

NEW BORN CARE PRACTICES IN NEPAL

(A Case Study of Mangalpur V.D. C., Chitwan District)

A DISSERTATION

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CHAPTER – I

INTRODUCTION

1.1. General Background

Family planning is a way of limiting the birth of child or avoiding pregnancy by use of contraceptive measures and it save lives through planned management of pregnancies (PRB, 1997). UN, 1994 reaffirmed "The right to choice of family size without coercion and right to choice of method, which should include all medically approved and appropriate method of family planning."

John Bongaards focused on contraception is one of the important of the proximate determinants of fertility. During nineteen to twenty century the rising use of contraception has been found to be the main proximate of determinants of the fertility decline in developing countries.

Nepal has been experiencing rapid population growth due to declining mortality and persistently high fertility levels. Various studies shows that total fertility rate in Nepal was 5.6 percent per annum during 1981-1994 but now it was declined to 4.1 percent per annum during the period 1991-2000. If this rate is continued, the population of Nepal will be doubled within the next 31 years(CBS, 1995, 2002). According to NDHS, 2001 the rate of contraceptive prevalence among currently married women aged (15-49) rose from 24-29 presents between the period 1981 to 1996 and it was 39 percent between the period 1996 to 2001. These figures indicate that fertility is beginning to fall in the country and that the use of contraceptive is gradually rising. But it is still low compared with many other developing countries. This slow progress in fertility reduction and contraceptive use has put the country to a challenging position for achieving fertility transition.

The study has shown that the knowledge of family planning is almost universal in Nepal within difference between women and men around 99.5 percent of currently married women reported having knowledge about any contraceptive method of family planning,

but only 39 percent women using family planning method where the total demand of family planning method was 67 percent therefore, the unmet demand was 28 percentage. These are such women who either say that they do not want any more children or that they want to delay their next child but they are not using any contraception (MOH, New ERA & ORC, macro, 2002). The practice of family planning has started since late 1950's through non government sector in Nepal, Family Planning Association of Nepal (FPAN) was established in 1952 A.D. Its service was included only education within Kathmandu valley. Later, HMG supported family planning services started at the beginning of 1968. A huge network from central to the village including both government and non-government was set up to provide family planning services in the country. A large amount of foreign aid from USAID, WHO has been channeled in this sector to promote adoption of family planning method. For the first time, population was included in the three year Third Development National Plan in Nepal. The policy has been conducted in each and every development plan after the third plan. The ninth plan emphasized on raising the contraceptive prevalence rate from 30.1 percent to 36.6 percent by the year 2000 A.D. and 58.2 percent at the end of the twelfth development plan.

Similarly, the tenth plan emphasized on raising the contraceptive prevalence rate from 39.3 percent to 43 percent by the year 2007 A.D. in Nepal squatter population is rising. Mainly in urban area. For example Chitwan district was experiencing such problem. According to 2001 census, the population density of Chitwan district was 211.8 per sq.km. And the population growth rate was 2.86 percents where in national level it was 1.57 per sq. Km the population growth rate was 2.24 percent per annum. This indicates that Chitwan district face high migration rate. In Chitwan population was high and it was increasing annually, who are the responsible for high low knowledge and practices about family planning services due to different socio economics, culture and traditional values and norms. In Nepal, more than 40 percent girls aged 16.4 years get married. When girls are married before marriageable age their fertility period is too high. This causes the birth of more babies and ultimately result in a huge growth in population. Nepal is a multi cultural, multi religious and multi linguistic country in spite of its small territory. It is a country having various castes. The groups of people that do not fall under caste categories are called ethnic groups. The caste includes Brahmin, Chhetri, Vaishya and Sudra where as ethnic group includes Magar, Gurung, Tharu, Tamang, Rai, Limbu, Sherpa and others. According to census year 2001 the percentage of Chhetri, Brahmin, Magar and Tharu

were 15.80, 12.74, 7.14 and 6.75 respectively (population & environment education grade 10). Among the low castes population in Nepal, majority are found Damai, Kami, Sarki, Badi, Pode, Sunuwar, Danuwar, Raute, Bote, Bhote, Dhobi etc.

1.2. Statement of the problems:-

Family planning is the process of reducing family size with the purpose of creating happy and prosperous family. There are different methods of family planning. By making the family size small family planning helps to achieve the dream of prosperous family. The national reproductive health strategy(1998) emphasis on the prevention of unwanted pregnancies through family planning counseling, information, education, communication and health services. Similarly, all other national planning commission (HNG, NGOs) and INGOs and from local leaders are practices to increase contraceptive prevalence rate in Nepal. According to NDHS, 2001 total demand of family planning services was 67 percent among them, 28 percentage was unmeet need. There arise a question of why the unmeet need of family planning services is high and the contraceptive prevalence rate is low. Therefore population growth rate is also high and increasing. In 1991 census, population growth rate was 2.1 percent per-annum but it increased to 2.24 percent per-annum in 2001 census.(CBS, 2001)

There is a great role of female for the planning of family, This study is based on knowledge of contraceptive and fertility behavior among tharu community of Patihani VDC of Chitwan district. Determinants of any society and the consequences of population trends affects the intern are affected by the status of women the degree of equality between men and women. However the inter-relationship between population and status of ethnic group are complex evolving the interacting of a multiplicity of factors. The impact of status of women and fertility among the ethnic group continued high rates of population growth possess a serious challenge to the achievement of objectives and target with regard to socio-economic development. There are parrels between demographic characteristics like high growth rates, high fertility rates, high dependency ratio, high infant and maternal mortality rates and poverty on the one hand and low level of female education, low life expectancy and low job opportunity for female on the other. Women are bounded with the task of frequent child bearing as well as the responsibility of caring for the many children they produce. Therefore it is urgent

to study how they are planning their family through using family planning services and limiting the number of births because they are less educated and economically weak. so they are far from knowledge and used of family planning services that leads to high fertility rate at a national level and also unwanted fertility unsafe abortion STDs, HIV/AIDs high maternal and child mortality and morbidity.

1.3 Objectives of the study.

The general objective of the study is to find out the knowledge and use of contraceptive and fertility behavior of the population of tharu community. The specify objectives are as below.

- i) To obtain the knowledge of contraceptive among married man and women of reproductive (15-49) age groups.
- ii) To obtain the fertility behavior among married women of population of tharu community aged (15-49) years.
- iii) To identify the ideal family size and future use of contraceptives.

1.4. Significant of the study:

The main aspect of this study is to find out the knowledge and use of contraceptives and fertility behaviors of the population in the tharu community. The study attempts to shed light on the knowledge and fertility behavior of population in tharu community. married men and women aged(15-49) age groups in he selected area. Lack of knowledge is not straight forwards as it first appears. A woman can be considered as having acceptable knowledge on contraceptive only if she describes how it is used. She knows the main side effects and from this study clearly defined the knowledge of family planning among them. This study focused towards the relationship between knowledge and use of contraception and fertility behavior of population in tharu community.

Government of Nepal has launched family planning programme to control birth rate including family planning in primary health care and providing through information education and communication (IEC). It is important in view that respondents greatly differ in terms of their origin. This study is based on population of ethnic group from tharu community of Chitwan which is indigenious people of Nepal. So it is more

complicated area to formulate and implement some policy and programmes. This study is expected to provide some valuable information on the determinants of contraceptive rate of contraceptive prevalence and the fertility behavior among the population of tharu community of Chitwan districts which would be much better feedback to policy makers at local and national levels and for those who wants to study further in the some field. In Nepal there is less concerned on ethnic population and its characteristics therefore it gives attention towards planners and demographer to lunch on either for family planning programme among ethnic population.

1.5. Limitation of the study:

This study is focused on both quantitative and qualitative study of population of tharu community of Patihani VDC ward no. 6 of Chitwan district only. The limitations of the study are as follows.

