5	8.33
6	6	-	-
	Total	60	100.0

Source: Field Survey, 2011

Table 12 clearly shows that 31.66% of the respondents have given birth to at least 4 children. In this way, 26.66% respondents have given birth to at least 3 children, 20.0% have given at least 2 children, 13.33% have given birth to 1 child, 8.33% have given birth to at least 5 children.

4.2.7 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 more durable methods like Norplant or Depo-provera injection and who want to have more children are likely to use temporary contraceptive devices like condom, Pills, Kamal tablet, or another types of methods. Respondents were asked whether they were willing to have additional children. The responses are presented below in table 13.

Table 13: Percentage Distribution of Respondents by Desire for Additional Children

S. N	Desire for More Children	Total Nos. of Respondents	Percent
1	Yes	32	53.33
2	No	28	46.66
	Total	60	100.0
People Inspired or Pressurized Another			
1	Family Desire	14	43.75
2	Husband's desire	12	37.5
3	Own desire	6	18.75
	Total	32	100.0

Source; Field Survey, 2011

Table 13 has shown that 53.33% are interested to have another child. If so, why do they want to have additional children? Who inspired or pressurized them to have another one? Regarding this issues researcher has asked the questions and found many reasons. It is clear to see from the table that majority of the respondents have no desire for additional children. Very little percent (only 18.75%) of respondents wanted to have additional children whereas the family environment is found to be strong desire to have additional children i.e. 43.75%, and husband's desire is found 37.5% to have another children.

CHAPTER FIVE

KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING METHODS AMONG MARRIED WOMEN

This chapter is divided into two parts. First part is related to the knowledge, use of family planning methods, sources of FP methods, sources of FP supplies, visit of Health centre, encouragement for using Family Planning, future use of Family Planning, impacts of Family Planning methods on reproductive health, advantages of Family Planning methods, reason for not using and suggestions for promoting use of contraceptives and second part is related to the use of contraception of respondents by some socio-economic factors of the study area.

5.1 Knowledge of Family Planning

This section provided some individual characteristics like knowledge, experiences and feelings about the use of family planning methods. This study attempts to collect information about knowledge of contraceptive devices from all respondents. Respondents were initially asked whether they have heard about any contraceptive methods. If they answered yes, then different questions were put out and asked whether they had heard of particular method. Similarly they were asked if they were using the devices currently, if answered yes, then further query was asked about different methods they had been using and time duration of using those methods. They were also asked if they were using currently or not. If using currently, who encouraged them to use and if not using, who discouraged them were also asked. In this way the feeling and experiences of using family planning was explored.

5.1.1 Level of knowledge of Contraceptives

Table 14 shows the distribution of women by their knowledge on family planning methods. The entire respondents are reported that 100% of the women have heard of family planning methods. This finding of the knowledge of family planning among Ichangu Narayan VDC in Kathmandu is higher than the national level of the knowledge.

Table 14: Percentage Distribution of Respondents Knowledge on Contraceptives

S. N	Description	Total No. of Respondent	Percent
1	Heard of contraceptives	60	100.0
2	No heard of any contraceptives	-	
	Total	60	100.0

Source: Field Survey 2011

5.1.2 Knowledge about Different Methods of Family Planning Methods

Women who have heard of at least one method of family planning, they were then asked to name specific methods of contraception. Table 15 shows the distribution of the currently married women aged 15-49 years by their knowledge of different Family Planning Methods among the respondents is given below.

In table 15, information about family planning methods is presented. Finding from the field survey shows that the most popular family planning methods among respondents are Condom (100%), Pills (90%), male sterilization (83%), Depo and female sterilization (73.33%). Only 41.66% have the knowledge about safe but

not in practice, and 33.33% have the idea about Norplant but only 25% have the knowledge about IUD, and 66.66% have withdrawal respectively.

Table 15: Percentage Distribution by Knowledge about Contraceptive Devices of Specific Family Planning Methods

S N	Methods	Knowledge		Total
		Heard	Never Heard	
				60(100.0)
1	Pills	54(90.0)	6(10.0)	60(100.0)
2	IUD	15(25.0)	45(75.0)	60(100.0)
3	Depo	44(73.33)	16(26.66)	60(100.0)
4	Female Sterilization	44(73.33)	16(26.66)	60(100.0)
5	Male Sterilization	50(83.33)	10(16.66)	60(100.0)
6	Condom	60(100.0)	-	60(100.0)
7	Norplant	20(33.33)	40(66.66)	60(100.0)
8	Kamal /Gulaf Chakki	34(56.66)	26(43.33)	60(100.0)
9	Withdrawal	40(66.66)	20 (33.33)	60(100.0)
10	Safe period	25(41.66)	35(58.33)	60(100.0)

Source: Field Survey, 2011

5.1.3 Sources of Knowledge of Family Planning

To the respondents who have heard of family planning methods, a question on the sources of information through which they have heard of the methods of family planning was asked. Table 16 shows the distribution of the eligible women by source of information.