- i) This study is limited only in the population of tharu community of Patihani VDC ward NO. 6 Chitwan
- ii) The study is limited fifty seven couples.
- iii) The study is limited to the married man and married women of age group (15-49) years.
- iv) This study is based on knowledge and use of contraception and fertility behavoiur.

CHAPTER II

REVIEW OF THE LITERATURE AND CONCEPTUALIZATION OF THE STUDY

2.1. Theoretical literature:

Family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choice and make available a full ranges of safe and effective method (UN, 1994) Acquiring knowledge of contraception method is an important precondition towards gaining access to and then using a suitable contraception method in a timely and effective manner. The ability to name or recognize a family planning test of the respondents knowledge and not a measure of how much they might know about the method. How ever knowledge of specific method is a precursor to use (MOH, New ERA & ORC Macro 2002). Contraceptive use is one of the important proximate determinants of aggregate level of fertility. It generally assumes the principle rate in transition to lower fertility. By meeting human needs for adequate nutrition, clean water, safe sanitation, basic health are, primary is described by UNICEF as the unfinished business of the 20th century" (Thapa's etal, 1994). In many developing countries high fertility is associated with the mode of production and with cultural and religious factor. The level of income, education and child survival also play major roles in the reduction of fertility.

In addition family planning in general has an important role to play reducing martial fertility (UNFPA, 1989). In practice fertility may be considered natural if no contraception or induced abortion is used (Bongaarts, John and Portter, R.G, 1983). The reasons for not using contraceptives among unmet need people such as lack of acceptable method of contraception in side, side effects associated with the use of contraceptive and also lack of affective method. They further reported that in many cases the unwanted births or need to resort to abortion might have been averted, family planning services been more accessible (Schuler, S.R. et. al, 1986). Modernization, urbanization and wife's participation on outside activities and her exposure through the mass media to larger horizons and less traditional life style provide particularly important linkages between

increased education and preferences for smaller families (ESCAP/WHO, 1980) during post partum period; the timing of contraception depends on whether or not the women choose to breastfeed. Personal circumstance the types of contraceptive method chosen and some programmatic aspects.

To ensure adequate pregnancy spacing and preserve the health of mother contraceptive measure should be used as any of the risk factor for pregnancy is present such as lactation with the first postpartum menses introduction of supplementary milk food to the infant and after about six months postpartum.

Availability and accessibility of contraceptive are one of the main reason for the high use of it. The change in social and cultural norms motivate and increased use of contraception. Family planning programs are not only the main sources of availability of contraception in the developing countries but are also a center of diffusion of birth control ideal which are found to be one of the important mechanisms motivating higher use of contraception the modern communication system has also contributed to the diffusion processes. It is also argued that the availability of contraception and the pressure exerted by the government to adopt contraception can induce social change in a variety of ways (Caldwell, J.C. 1993)

Nonuse of contraception leads to high population growth. The rapid population growth may cause many problems in the country's economy in every field like agriculture, forestry, environment and social services. As a result the countries have to face with shortage of food depletion of forestry, lack of education facilities, health facilities, shortage of drinking water and other facilities (NPC, 1991). IEC can be used to promote a more positive image of family planning users as moral responsible and upstanding. It can also be used to faster perception that family planning is something the everyone can use and benefit from (JHU/PCS/MOH, DOHS, 1996)

Family planning programmes remain central to reproductive health. In many countries of the region, some of the moral traditional roles of family planning programmes, such as the provision of free contraception and efforts made to change family size norms are of declining programme relevance. In other countries these activities remain important. In all programmes as one moves forward efforts to faster improvement in reproductive

health in the region further development of family planning services within the context of improving the sexual and reproductive choice of women and men is required, family planning programmes must ensure that the poor and other vulnerable groups are able to access quality family planning and other reproductive health (Philip Guest, 2003).

2.2. Empirical Literature Review.

The level of current use varies greatly among the developing region from an estimate 17 percent of couples using contraception in sub-saharan Africa to 39 percent in South Asia and 68 percent in Latin America and Caribbean, For individual developing countries for which data are available the proportion range from 1 percent to 80 percent while in developed countries at least 50 percent couples are currently using contraceptives and in most developed countries 65 percent to 80 percent are using it (UNICEF, 2000), worldwide, more than 620 million married women of reproductive age group 15-49. And 57 percent of all such women were using contraception in 2000. The percentage of women using contraception is higher in developed world at 68 percent, than in the developing world at 55 percent (Zlidar, V.M., and et.al., 2003). The knowledge of contraception is nearly universal in Nepal with 99.5 percent of currently married women aged (15-49) have knowledge about any method of family planning and the use of contraceptives among them are increasing where as it was 3 percent and 39 percent in NFHS (1991), NFHS (1996) and NDHS (2001) respectively MOH, New ERA & ORC, macro, 2002). Among the 5,902 women who had up to four children, overall contraceptive prevalence was 25 percent compared with 33 percent if there had been no sex preference a reduction of eight percentage points or 24 percent, (table 3). Contraceptive use varied widely according to sex composition. For example, for families with three children, 44 percent of women who had three boys used a method, but only 6 percent of those who had three daughter did so (Leone, T.et.al, 2003).

More than one third of the respondents stated that their principle reason for not using a contraceptive method was desire for more children of them 29 percent desired of non-users cited side effects religion, health concerns, hard to get method and opposition from their husband and elders as reason for non use of contraception, likewise 29 percent of non-user did not state their reason for non-use of contraception, rural women were prone

not to report reason (30%) for men use of contraception that the urban women(17 percent) (K.C. et.al, 2000)

Women's age is directly related with contraceptive use. Nepalese women not like those in other less developed countries are less likely to be using a contraceptive method when they are young(15-19 years) and old (45-49 years). They are more likely to use contraception to limit births once they have had three or more living children with a minimum of one son, thus unfortunately they cross the age of 25 or 30 several studies carried out in Nepalese village indicated that the overwhelming majority of couples are aware of the consequences of population growth. But few are using contraception. Low level of contraceptive use is associated with high child mortality, pressure on land and not enough work opportunities out side of home (Tuladhar,J.M, 1986).

Women's age and contraceptive use tends to be a curvilinear, For example, according to NDHS, 2001, younger women report first use of contraception at lower parities than older women. Fifty eight percent of women aged 15-19 who have ever used family planning initiate use before having than the 2 percent of women in their thirties, suggesting a shift towards the early use of contraception and the desire to delay child bearing among Nepalese women. This may be because, young women are more likely to use contraceptives to space birth, where as older women use them to limit birth.

For instance in Nepal, NDHS(2001) and NFHS (1996) reported that the contraceptive prevalence of urban women was 50.1 percent and 26.5 percent of rural women in 1996 and it was 62 percent in urban compared to 37 percent in rural areas as of 2001.

Similarly, the contraceptives use is found highest among the women residing in terai, (43%) and it was 32 percent in mountain and 37 percent in hill zone. Higher educational attainment is positively correlated with current use of family planning. Use of modern method increase from 34 percent among currently married women with SLC and above. The most popular method among who have completed SLC and above is condom (14%). In fact female sterilization is the most popular method among all women who have less than SLC level of education. In general as women's level of education increase they are more likely to use modern spacing method.

The ideal number of children for Nepalese women and men is only marginally different. Ever married women want on average 2-6 children while ever married men want on average 2-8 children. There was a small decline in the mean ideal no of children among women between 1996 (2-9) and 2001 (2-6) (Moh, New ERA & ORC, Macro, 2002). The younger women are less likely to use contraceptives than older women because as age increase women because as age increase women are more likely to have completed their desire family size and are therefore more likely proportion of current users is higher among 30 to 39 years old women then those aged 40 to 49. Various studies showed that there has been a positive association between the use of contraception and the level of urbanization. There are indicators that women who work in the formal sectors of the economy (i.e non agriculture) are more likely to be current users than those who work in non formal sectors or who do not work at all (UNFPA, 1989).