Among the 60 respondent majority (91.66%) of the respondent have heard of at least a methods of family planning method through friends. The next popular source is the radio through which 83.33% of the women heard of a

method of family planning method. It is found that 50.0% of the respondents have heard at least one method of family planning method through health workers.

Table 16: Percentage Distribution by Sources of Information on Family Planning

S N	Sources of Information	Nos. of Respondent	Percent
1	Friends	55	91.66
2	Radio	50	83.33
3	Family member	25	41.66
4	Neighbors	15	25.0
5	Health worker	30	50.0
6	Television	20	33.33
7	Pamphlets	16	26.66
8	Health clinic	45	75.0

Source: Field Survey, 2011

5.1.4 Knowledge about Sources of Contraceptive Supplies

To the total 60 of the eligible women who knew at least one source from where the contraceptives supplies are available, the women were asked to mention the names of the sources. The Knowledge on sources of different contraceptives supplies of the study area is given below Table 17.

The above table 17 shows that out of 60, the 93.33% of respondents have got their use of contraceptive methods from private clinic, and then followed by health post, hospital and grocery.

Table 17: Percentage Distribution of Respondents on Sources of Contraceptive Supplies

S N	Sources of Supplies	Nos. of Respondent	Percent
1	Grocery	45	75.0
2	Hospital	50	83.33
3	Health post	55	91.66
4	Private clinic	56	93.33

Source: Field Survey, 2011

5.1.5 Current User of Family Planning Devices

The currently married women have used of at least one type of device of family planning. Therefore, almost family planning users are in different state in their socio-economic status.

Current use of family planning is defined as the proportion of women who reported the use of family planning method at 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 family planning program. Contraceptive 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 contraceptive may have impact on declining population growth. Here, number of currently using the family planning services is given below Table 18.

Table 18 shows that 58.33% of the currently married women in the study area are currently using family planning method, 25.0% were pregnant and

only 16.66% respondents were not using any services because they have been sterilized.

Table 18: Percentage Distribution by Currently User of Family Planning Method

Currently Using of FP	Total Nos. of Respondent	Percent
Currently Using	35	58.33
Pregnant	15	25.0
Sterilized	10	16.66
Total	60	100.0

Source: Field Survey; 2011

5.1.6 Currently Users of Family Planning Devices

Table 19 Shows distribution of currently married women aged 15-49 who are using at least one of the above mentioned family planning methods (in total no. of current user of contraceptive method only). Among currently users of family planning method, 36.66% have used Pills like Kamal and Gulaf Chakki, 46.66% are currently using Depo, and 16.66% have female sterilized.

Table 19: Percentage Distribution of Currently Users of Family Planning Devices

Method/Devices	Total Nos. of Respondent	Percent
Pills (Kamal/Gulaf Chakki)	22	36.66
IUD	-	-
Depo	28	46.66
Female Sterilized	10	16.66
Norplant	-	-
Total	60	100.0

Source: Field Survey; 2011

5.1.7 Visit of Health Center for Family Planning

The table 20 given below has presented the visit of respondents to health center to get family planning services.

Table 20: Percentage Distribution of Respondents by Visited Health Center of Family Planning

S N	Health center	Total Nos. of Respondent	Percent
1	Grocery	15	36.58
2	Hospital / Health post	11	26.82
3	Private clinic	15	36.58
	Total	41	100.0

Source: Survey: Field Survey; 2011

Table 20 shows that 36.58% of women have visited private clinic or grocery due to easily accessible in their community. 26.82% have been visited health post and hospital for family planning.

5.1.8 Encouragement for Using Family Planning

Among the family planning user respondents, the encouragements for using family planning methods have given below in Table 21.

Table 21 shows that encouragement sources of family planning use among the respondents. It shows that the main role played for using family planning method is self decision (36.58%). In the study area 29.26% of respondents are using family planning method after suggested by their friends, likewise 24.39% are encouraged by their husbands, 4.87% are encouraged by media and only 8% is encouraged by their family members.

Table 21: Percentage Distribution of Respondents by Encouragement Sources for Using Family Planning

S N	Encouragement	Total Nos. of Respondent	Percent
1	Self	15	36.58
2	Friends	12	29.26
3	Husband	10	24.39
4	Media	2	4.87
5	Family	2	4.87
	Total	41	100

Source: Field Survey 2011

5.1.9 Future Use of Family Planning Methods

Among the total respondents those are currently using at least one method of family planning, the respondents of future use of family planning method is given below Table 22.

Table 22: Percentage Distribution of Respondents by Intention of Future Use of Family Planning

S N	Use	Total Nos. of respondent	Percent
1	Yes	31	75.60
2	Don't know	10	24.39
	Total	41	100.0

Source: Field Survey 2011.

Among the total respondents of the sample household 24.39% said that they were not sure about its use in future where as 75.60% answered that they will use family planning method in future too.

5.2.0 Impacts of Family Planning Methods on Reproductive Health

Impact of use of family planning devices on the reproductive health is the major factor and the objective of this study. Health facilities are very low in the context of the country. The study area is not remote part of the Kathmandu district where the facilities of health care are sufficient. However, the contraceptive devices of family planning for reduce the population growth is available, because this is the primary objective of tenth plan of family planning strategy. Other medicine for health care would not be available but the family planning devices are certainly available. Due to facility of family planning services women of reproductive age group were success to get the opportunity of family planning service.

5.2.1 Advantages of Family Planning Methods

Table 23 shows frequency distribution of the women by their opinion on the advantage of using family planning. Out of the 60 respondent, the majority (78.33%) of the respondent one of the advantages of family planning are that it helps to makes better health of the child and mother. Similarly, 75.0% of the respondent claimed that it makes happy family life. This is followed by 58.33% of the respondent who reported that family planning could control population and birth. 53.33% of the respondent are of the opinion that family planning is advantageous for improve the economic condition. 41.66% of the respondent claim that family planning could be better education and care for child.

Table 23: Percentage Distribution of Respondent by Opinions on Advantage of Family Planning

S. N.	Advantages	Total Nos. of Respondent	Percent
1	Makes better health of the child and mother	47	78.33
2	Makes happy family life	45	75.0
3	Control population and birth	35	58.33
4	Improve the economic condition	32	53.33
5	Better education and care for child	25	41.66

Source: Field Survey, 2011

5.2.2 Respondents by Suffering Side Effect

In the connection of impact of use of family planning devices among the married women of reproductive age group as a sample population were consulted to assess the result of use of family planning methods. Result was assessed by asking that if any abnormality or problem as a side effect has been facing at present or not. If answer comes yes, they were asked that what kinds of side effects are facing and from when and what types of side effect are facing. To obtain information out of 60 respondent 41 respondents who were currently using the devices were asked. Among them some of the respondents were suffered from headache and giddiness, some of them were suffering from lower abdominal pain, some of them were feeling weakness and losing weight but some of them replied that they do not have any side effect. Respondents with side effect as health problem by using of family planning methods are tabulated in table 24.

Table 24: Percentage Distribution of Respondent Suffering by Side Effect

S. N.	Types of Side Effect	Total Nos. of Respondent	Percent
1	Headache, Giddiness and Vomiting (Occasionally)	27	65.85
2	Lower Abdominal Pain at Menstrual Time	25	60.97
3	Feeling of Weakness and Losing weight	15	36.58
4	Etching Around Genital Area	12	29.26
5	No Side Effect	5	12.19

Source: Field Survey, 2011

Table 24 mentioned that 60.85% respondents were occasionally suffering from headache, giddiness and vomiting. 60.97% were suffering from lower abdominal pain. They told that they are severely suffered from at the time of menstrual. They have added that simple pain in lower abdomen at the time of menstruation is common but when they started to have the Pills and started to take the injection they are victimized of sever pain in lower abdomen at the time of menstruation. Similarly, 36.58% respondents are found to be suffered from feeling of weakness and losing the weight. They have added that over load of work in other's field is another problem. These might be the causes of weaknesses, lost of weight, giddiness and so on. Likewise, 29.26% respondents have reported that they are suffering from etching problem on genital part. But 12.19% respondents replied that they do not have any kinds of side effect.

5.2.3 Suggestions for Promoting Use of Contraceptives

The married women respondents are asked to suggest the ways to promote the Family planning methods in their community.

Table 25 shows the respondent by their suggestions given to promote contraceptives. It is found that the majority (66.66%) of the respondents are in favor of providing FP free of cost in order to provide the use of family planning methods. Similarly, 25.0% of the respondents suggest that the promotion of use of family planning can be done by providing facilities for the treatment of side effects caused by the use of the family planning methods as such.