The contraceptive use was found highest among the women residing in terai and lowest among the women residing in mountain. The contraceptive prevalence rate was 29.0 and 17.8 percent in the geographical region terai and mountain respectively (Pradhan Ajit, et.al, 1997).

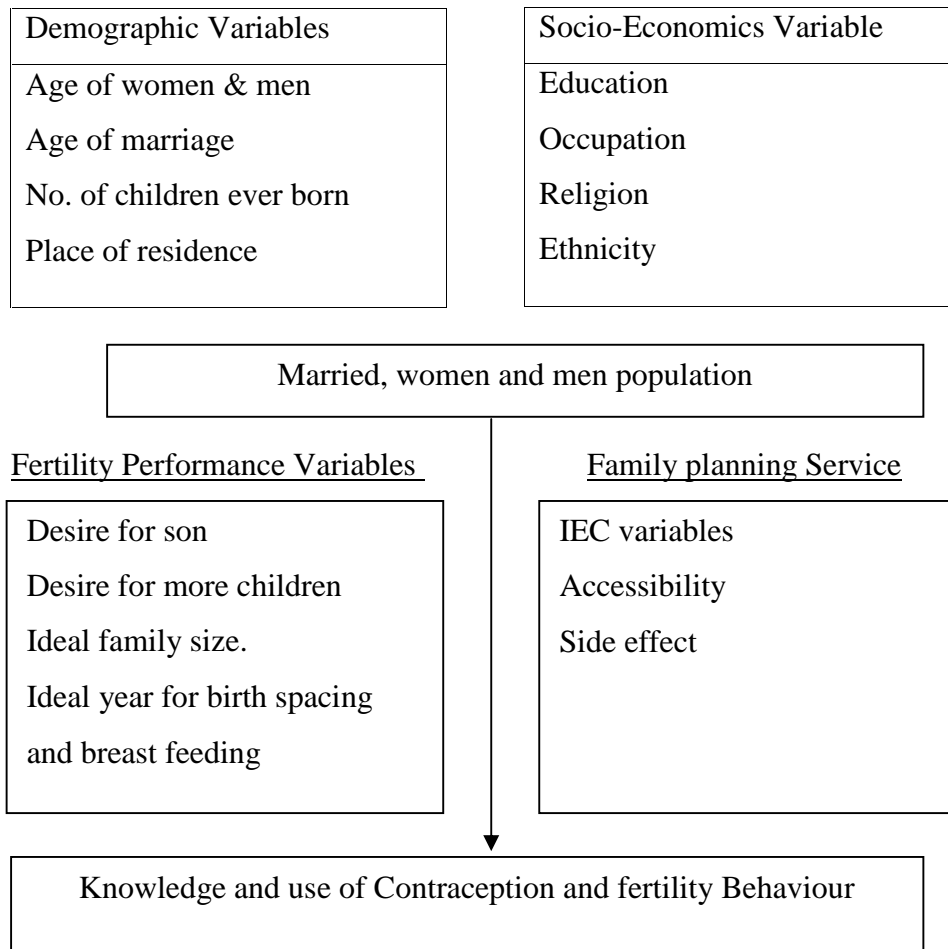
It is suggested that attitudinal change regarding the value of children lead to value of children lead to increased use of contraception (Stycos, J.M, 1962).

Despite the existence of a national family planning programme for more than a three decade, the fertility transition significantly delayed in Nepal. As a result, Nepal still has high fertility as substantiated by man y studies (CNS, 1977, 195, MOH, 1987, 1993, Tuladhar, 1989, UN, 1991, Joshi, 1993, MOPE/CDPS, 1997). This indicated that there was persistence of high fertility in Nepal in the past. The family planning programme efforts were far from satisfactory and they had not been bale to reduce fertility significantly through increased use of contraception especially among young couples .It is however after 1991 it has seen on onset of fertility decline as TFR decreased from 6.64 in 1991 to 5.1 in 1996 and has now come down to the level of 4.1 in 2001. This satisfactory fall in TFR is largely responsible to the increased contraceptive use. For example, 2001 NDHS showed that current use of any modern method have gone up to 39 and 35 percent in 2001 and 1996 respect rely (Pathak, R.S., 2002).

2.3. Conceptual Frame work.

On the basis of literature review, the following conceptual framework is proposed:

Figure 1: Conceptual Framework to explain Dependent and independent Variables interplay.



The Conceptual framework attempts to summarize the influencing variables for knowledge and use of contraception and fertility behaviour of married men and women. The main influencing variables are demographics socio-economics fertility performance variables and family planning service.

CHAPTER-III

METHODOLOGY

The aim of the study is to find out the knowledge and use of contraception and fertility behaviour among population of tharu community of Patihani VDC settlement of Chitwan district.

3.1. Introduction of the Study Area:

Nepal is a small country with 14 zones and 75 districts. Chitwan district is one of the 75 districts situated in central development region and Narayani zone. It consist of with 36 VDCs and 2 municipalities namely Bharatpur and Ratnagar. The study will be conducted in Patihani ward number 6. According to the 2001 census, the total population of the Chitwan district is 472,048 (238015 males and 234033 females) and the population of Patihani VDC is 8798. And total population of ethnic group (tharu) of Chitwan district is 60121. They have different demographic and socio-economic characteristics.

3.2. Research Design

To complete this research work, the data is collected both qualitative and quantitative methods with personal contact from the field.

3.3. Method of data collection:

This study is based on primary data obtained through purposive sampling method. The total respondents are all married men and women of (15-49) age group. All together the survey successfully interviewed 114 male and female respondents or 57 couples. The primary information is collected from the survey which includes field observation and interview to the selected respondents of tharu settlement with the help of structured questionnaire.

The data on knowledge and use of contraception and fertility behaviour are collected and verified with the information provided by respondents. Secondary data is also collected and used from the materials pertaining to the contraception such as books articles project report related institution such as GOs, NGOs and INGOs.

3.4. Sample Designs.

The sample size of this study is of 114 respondents among them 57 married male and 57 married women of (15-49) age group. The respondents are selected from tharu settlement of Patihani VDC ward number 6.

3.5. Questionnaire Design:

Questionnaire has been designed to obtained informed on socio-economics, demographic and knowledge on the use of the population of Tharu community.

3.6. Analysis of data

Data that are collected by using questionnaire schedule are classified in the different tables and analyzed on the basis of theoretical framework.

CHAPTER IV

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE STUDY POPULATION

The selected number of respondents among them 57 couples or 114 respondents among them 57 are male of 15-59 age group and 57 are female between 15-49 age group. Literacy rate, place of birth place of origin, total land are included in this chapter.

41. Demographic Characteristics

4.1.1 Age and Sex composition

The important demographic variables of human population are age and sex composition. The age groups are classified for women and men are 15-49 and 15-59 respectively. The age sex composition of the respondents is given below.