Table 25: Percentage Distribution of Respondent by Suggestion for Promoting on FP Use

S. N.	Types of Side Effect	Total Nos. of Respondent	Percent
1	Providing FP free of cost	40	66.66
2	Strengthening the FP education and communication	35	58.33
3	Making FP services easily accessible	25	41.66
4	Mobilize FP health workers	22	36.66
5	Providing treatment facilities of side effects	15	25.0

Source: Field Survey, 2011

5.2 Using of Devices of Family Planning Method by Some Socio-economic and Demographic Variables

5.2.1 Using of Devices of Family Planning Method by Occupation

Occupation also determines the level of knowledge of Family planning and affects the use of devices. Table 26 presents the currently using of devices of family planning methods according to their occupation.

Table 26 shows the using of contraceptive devices of respondents according to their occupation whose occupation is agriculture, 36.0% of respondents have using family planning devices. Similarly 40.0% housewife have used at least one method of family planning, 22.0% daily wage have used, and 2.0% have also used at least one type of family planning devices.

Table 26: Percentage Distribution of Using of Contraceptive Devices of FP by Occupation

Occupation	Method/Devices		Total Percentage
	Pills (Kamal/Gulaf Chakki)	Depo	
Agriculture	8(36.36)	10(35.71)	18 (36.0)
Household work	10(45.45)	10(35.71)	20 (40.0)
Daily wages	4(18.18)	7(25.0)	11 (22.0)
Service	-	1(3.57)	1 (3.57)
Total	22(44.0)	28(56.0)	50 (100.0)

Source: Field Survey, 2011.

(Note: 10 respondents don't use any devices because they have been sterilized).

5.2.2 Using of Devices of Family Planning Method by Education

Education is another major factor to determine the level of knowledge of using family planning devices. Table 27 presents the relationship between respondents' level of education and use of family planning methods.

Table 27: Percentage Distribution of Using of Contraceptive Devices of FP by Education

Family planning devices	No education	Primary & Lower secondary Education	Secondary Education & above	Total
Pills (Kamal/Gulaf Chakki)	0	9	13	22 (44.0)
Depo	0	10	18	28 (56.0)
Total	0 (0.0)	19 (100)	31 (100.0)	50 (100.0)

Field survey, 2011

Table 27 shows the level of using FP methods of respondent by their education level. In the table 27 respondents who are illiterate are found not using any kinds of contraceptives in the study area whereas the level of using it is observed increasing with the respondents' increasing educational level i.e. from 44.0% for primary and lower secondary to 56.0% for secondary and above.

5.2.3 Using of Devices of Family Planning Method by Age of Respondents

The knowledge about family planning methods and practice of using family planning methods also depend on the age of people. The table 28 shows

the relationship between age of respondents and use of contraceptive devices. 16 % of the total respondents belong to the age group of 15-24; 80 % of the respondents belong to 25- 39 years of age group and 4% of the total respondents belong to the age group of 40-49. 44% of the total respondents have been using Pills where as 56% of the total respondents have been using Depo. The number of Pills user is higher in younger age groups where as the number of Depo users is higher in older age groups.

Table 28: Percentage Distribution of Using of Contraceptive Devices of FP by the age of respondents

Family planning devices	15-24	25-39	40-49	Total
Pills (Kamal/Gulaf Chakki)	5 (10 %)	17 (34 %)	-	22 (44 %)
Depo	3 (6%)	23 (46 %)	2 (4%)	28 (56 %)

Field survey, 2011

5.2.4 Using of Devices of Family Planning Method by Landholding Size

The relationship between landholding and use of contraceptive devices is complex. This relationship is further complicated by a number of other factors such as the quality of land, the crop cultivated and the labour intensity of crop, labour market structure, type of land, the tenancy arrangements, mode of cultivation and so on. Table 29 shows that there is a clear relationship between landholding size and use of FP methods.

Such as the number of Pill and Depo using respondents is higher in increasing the landholding size in the study area.

Table 29: Percentage Distribution of Using of Contraceptive Devices of FP by the land holding size

Family planning devices	landless	Less than 1 Ropani	1-5 Ropani	5-10 Ropani	10 + Ropani	Total
Pills(Kamal/Gulaf Chakki)	2 (4%)	2 (4%)	9 (18%)	9 (18%)	0	22 (44%)
Depo	1 (2%)	4 (8%)	9 (18%)	10 (20%)	4(8%)	28 (56%)

Field survey, 2011

5.2.5 Using of Devices of Family Planning Method by Children Ever Born

Use of contraceptive is also depends on the number of child ever born. Usually couples with no child do not use contraceptives. It is assumed that as the number of children ever born increases, the number of user of contraceptives also increases. In these studies, all respondents have been using contraceptive devices.

Table 30: Percentage Distribution of Using of Contraceptive Devices of FP by child ever born

Family planning devices	1	2	3	4	5 +	Total
Pills (Kamal/Gulaf Chakki)	4 (8%)	6 (12%)	6 (12%)	6 (12%)	0	22 (44%)
Depo	4 (8%)	6 (12%)	9 (18%)	9 (18%)	0	28 (56%)

Field survey, 2011

Table 30 shows that 16 % of the respondents have only 1 child; 24 % of the respondents have 2 children; 30 % of the respondents have 3 children; 30 % of the respondents have 4 children and no respondents have more than 4 children. The number of users of Pills and Depo is equal when respondents have less number of children. As the number of children increases, the number of Depo users is also increases.

5.2.6 Using Family Planning Devices by Knowledge of Family Planning Devices/Method

Use of family planning method depends on the knowledge of family planning methods. If a user is not familiar with any devices, the user is reluctant to use it. The acceptance rate of unknown devices is very low in this regard. Table 31 shows the knowledge of family planning methods and its use in their life.

Table 31: Percentage Distribution of Respondents by Using Family Planning Devices by Knowledge of family planning

Family planning devices	Never heard about any contraceptives	Heard about at least one or more contraceptives	Total
Knowledge about contraceptive	0 (0 %)	60 (100 %)	60 (100%)

Field survey, 2011

Out of 60 respondents, 10 respondents do not use any devices because they have been sterilized. The remaining 50 respondents have heard at least one or more devices and have been using either Pills or Depo.

5.2.7 Ever Use of Family Planning Methods.

Data on ever use of contraception has special significance because it reveals the cumulative success of programs which have been promoting 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 at least one method of family planning devices.

Table 32: Percentage Distribution of the Respondent by Ever Use of Family Planning Methods

S N	Ever Use	Total Nos. of respondent	Percent
1	Yes	41	68.0
2	No	19	31.66
	Total	60	100.0

Source: Survey: Field Survey; 2011

Table 32 shows that 68.0% of currently married women in the study area have used family planning methods at least one time and 31.66% of women never used any methods.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1 Summary

The title of the study is knowledge, attitude and practice of family planning among married women in Ichangu Narayan VDC of Kathmandu District. The objectives of this study is to find out the knowledge of FP of women who are currently using the FP devices; assess the attitudes of FP devices regarding the healthy and sexual life avoid of unwanted pregnancy and controlling of population; find out the practices of FP among married women; and find out the reason for non user of FP method if someone is not using the devices. The study is mainly based on the primary data obtained from field survey, 2011. It provides information about knowledge and use of different types of contraceptive services, accessibility of contraceptives, attitude towards contraceptives and its errors on reproductive health of married women. The data gathered from ward No. 2 of Ichangu Narayan VDC of Kathmandu district through household survey of this study area. Information was obtained from sample respondents from reproductive age groups i.e. 15-49 age groups by structural questionnaire schedules. Out of 176 households 60 households or 60 respondents were selected through the random sampling method of non probability sampling design.

Out of the total sample households, whereas Newar are in the majority (40.0%) caste/ethnic group, followed by Tamang and Chhetri 23.33% and 18.33 % respectively. Population of sample household by age & sex, 321 people whereas 150 are male & 171 are female.

The average household size is 5.3 and highest percentage of population is found in the aged 15-59 years (69.78%), followed by below 15 years (26.16%) and above 60 years (4.04%). The married population is the highest (59.07%), followed by unmarried 30.37%, widow or widower 4.64% and separated is 5.9%.

Literacy rate is higher in the study area. Out of total, 35.37% household population has been passed the secondary level of education and only 4.33% have illiterate. Agriculture is major occupation (29.60%) and maximum number of female is also involved in this sector. Similarly, housewife is 16.24%, study (15.88%), daily wages (14.07%) and service/job, business, foreign employment, etc occupation are also found in the study area. Among the total sample household, the highest proportion (40.0%) of the households have 5-10 Ropani of land, 36.66% have 1-5 Ropani, 10.0% have less than one Ropani, 8.33% have more than 10 Ropani of land and nearly 5.0% households are found landless.

Majority respondents are aged group such as 18 respondents from 25-29 and 14 respondents from 30-34 years. Similarly, 10 respondents are from 35-39 age groups, 7 from the 40-44, 6 from the 20-24, 3 from 45-49, and 2 from the below 19 years of age groups respectively. According to their level of education it seems that literacy rate is higher in study area. 93.34% of the women respondents have passed the any level of education whereas 6.66% have literate only. The major occupation of the respondents is agriculture (36.66%), household work (26.66%), daily wages (20.0%), and 10% engaged in small business like retailer shop and 6.66% is engaged in service or jobs.