Table 1 **Age and sex composition of the Respondents**

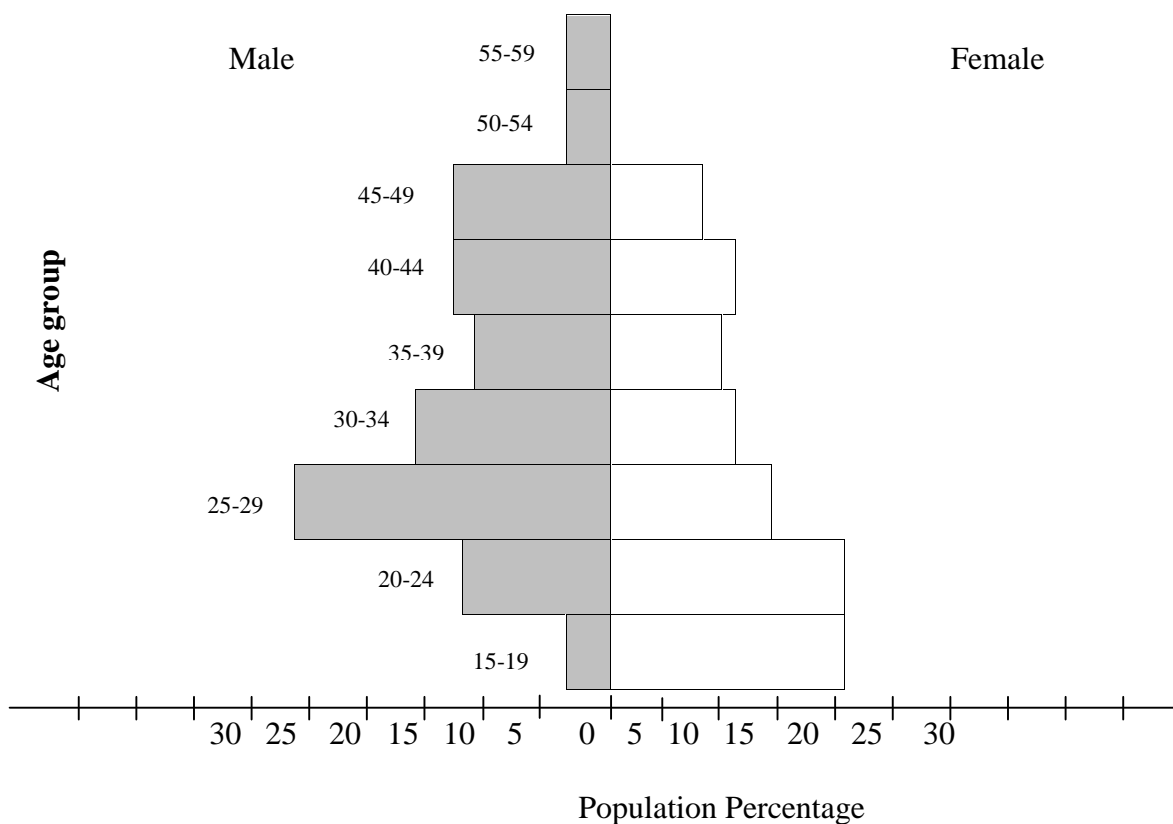
Age group	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
15-19	2	3.5	12	21.1	14	12.5
20-24	5	12.3	12	21.1	19	16.7
25-29	15	26.3	8	14.0	23	20.2
30-34	9	15.8	7	12.3	16	14.0
35-39	6	10.5	6	10.5	12	10.5
40-44	7	12.3	7	12.3	14	12.3
45-49	7	12.3	5	8.8	12	10.5
50-54	2	3.5	na	na	2	1.8
55-59	2	3.5	na	na	2	1.8
Total	57	100	57	100	114	100

(Source: Field survey, 2011)

(Note: na = not applicable)

The table no.1 shows the distribution of population by five years age and sex of 114 respondents, (57 males and 57 females). It is clear to see that the highest proportion of the respondents are from 25-29 age group followed by 20-24 and 30-34, for instance of the total 114 respondents 20, 17 and 14 percent of the total respondents respectively are from these age group. As seen from the table, there are 21 percent female in 15-19 age group but no male from the age group were observed in the survey, where as 12.3 percent male and 21.1 age between 20-24. The highest proportion (26.3%) of the male population is found at the age group 25-29 years. At this age, proportion of the female respondents was 14 percent. The male and female population is equal between 40-44 age groups and male population is 3.5 percent each between 50-54 and 55-59 age groups. The most fertile period for female is between 20-24 and 25-29 years and the proportion of female population is also high is same age group. It reflects that, women of the study area have high change to give high fertility in future, if they don't use any contraceptives.

Figure 2 : Age-Sex Composition of the Respondents (Pyramid)



4.1.2 Place of birth and place of prior residence

The study population is not largely migrant. Place of origin is defined as that place, from where people arrive to the place of destination. Few indigenous (Tharu) people of Patihani VDC ward no.6 are migrated from outside the Chitwan district and again those people whose place or origin is Chitwan district, they are also migrated from different VDCs and wards of Chitwan district.

Table 2 Place of Birth and place of prior Residence of the respondents by sex

Place of Birth	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Outside of the Chitwan district	2	3.51	12	21.05	14	12.28
Within the Chitwan district	55	96.49	45	78.95	100	87.72
Place of prior Residence						
Outside of the Chitwan district	3	5.26	8	14.04	11	9.65
Within the Chitwan district	54	94.74	49	85.96	103	90.35

(Source: Field Survey, 2011)

Table 2 shows that, 12.28 percent of the respondent's place of birth is outside of the Chitwan district where no nay one respondents from outside the country. Less male (3.51%) were born outside the district than that of female (21.05%) respondents. About 87.72 percent respondents place of birth were within the Chitwan district. Districts from where most of the respondents migrated were Nawalparasi, Makawanpur, Nepalganj are place of birth of respondents.

As seen from the table the highest percentage (90.35%) of respondent's place of origin is different VDCs of the district. It is clear that 85.96% percent of the female respondents prior residence was different VDCs of Chitwan district. However, 94.74 percentage of male's prior residence was within VDC's and wards of Chitwan and few (5.26%) of male respondent's place of prior residence was outside from the district. It follows the

Regenstein law of migration where among the short distance migrants, female appear to predominate over males.

4.1.3 Duration to stay in current Residence

In Patihani VDC ward no 6 of Chitwan indigenous people of Tharu community are settled. After the eradication of malaria disease, the people of other community such as Brahmin, Chhetri, magar, Newar etc are migrated from hilly region or other district to the terai region. Few female respondents of Patihani VDC Ward no 6 are migrated due to the cause of marriage from other districts of terai region. Classification of the respondents by duration of stay and their distribution is presented in table 3.

Table 3 Distribution of Respondents by duration of stay in current residence by sex

Duration of stay	Sex of Respondents					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
< 5 years	-	-	2	3.51	2	1.75
5-10 years	2	3.51	5	8.77	7	6.14
10 year and above	55	96.49	50	87.72	105	92.11

(Source: Field survey, 2011)

Table 3 shows that, highest percentage of the respondents (92.11%) were lived above 10 years. Similarly 1.75 percentage of respondents were lived less than five years. The percentage of the respondents staying the duration of years 5 to 10 is 6.14. As seen in above table, the highest percentage of male respondents is staying long duration than female.

4.1.4 Current migration status of Respondents

People migrate from one place to another to fulfill their desire. Classification of respondents by the nature of migration process is present in table 4 .

Table 4 Current migration status of respondents by sex

Types of migration	Sex of Respondents					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
National	4	7.02	-	-	4	3.51
International	13	22.81	2	3.51	15	13.16
Non-migrants	40	70.18	55	96.49	95	83.33

Tale 4 shows that highest percentages of respondents (83.33%) are non-migrated where as 13.16 percentage of respondents are migrated by internationally. Similarly only 3.51 percentage of respondents are migrated by nationally. As seen in above table, the more respondents (22.81%) of male are migrated by internationally than female respondents.

4.2 Socio-Economic Characteristics

This section deals with socio-economic characteristics of the respondents like religion characteristics, occupational characteristics, literacy and educational characteristics, literacy and educational characteristics and household characteristics of the respondents.

4.2.1 Religion characteristics

Nepal as a multi religion nation. In Nepal, Hinduism if the dominant religion. Buddhism comes to occupy the second position, Islam, Christianity and other many religion are followed by many people. The composition of respondents by religion groups if clearly presented in the table 5.

Table 5 Composition of Respondents by religion

Religion	Total No.	Percentage
Hindu	105	92.11
Christian	9	7.89
Total	114	100.0

(Source: Field Survey. 2011)

Table 5 shows that Hindu population is highest (92.11%) compare to Christian (7.89%). According to 2001 census, in Nepal there are six category of religion group such as Hindu, Buddhist, Muslim, Kirat, Christian and Jain but in the selected study area only Hindu and Christian are found.