It was found that in the study area, higher number of respondent have got marriage at age 20-24 years (43.33%) which is followed by age below 19 years (30.0%) and 26.66% have got marriage at age 25 and above. Out of 60 married women the highest number of women given birth at the age 20-24 years (53.33%). Followed by at the age 25 years and above (21.66%) and 19 below (20.0%). 31.66% of the respondents have given birth to at least 4 children. In this way, 26.66% have 3 children, 20.0% have 2 children, 13.33% have 1 child, 8.33% have 5 children, and no more children only have given at least 6 and above. Family environment is found to be strong desire to have additional children (43.75%), and husband's desire to have one or more children is found (37.5%).

100% of the women have heard of family planning methods. This finding of the knowledge of family planning among Ichangu Narayan VDC in Kathmandu is higher than the national level of the knowledge. Among them, Condom is (100%), Pills (90%), male sterilization (83%), Depo and female sterilization (73.33%). Only 41.66% have the knowledge about safe but not in practice, and 33.33% have the idea about Norplant but only 25% have the knowledge about IUD, and 66.66% have withdrawal respectively.

Majority (91.66%) of the respondents have heard of at least one methods of family planning method through friends. The next popular source is the radio (83.33%). 100% of the respondents have knowledge on sources of contraceptive supply among them 93.33% of respondents have knowledge about sources of contractive are available.

Currently, 58.33% of the respondents are using family planning method, and only 16.66% respondents were not using any services because they

have sterilized. Among currently users of family planning method, 36.66% have used Pills like Kamal and Gulaf Chakki, 46.66% are currently using Depo, and 16.66% have also sterilized. 68.0% of respondent in the study area have used family planning methods at least one time and 31.66% of women never used any methods. 36.58% of women have visited private clinic or grocery and 26.82% have visited health post and hospital for family planning services. The main role play to use of family planning is self decision (36.58%). In the study area 29.26% are using after suggest by their friends, likewise 24.39% are encouraged by their husbands, 4.87% are encouraged by media and only 8% is encouraged by their family members. Among the total respondents of the sample household 24.39% said do not know whether they should use or not, and 75.60% answered that they will use family planning method in future too.

Majority (78.33%) of the respondents are that family planning helps to makes better health of the child and mother. Similarly, 75.0% claimed it makes happy family life, 58.33% control population and birth, 53.33% improve the economic condition, and 41.66% claim the better education and care for child. 60.85% respondents were suffering from headache, giddiness and vomiting. 60.97% were suffering from lower abdominal pain. They told that they are severely suffered from at the time of menstrual. Similarly, 36.58% are found to be suffered from feeling of weakness and losing the weight, 29.26% have suffered from itching problem on genital part but 12.19% respondents have not any side effect to using of family planning methods.

The respondents are asked to suggest the ways to promote the Family planning methods in their community. It is found that the majority (66.66%) of the respondents are in favor of providing Family planning free of cost in order to provide the use of family planning methods and providing facilities for the treatment of side effects caused by the use of the family planning methods as such.

6.2 Conclusion

The household and socio-economic condition of the respondents is found moderate. The respondents' level of education is higher. The entire respondents of the study area have knowledge or have heard of family planning methods i.e. the knowledge of family planning among respondents of Ichangu Narayan VDC in Kathmandu is higher than the national level of the knowledge.

The current pattern of contraceptive among currently married women is dominated by Depo, Pills and female sterilization in the study area. Low use of temporary method of contraceptive indicates that most of couples want to fulfill their desired family size first.

Most of the respondents have got the information about FP from their friends and private clinics are the sources of acquiring family planning method in the study area. Respondents have reported that private clinic is easily accessible in their community. About 59.0% of the currently married respondents are found currently using family planning method in the study area whereas, 25.0% were pregnant and only 16.66% respondents were not using any services because they have been sterilized.

The higher proportion of the respondents is revealed using contraceptive method by self-decision, and then followed by their friends and husbands. More than three-fourth of the respondents have the intention of using contraceptive methods in future as the majority of them are thinking of using family planning helps to make better health of the child and mother, happy family life and control population and birth besides complaining many side effects like headache, giddiness, pain of lower abdomen, itching on genital part, feeling of weakness etc of FP methods.

Respondents have suggested that to promote contraceptives, there needs to provide FP free of cost, strengthening the FP education and communication, making FP services easily accessible, mobilize FP health workers and also to provide facilities for the treatment of side effects caused by the use of the family planning methods.

The use of contraceptives is revealed to be higher for those respondents who are housewife and have engaged in agriculture than in daily wage and services. The use of contraceptives is revealed to be increased as the educational level of the respondents is increased in the study area. Such as respondents who are illiterate are found not using any kinds of contraceptives whereas the level of using it is observed increasing with the respondents' increasing educational level i.e. from 44.0% for primary and lower secondary to 56.0% for secondary and above

The relationship between age of respondents and use of contraceptive devices shows that the number of Pills user is higher in younger age groups where as the number of Depo users is higher in older age groups.

A positive relationship is revealed between landholding size and use of FP methods in the study area. Such as the number of Pill and Depo using respondents is higher in increasing the landholding size. Similarly, the use of family planning method of the respondents also found to be positively related to the number of children ever born since as the number of children increases, the number of FP users is also increases.

The use of FP methods is also seen to be associated with knowledge of FP or heard of FP since out of 60 respondents, 50 have heard at least one or more devices and all of them have been using either Pills or Depo.

6.3 Recommendations

The following recommendations are made on the basis of the findings of the study.

- Formal and non formal education programs should be carried out emphasizing the using practices of contraceptive methods. Because use of FP methods is found positively related to the educational level of the respondents.
- Economic condition of the household should be improved to increase the use of FP as it reveals positively related to the landholding size of the household and negatively related to the occupation like agriculture, daily wages and other services of the respondents than who are housewife. It might be that respondents who work in agriculture may belong either in small landholding size or no land household and who work as the daily wage and other service workers might be less paid.
- Women in younger age group (15-24 year) should be encouraged to use FP methods through effective policy and programmes since the

use of it is seen lower in this younger age group whereas having birth in young age i.e. less 20 year is considered very risky for both mother and child health.

- The small family size norm should be promoted among the couples so that they may use FP methods with few numbers of children as the use of it is revealed to be increased with the number of children ever born.
- Knowledge of FP methods should be made universal to all people, particularly women so that the use of FP method could be increased since all of respondents of the study area are found using some kind of FP methods who have knowledge or heard about FP method.
- Depo, Pill and female sterilization are found to be most familiar modern FP method, but IUD and Norplant user are not found in the study area. So it is necessary to motivate couple in different methods by effective counseling and IEC programs.
- Family planning services should be made available in hospitals and health posts. The government and concerned authorities have to take initiation immediately and develop plan of action to address such issue in an effective way.
- Very limited number of the respondents (26.58%) decided to use family planning devices themselves. This is not a good sign. Vast majority still need second person's encouragement for using family planning devices. Government has to run awareness campaign, workshops and media literacy programs to address such issues in local level.

- 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 of those things.
- Unusual rumors about side effect of FP method should be addressed by operating effective Information Education and Communication (IEC) programs and provide some free medicines to those who are affected by side effect.
- Couples should be trained on the importance of FP methods and the advantages of having less numbers of children. IEC materials should be accessible through primary health care centers to improve the level of FP use and to counter the rumor messages.

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ANNEX

QUESTIONNAIRES

Section: I

Form No. Date

District VDC Ward no.

Name of Household head Religion

Household Record

S. N	Name of the Family Member	Relation with HH Head	Male / Female	Age in Yrs	Literacy Status	Marital Status	Occupation	Age at Marriage	Ethnicity

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. 02	Related to Q. No. 05	Related to Q. No. 07	Related to Q. No. 06
01 Household Head	01 Educational Status	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			

Section II

Personal Details

Form No. 01. Name of respondent

Date: 02. Caste 03. Age

04. Educational Status: (If 02, then skip to 6) 01. Literate 02. Illiterate

05. If literate, what is the level of Education?

01. Informal education 02. Primary 03. Lower secondary

04. Secondary 05. Intermediate /+2 06. Bachelor degree & above

06. Occupation:

01. Agriculture 02. Govt. Service 03. Private Service

04. Business 05. Daily wage 06. Household work

07. Unable to work 08. Student 09. Not working

07 Do you have radio/television in your home? 01. Yes 02. No

08 How much land do you own? Land in Ropani:

09 What is your approximate yearly income? Income in Rs.

Section III

Individual Questionnaire

01 At what age were your first married? Complete year:.....

02 Have you ever given birth? 01. Yes 02. No

03 If yes, how many children did you give birth in your life time?

01. Total no. of birth 02. Son 03. Daughter

04 How many of them are still alive? 01. Son 02. daughter

05 Have you ever heard of family planning? 01. Yes 02. No

06. If yes, what methods have you heard about?

01. Condom 02. Pills 03. Depo-Provera

04. IUCD 05. Norplant 06. Female Sterilization

07. Vasectomy 08. Foams/Jelly 09. Others (specify)

07. What is the source of your knowledge?

01. Newspaper 02. Radio 03. TV
 04. Health Worker 05. Spouse 06. Friends
 07. Others/ specify

08 Do you know what the sources of contraceptive supplies are?

01. 02. 03.