4.2.2 Occupational Characteristics

Occupation composition of population shows how many people are involved in what sort of jobs or professions. The main occupation of the respondents of the selected area was agriculture, Service, business, household work, daily wage and transportation. All the respondents are active for income generation, which is seen in the table 6.

Table 6 Occupation status of Respondents by sex

Occupation	Sex of Respondents					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Agriculture	24	42.11	17	29.82	41	35.96
Service /Labour	12	21.05	2	3.51	14	12.28
Small business	2	3.51	2	3.51	4	3.51
Household Work	2	3.51	26	45.61	28	24.56
Daily wage	13	22.81	10	17.54	23	20.18
Transportation	4	7.02	-	-	4	7.02
Total	57	100.0	57	100.0	114	100.0

(Source : Field Survey, 2011)

Table 6 presents the information about occupational status of respondents. It is revealed from the table that the majority of the female respondents (45.61%) are busy in household work and only least number of male respondents are observed in this category. As seen from the table, highest proportion of the respondents occupation is agriculture (35.96%) and household work (24.56%).

Similarly, 21.05 percentage male respondents are engaged in service (internationals labour) where as only 3.51% of female respondents are in this sector. In transportation

sector 7.02 percentage respondents are involved and in this sector male respondents are 7.02 percentage but no one is female respondents.

4.2.3 Literacy and Educational Characteristics

Literacy rate is measured in terms of those people who are able to read and write and among them who are attended in school, categorized in different level, which is seen in the table 7.

Table 7 Composition of Respondents by Educational Attainment

Status of Education	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Literate	42	73.68	28	49.12	70	61.40
Illiterate	15	26.32	29	50.88	44	38.60
Total	57	100.00	57	100.0	114	100.00
Educational Attainment						
Primary	22	38.60	20	35.09	42	36.84
lower Secondary	16	28.07	6	10.53	22	19.30
above lower secondary	4	7.02	2	3.51	6	5.26
Not Schooling	15	26.32	29	50.88	44	38.60
Total	57	100.0	57	100.0	114	100.0

(Source : Field Survey, 2011)

From table 7 it can be seen that over all literacy rate is found 61.40 percent, However male literacy rate (73.68%) is high that of female (49.12%. Educational attainment by level Provides that 36.84 percent respondents have Primary level of education and only 19.30 percent respondents have secondary level of education. Similarly 5.26 percent respondents have no schooling by gender, female educational attainment is low in every level compare with male respondents.

4.2.4 Household Characteristics

Household characteristics of respondents shows their living style, which includes land use toilet facilities, using modern facilities, types of roofs and sources of drinking water. Household characteristics of fifty seven household of Tharu community settlement is presented in following table (8).

Table 8 Household Characteristics of Respondents

Land holding Status	Number	Percentage
Landless	2	3.51
Less than 10 Kattha	21	36.84
10 Kattha to 1 Bigha	25	43.86
More than 1 Bigha	9	15.79
Types of roof		
Cimented	4	7.02
Zinc Block	8	14.04
Tile	9	15.79
Thatched	36	63.16
Sources of drinking water		
Pipe	-	-
Well	10	17.54
Tube well	47	82.46
Toilet Facility		
Have	49	85.96
Haven't	8	14.04
Total	57	100
Types of toilet		
Pan	11	19.30
Traditional	46	80.70
Total	57	100.0

Table 8 provides the information about household characteristics of respondents. As seen in table 3.51 percent household have no own land. Among those who have own agricultural land proportion of respondents having less than 10 kattha is 36.84 percent, 10 kattha to 1 bigha 43.86 percent and only 15.75 percent have more than 1 Bigha. The majority of the household have Thatched types of roof (63.16%) followed by tile (15.79%) zinc block (14.04%) and cimented (7.02%).

In the study area tubewell is the major sources of drinking water for as many as 82.46 percent of respondents depend on tubewell and another 17.54 percent depend on well water. From the table it reveals that 85.96 percent respondents have toilet facility in their house. Among them 80.70 percent have traditional type of toilet facility followed by pan is 19.30 percent. From data it can be seem that toilet sanitation facility is no so better in the study area.

Table 9 Respondents HHS possessing Modern Technology Facilities

Facilities	Yes		No		Total
	No.	Percent	No.	Percent	
Radio	50	87.72	7	12.28	57
Television	18	31.58	39	68.42	57
Electricity	49	85.96	8	14.04	57
Telephone	9	15.79	48	84.21	57
Others	2	3.51	55	96.49	57

(Source : Field Survey, 2011)

Table 9 shows that, 87.72 percent household have Radio facility where as 85.96 percent have electricity facility, 31.58 percent have television facility, 15.79 percent have Telephone facility and 3.51 percent have other facility. The study area is located in rural area, so the majority of facility is radio than other.

CHAPTER V
KNOWLEDGE AND USE OF CONTRACEPTION
AND FERTILITY BEHAVIOUR

This chapter includes knowledge an use of the contraceptive method among 57 couples or 114 married male and female and their fertility behavior.

5.1 Knowledge of contraception

5.1.1 Knowledge of contraceptive Methods

Acquiring knowledge of contraceptive method is an important precondition toward gaining access to and then using a suitable contraceptive method in a timely and effectively manner. Knowledge of specific method is a precursor to use. Knowledge to contraception among 114 respondents can be cleanly specifies in table 10.

Table 10 Knowledge of Contraceptive Methods of Respondents by Sex.

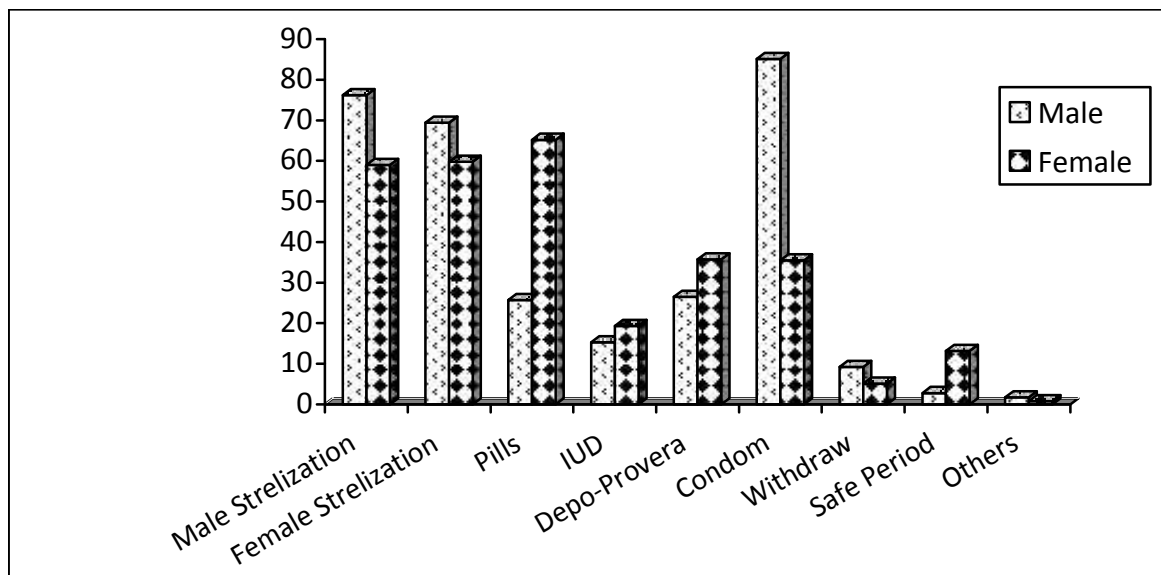
Contraceptives (FP Methods)	Sex of Respondents		
	Male	Female	Total
Male Sterilization	76.2	59.0	67.6
Female Sterilization	69.4	59.8	64.6
Pills	25.7	65.2	45.5
IUD	15.3	19.3	17.3
Depo-Provera	26.5	35.7	31.1
Condom	85.1	57.5	71.3
Withdraw	9.2	5.1	7.2
Safe Period	2.8	13.2	8.0
Others	1.7	0.8	1.3
Total (Percentage)	100	100	100

(Source : Field Survey, 2004)

Table 10 shows that, knowledge of contraception is nearly universal. Data reveals that more than 99 percent have knowledge about contraceptives. As seen in table, higher percent of respondents have knowledge about condom (71.3%) followed male sterilization (67.6%), female sterilization (64.6%), pills (45.5%), Depo-Provera (31.1%), withdraw (7.2%), safe period (8.0%) and others (1.3%). It reflects that, more percentage of respondents have knowledge of modern contraceptive device than traditional method.

Compare to male respondents highest percentage of female respondents have knowledge on pills, IUD, Depo-Provera and safe period. Similarly, highest percentage of male respondents have knowledge on male and female sterilization, condom and withdraw method than female respondents.

Figure : 3 Knowledge of Contraceptive Methods



Box 1 : Case of Universal knowledge

In study area, one social worker (Bindu Mathato) says that the various types of awareness programme about contraception was conducted by GOs, NGOs, by means of Radio, Television, where as the result of the knowledge of contraception has been almost universal.

5.1.2 Source of Information

High percentage of knowledge of contraception is directly related to information education and communication (IEC). In Nepal, the most common media source such as radio, television, computer etc are mostly found in rural areas also. Pamphlet, poster and communication between couples, friends, relatives and health workers also help to increased knowledge about different contraceptive methods. Sources of information of contraceptive method among respondents is presented in table 11.

Table 11 Sources on Information of Contraceptive Methods of Respondents

Sources	Sex of Respondents		
	Male	Female	Total
Radio	82.7	69.2	75.95
TV/Cinema	65.3	65.3	65.30
Pamphlet/Posters	59.1	18.8	39.45
Health workers	41.0	56.9	48.65
Friends/Relatives	52.1	58.2	55.15
Husband	na	10.4	10.4
Total	100	100	100

(Source : Field Survey, 2011)

(Note: na = not applicable)

Table 11 shows that, highest percentage of respondents (75.95%) reported radio as the source of knowledge on contraception, followed by TV/cinema (65.30%) friends/Relatives (55.15%), Health worker (48.95%), pamphlets/Posters (39.45%) and husband (10.4%). Similarly, compared to male respondents (41.0%) more percentage of females (56.9%) have knowledge to contraception from Health workers and males (52.1%) more females (58.2%) have the knowledge from friends or relatives but more percentage of male (59.1%) used pamphlet/books and posters as the source of information than female (19.8%) respondents.

5.2 Use of Contraceptive Method

5.2.1 Ever use of Contraceptive Method

Every use refers to use of method at any time no distinction between past and present use.

Table 12 Ever Use of Contraceptive Method of by Sex of Spouse

Ever use of any F.P. methods	Sex of Spouse					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	33	57.89	33	57.89	66	57.89
No	24	42.11	24	42.11	48	42.11
Total	57	100.0	57	100.0	144	100.0

(Source : Field Survey, 2011)

Table 12 provides information on ever used of contraceptive methods. As seen in table, 57.89 percent respondents had ever used of any contraceptive method, Where male and females users percent is equal.

Table 13 Distribution of Respondents by Sex and Specific FP Methods

Ever use of any F.P. methods	Sex of Spouse					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Male Sterilization	15	46.2	na	na	18	25.0
Female Sterilization	na	na	15	45.5	15	20.8
IUD	na	na	2	6.1	2	2.8
Pills	na	na	5	15.2	5	6.9
Depo-Provera	na	na	9	27.3	9	12.5
Condom	18	53.8	na	na	21	29.2
Safe Period	na	na	1	3.0	1	1.4
Others	na	na	1	3.0	1	1.4
Total	33	100.0	33	100.0	66	100.0

(Source: Field Survey, 2011)

[Note:- na = not applicable]

Table 13 present that, among female respondents, the most commonly used methods were female sterilization (20.8%), Depo-Provera (12.5%) pills (6.9%), IUD (2.8%), safe period (1.4%). Among male respondents, used than male sterilization (46.2%).

5.2.2 Current Use of Contraceptive Method.

Current use of contraception is defined as the proportion of married man and women who reported they were using a family planning method at the time of interview. The level of current use is the most widely used and valuable measure of the success of family planning programs.

Table 14 Distribution of the Respondents by Sex and Current use of FP Method

Current use of F.P. methods	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Yes	11	19.3	13	22.8	24	21.1
No	46	80.7	44	77.2	90	78.9
Total	57	100.0	57	100.0	144	100.0

(Source: Field Survey, 2011)

Table 15 Distribution of Current users by specific Method in Use and Sex Spouse

Ever use of any F.P. methods	Sex of Spouse					
	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Male Sterilization	4	36.4	na	na	4	16.7
Female Sterilization	na	na	3	23.1	3	12.5
Pills	na	na	4	30.8	4	16.7
Depo-Provera	na	na	6	46.2	6	25.0
Condom	7	63.6	na	na	7	29.2
Total	11	100.0	13	100.0	24	100.0

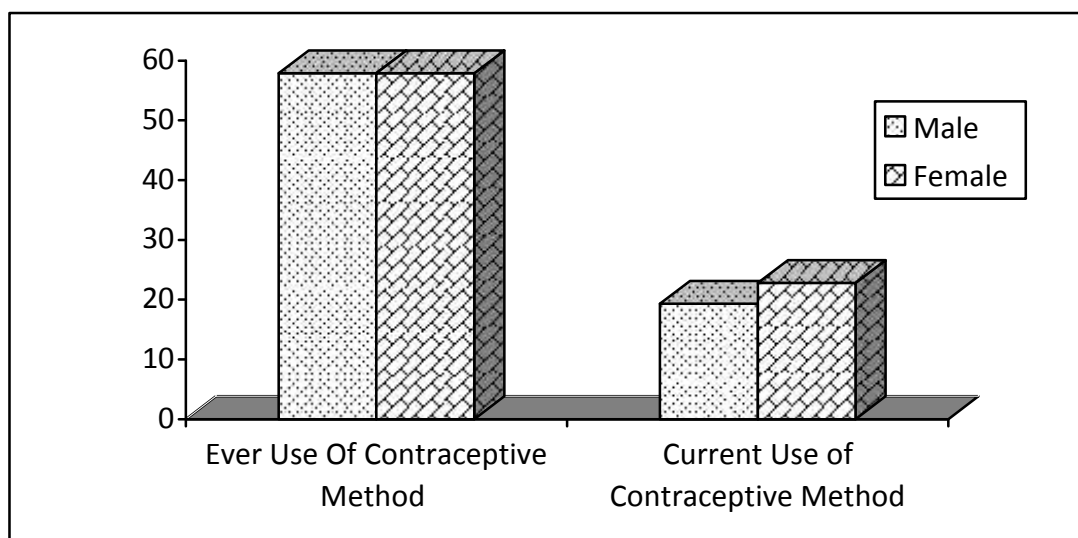
(Source : Field Survey, 2011)

[Note : na = not applicable)

Table 14 shows that only 21.1 percent respondents are currently using respondents methods, among them female percent (22.8%) is more than male (19.3%). Similarly

among male current family planning users, 36.4 percent are currently using male sterilization followed by condom (63.6%). Among female current family planning users highest percent (46.2%) are currently using Depo-Provera followed by female Pills (30.8%) and female sterilization 23.1 percent.

Figure No. 4: Use of Contraceptive Methods



5.2.3 Current use of Contraception by Age

Current use of contraception by age of male and female is shown in table (16) of male (15-59) and female (15-49) age group.

Table 16 Current uses of Contraception by Age of Spouse.