09 Have you ever used family planning method? 01. Yes 02. No

10 If yes, what methods have you ever used?

01. Condom 02. Pills 03. Depo-Provera
 04. IUCD 05. Norplant 06. Female Sterilization
 07. Vasectomy 08. Foams/Jelly 09. Others (specify)

11 Has your husband ever used family planning method? 01. Yes 02.No

12 If yes, which method did he use?

01. Condom 02. Foam 03. Others

13 Are you currently using a family planning method? 01. Yes 02. No

14 If yes, what methods you are using currently?

01. Condom 02. Pills 03. Depo-Provera
 04. IUCD 05. Norplant 06. Female Sterilization
 07. Foams/Jelly 08. Others (specify)

15 Who decide about the current use of family planning methods?

01. Husband 02. Wife 03.Both

16 What is the main reason for currently not using any family planning method?

01. Methods are not available 02. Desire for daughter 03. Not needed
 04. Religion reason 05. Desire for son 06. Side effect
 07. Desire for more children 08. Husband doesn't like it 09. Expensive
 10. Opposed by family member 11. Health condition 12. Don't know
 13. Other (specify)

17 How long have you been using the current method of family planning?

Months

I have been using since:

18 Have you experienced any side-effects? 01. Yes 02. No

19 If yes, what was the effect?

01. Headache/ Giddiness/ Vomiting

02. Lower abdominal pain during menstrual time

03. Feeling of weakness and losing weight.

04. Itching around genital area.

20 Did you contact any health center or FP worker for the treatment of side effects? 01. Yes 02. No

21 If yes, where did you go?

01. Hospital /HC/PHCC

02. Faith healers

03. FCHV/TBA

04. Private clinic/Nursing home

05. HP/SHP

06. VHW/MCHW

07. FP service of NGO

08. Other

22 Were their treatment /advice helpful? 01. Yes 02. No

23 What are the advantages of using family planning devices?

01. Makes better health of the child and mother.

02. Makes happy family life.

03. Control population and birth

04. Improve the economic condition.

05. Better education and care for child.

24 Who encouraged you to use family planning devices?

01. Self

02. Friends

03. Husband

04. Media

05. Family

Accessibility and Availability of Family Planning Devices

1 Where do people usually go to get family planning services?

01. Hospital

02. Outreach clinic

03. NGO Clinic

04. Private clinic/Nursing home

05. Grocery

06. Other

2 Did any health worker visit in your ward?

01. Yes

02. No

3 Is family planning method available in your ward?

01. Yes

02. No

4 How long does it take to reach there? 01..Hours 02. Minutes...

Method Failure

1 Have you ever got pregnant while you were using 01. Yes 02.No family planning method?

2. If yes, what method was that?

01. Condom 02. Pills 03. Depo-Provera
 04. IUCD 05. Norplant 06. Female Sterilization
 07. Foams/Jelly 08. Rhythm 09. Others (specify)

3. Do you plan to use family planning method in future? 01. Yes 02.No

4. If yes, which method do you plan to use?

01. Condom 02. Pills 03. Depo-Provera
 04. IUCD 05. Norplant 06. Female Sterilization
 07. Foams/Jelly 08. Rhythm 09. Others (specify)

5. Why do you want to use family planning method in future?

01. They want to birth spacing 02. No response
 03. They want to better health of child and mother 04. Others (specify)

6. Why do you want to use family planning method in future?

01. Methods are not available 02. Not needed
 03. Health condition 04. Religion reason
 05. Desire for son 06. Desire for daughter
 07. Desire for more children 08. Husband don't like it
 09. Expensive 10. Opposed by other family member
 11. Side effect 12. Don't know
 13. Other (specify)

Perception on Sterilization

1. In your opinion, who should do sterilization?

01. Husband 02. Wife 03. Anyone
 04. Don't know 05. No response

2. In your opinion, when couple should accept sterilization?

01. After having one child 02. Having 2-3 children
 03. After having one son or one daughter 04. After having one son
 05. After having one daughter 06. Don't know
 07. No response

3. Is sterilization harmful?

01. Yes 02. No 03. Don't know

4. If yes, what type of harm?

Suggestion for promotion of contraceptive use

1. What will be your suggestion for the concerned authorities?

01. Providing family planning devices free of cost.
 02. Strengthening the family planning education and communication.
 03. Making family planning services easy and accessible.
 04. Mobilize family planning health workers.
 05. Providing treatment facilities of side effects.