Age Group	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
< 25	1	9.1	6	46.2	7	29.2
25-34	4	36.4	5	38.5	9	37.5
35 +	6	54.5	2	15.4	8	33.3
Total	11	100.0	13	100.0	24	100.0

(Source : Field Survey, 2011)

From table 16 it shows that highest percentage (37.5%) of current family planning users are 25-34 years age group, followed by 35 and above age group (33.3%) and less than 25

years age group (29.2%) who are currently using family planning are less than 25 years age and male are from over age 35(54.5%).

5.2.4 Current use of Contraception by Religion.

Current use of Contraception is varies between different religion which is presented in table 17.

Table 17 Current use of Contraception by Religion of Respondents

Religion	Yes		No		Total	
	No.	Percent	No.	Percent	No.	Percent
Hindu	22	91.7	83	92.2	105	92.1
Christian	2	8.3	7	7.8	9	7.9
Total	24	100.0	90	100.0	114	100.0

(Source : Field Survey, 2011)

Table 17 shows that, within current use of contraception Hindu consist 91.7 percent followed by Christian 8.3 percent.

5.2.5 Current use of Contraception by Occupation

Contraceptive users are also varies between different occupation, which is presented in table 18.

Table 18 Current use of Contraception by occupation of Respondents

Occupation	Yes		No		Total	
	No.	Percent	No.	Percent	No.	Percent
Agriculture	3	12.5	38	42.2	41	36.0
Service	8	33.3	6	6.7	14	12.3
Small business	3	12.5	1	1.1	4	3.5
Household Work	5	20.8	23	25.6	28	24.6
Daily Wage	3	12.5	20	22.2	23	20.2
Transportation	2	8.3	2	2.2	4	3.5
Total	24	100.0	90	100.0	114	100.0

(Source: Field Survey, 2011)

Table 18 shows that, within current use of contraception 33.3 percentage users are from service sector. Similarly 20.8 percent from household worker 12.5 percent from agriculture worker, small business worker, daily wage and 8.3 percent from transportation person.

5.2.6 Current use of Contraception by Education

Education play vital role to increase use of contraception among respondents, which is presented in table 19.

Table 19 Current Use of Contraception by Education of Respondents

Education	Yes		No		Total	
	No.	Percent	No.	Percent	No.	Percent
Primary	8	19.0	34	81.0	42	100.0
L. Secondary	9	40.9	13	59.1	22	100.0
Secondary & Above	4	66.7	2	33.3	6	100.0
Not Schooling	3	6.8	41	93.2	44	100.0
Total	24	100.0	90	100.0	114	100.0

(Source: Field Survey, 2011)

Table 19 shows that, the proportion of user is highest among who are attainment of secondary and above education level (66.7%0 followed by lower secondary (40.9%), primary (19.0%) and not schooling (6.8%). It shows that higher the educational attainment higher the contraceptive users.

5.2.7 Reason for Non-use of Contraception

The Study shows that 71.3 percent Respondent have the knowledge of contraception but only 21.1 percent Respondents are currently using contraceptive Reason for currently non-use of contraceptive is presented in table 20.

Table 20 Reason for non-use of Contraception by sex of the Respondents

Reason	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Desire for more children	21	45.7	14	31.8	35	38.9
Desire for son	4	8.7	4	9.1	8	8.9
Desire for daughter	1	2.2	1	2.3	2	2.2
Against religion	3	6.5	3	6.8	6	6.7
Fear of side effect	-	-	12	27.3	12	13.3
Refuse of Husband	na	na	3	6.8	3	3.3
Others	17	37.0	7	16.0	24	26.7
Total	46	100.0	44	100.0	90	100.0

(Source : Field Survey, 2011)

[Note: na = not applicable]

Table 20 shows that, among total non-user the main reason are desired for more children (38.9%), desire for son (8.9%) and desire for daughter (2.2%), similarly due to fear of side effects (13.3%) were not currently using contraceptive and nearly 6.5 percent male are not currently using contraception because they think family planning process is against religion.

More than 7 percent female were not using contraceptive due to refusal of husband. Twenty six percent are not using contraceptive due to economic cause refusal of family member, sexual displace respondents opposed and lack of knowledge.

Box.2 : Reason for non-use of contraceptive

Niru Mahatto is 18 years old respondents, when she was 12 years old, she had been getting married. After one year of married life, her menstruation cycle was began and later soon she had been start the child bearing. Now she has three daughters and again she has getting pregnant to fulfill her husband intention to bear the son. She has knowledge about contraceptive devices and she wants to use but never using it.

5.2.8 Extent of side Effects of Use

Side effect indicates the feature of family planning methods. Number of respondents who experience side effect among ever use of contraception is presented in Table 22.

Table 21 Distribution of respondents who Experience Side Effects of Use of Contraception.

Cases	Female	
	No	Percent
Experience Side Effect	18	54.5
No Side Effect	15	45.5
Total	33	100.0
Types of Side Effects		
Headache	4	22.2
Weakness	3	16.7
Weight loss	1	5.6
Weight increase	1	5.6
Backache	3	16.7
Disturbance on menstruation cycle	4	22.2
Over bleeding	2	11.1
Total	18	100.0

(Source: Field Survey, 2011)

Table 21 shows that within ever used of contraception only female users feel side effect were 54.5 percent. Female reported that they experience side effect. Among those who experience side effect, more than 22 percent feel problem of disturbance on menstruation cycle, headache followed by backache (16.7%) over bleeding (11.1%), weakness (16.7%) weight loss (5.6%) and weight increase (5.6%). It shows that, contraceptive device and not so effective.

Box 3. All female contraceptive methods are fall to side effects.

Among current family planning users, Dilu Mahato who is one of the painful respondents, who had experience of side effect while using temporary method of contraceptive device when, she was used Depo, Norplant and Pills the side effect reveled more extreme as a result her weight was increased, over bleeding and irregular bleeding from vagina, disturbance an menstruation cycle, backache, headache. Her intention was to limit the birth by preferring female sterilization method but her husband was refused to do so. She had five children among them two sons and three daughters.

5.2.9 First Age at Using Contraceptive

First age of using contraceptive among ever use by sex is presented in table.

Table 22 First Age at Using Contraceptive among Ever use of Contraception by Sex

Age group	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
15-19	2	6.1	6	18.2	8	12.1
20-24	14	42.4	13	39.4	27	41.0
25-29	9	27.3	6	18.2	15	22.7
30-34	2	6.1	5	15.2	7	10.6
35 above	6	18.2	3	9.1	9	13.6
Total	33	100.0	33	100.0	66	100.0

(Source; Field Survey, 2011)

Table 22 shows that, among ever use of contraception, first age at using contraception is highest (41.0%) between the 20-24 age group and followed by age group 25-29 (22.7%), age group 15-19 (12.1%), age group 35 and above (13.6%) and age group 30-34 (10.6%). Between the age group 20-24 female user (39.4%) is higher than male (36.4%) but age 25-29 male users is higher (27.3%) than female (18.2%).

5.2.10 Reason for Contraceptive Use

Among ever user of contraception only 42 reported that the purpose of using contraception, which can be seen in the table 23

Table 23 Reason for contraceptive Use by Sex

Cases	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
For birth spacing	2	6.1	6	18.2	8	12.1
For limiting no. of birth	14	42.4	13	39.4	27	41.0
For healthiest life	9	27.3	6	18.2	15	22.7
For protecting from STDs	2	6.1	5	15.2	7	10.6
Others	6	18.2	3	9.1	9	13.6
Total	33	100.0	33	100.0	66	100.0

(Source; Field Survey, 2011)

Table 23 shows that, purpose of using contraception is limiting no. of birth 41.0 percent, For healthiest life is 22.7 percent, for birth spacing 12.1 percent, for Protecting from STDs 10.6 percent and other reason 13.6 percent. As clearly seen that, more number of male 42.4 percentage for limiting no. of birth. than female 39.4 percentage are using contraceptive measure for limiting no of birth.

5.2.11. Intention of Future use of Contraception

Among currently non-use of contraception some respondents indented of future use of contraception which can be seen in table (25 and 26).

Table 24 Intention of Future use of Contraception by Sex

Cases	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
Intends to Use	12	26.1	20	45.1	32	35.6
Dose not Intends to use	20	43.5	11	25.0	31	34.4
Unsure	14	30.4	13	29.5	27	30.0
Total	46	100.0	44	100.0	90	100.0

(Source : Field Survey, 2011)

Table 25 Method of Preference of Future use of Contraception by Sex

Method	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
Male Sterilization	5	41.7	na	na	5	15.6
Female Sterilization	na	na	5	25.0	5	15.6
Pills	na	na	3	15.0	3	9.4
Condom	7	58.3	na	na	7	21.9
Depo-Provera	na	na	12	60.0	12	37.5
Total	12	100.0	20	100.0	32.	100.0

(Source : Field Survey, 2011)

[Note : na = not applicable]

Table 24 shows that 35.6 percent are intends to use of contraception in future, among them 45.1 percent are female and 26.1 percent are male, where as 34.4 percent are does not intends to use and 30.0 percent are unsure.

Similarly, table 25 shows that among male Intends to use 58.3 percent presser condom and 41.7 percent prefer condom and 41.7 percent prefer male sterilization for future use. Among female highest percentage (60%) prefer Depo-Provera, 25 percentage prefer female sterilization and 15 percentage prefer pills. No anyone female's respondents prefer the IUD and Norplant contraception. It reflects the demand of family planning method in future.

5.2.12 Sources of Method in Use

Sources of contraceptive device are government hospital, private clinic health post and health worker. Highest percent of family planning users get their methods from health post and health workers because health pose is located near the distance of Patihani VDC ward no. 6. Similarly health workers are distribute the contraceptive device to the village people.

Table 26 Sources of Method in Use by Sex

Cases	Number	Percentage
Government hospital	2	8.3
Private Clinic	1	4.2
Health post	12	50.0
Health Workers	9	37.5
Total	24	100.0

(Survey : Field Survey, 2011)

Table 26 shows that 50 percent current family planning users get their methods from Health post followed by 37.5 percent get from health workers, 8.3 percent get from government hospital and 4.2 percent from private clinic.

5.2.13 Current use of Contraception by number of living children of women

Among 57 married women all current users have children which is presented in table28.

Table 27: Current use of contraception by Number of Living children of women

No. of Children	Current Users	
	Number	Percentage
1	5	38.46
2	3	23.1
3	3	23.1
4 and above	2	15.4
Total	13	100.0

(Survey : Field Survey, 2011)

Table 27 shows that, among female family planning users, who have one child more than 38 percent are currently using contraceptive followed by two children 23.1 percent, three children 23.1 percent and four and above 15.4 percent.

5.2.14 Number of living children and intention of future use of contraception of women

Among 57 women who have children only 20 number of women reported that they want to use contraceptive method in future, which is presented in table 30.

Table 28 Intention of Future Use of Contraception by Number of Living Children of Women

Total No. of Children	Future Intention	
	Number	Percentage
1	10	50.0
2	7	35.0
3	1	5.0
4 and above	2	10.0
Total	20	100.0

Source : Field Survey, 2011

Table 28 shows that, 50 percent have intended to use contraceptive, which have one children. Similarly 35.0 percent, 5.0 percent and 10.0 percent have intended to use contraceptive in future. Who have two, three and four and above number of children respectively. It reflect that, lower the number of children higher the intended to use to contraception in future is seen in the study population.

5.3 Fertility Behaviour

5.3.1 Marital Characteristics

Marriage is one of the main proximate determinants of fertility, therefore women who marry early will a average, have a longer exposure to the risk of becoming pregnant and therefore early age at marriage often implies early age at child bearing and higher fertility in a society.

In the selected study area, marriage takes place at an early age. The study is based on married man of 15-59 age group and women of 15-49 age group, which is presented in table 29.

Table 29 Distribution on Respondents Age at first marriage by Sex

Age group	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
< 15	2	3.5	19	33.3	21	18.4
15-19	10	17.5	34	59.6	44	38.6
20-24	32	56.1	3	5.3	35	30.7
25-29	12	21.1	1	1.8	13	11.4
> 30	1	1.8	-	-	1	0.9
Total	57	100.0	57	100.0	114	100.0

Source : Field Survey, 2011

Table 29 provides information on age at first marriage for married women and men of selected area where 33.3 percent female are married less than 15 years but only 3.5 percent male are married in the same age group. Highest percent of respondents reported their married age is between the 15-19 age group, among them 17.5 percent are male and 59.6 percent are female. Between the 20-24 age group male married percent (56.1%) is highest then female (5.3%). Similarly, 21.1 percent male are married between 25-29 age group and 1.8 percent female from the age group were observed. And 1.8 percent of male respondents were married at age 30 and above. Above table reflects the early age at married age is high which ultimately gives rise to a high level of fertility in a non-contraception society like Nepal.

5.3.2 Fertility and Children Ever Born

Population change is directly related to fertility and fertility can be controlled by contraception. So, in the study of family planning number of living children is vital, to evaluate the role of contraception among the study are.

Table 30 Distribution of Respondents by Children Ever Born

Age group	Total Number of children									
	1		2		3		4 and above		Total	
	No.	Percent	No	Percent	No.	Percent	No.	Percent	No.	Percent
< 20	5	45.5	2	20.0	-	-	-	-	7	14.0
20-29	6	45.5	7	70.0	5	55.6	15	75.0	33	66.0
30-39	-	-	1	10.0	3	33.3	5	25.0	9	18.0
40-49	-	-	-	-	1	11.1	-	-	1	2
Total	11	100.0	10	100.0	9	100.0	20	100.0	50	100.0

Source : Field Survey, 2011

Table 30 shows that, among 57 married couple only 50 have children About 14 percent women have children of less than 20 years age, among them 45.5 percent have one child

and 20 percent have two children. It reflect that the early age at marriage tend to early child bearing is seen in the study population.

Between the 20-29 age group 54.5 percent women have at least one child followed by 70.0 percent have two children 55.5 percent have three children and 75.0 percent have four and above children. Above table clearly shows that higher the age group higher the number of child bearing, where between the 40-49 age group 11.1 percent women have more than four children

5.3.3 Age at First Birth

Age of the onset of child bearing is an important demographic indicator since early childbearing adversely affects the health of mother and child

Table 31 : Distribution of female Respondents by Age and First Birth

Age Group	No	Percent
< 15	12	24.0
15-19	18	36.0
20-24	15	30.0
25 and above	5	10.0
Total	50	100.0

(Source : Field Survey, 2011)

Table 31 shows that in the selected population the proportion of women who became mother before age 20 is a measure of magnitude of adolescent fertility, because WHO defined that 10-19 age group refers to adolescent age. Above table clearly shows that, 60.0 percent women have had a first birth before the age of 20 and 30 percent and 10 percent have had first birth between the 20-24 and 25 and above age group respectively. It reflect that higher the practice of early age at marriage higher the practice of early child bearing situation is seen in the selected population .

5.3.4 Ideal Number of Children

Ideal number of children gives information an ideal family size of the respondents

Table 32 Composition of Respondents by ideal number of children by sex

No of children	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
1	3	5.3	2	3.5	5	4.4
2	16	28.1	15	26.3	31	27.2
3	32	56.1	35	61.4	67	58.8
4 and above	6	10.5	5	8.8	11	9.6
Total	57	100.0	57	100.0	114	100.0

(Source : Field Survey, 2011)

Table 32 shows that, highest percent (58.8%) of respondent selected three children for ideal family and only, 4.4 percent want one children for ideal family. Similarly the percentage of respondents who reported two children for ideal number is 27.2 and four and above number of children for ideal number of children is 9.6 percent, where as highest (56.1%) percent of male want three for ideal number of children. Similarly highest (61.4%) percent of female want three for ideal number of children. It reflects that both man and women in the selected are prefer a family size having three children.

5.3.5 Desire for more children

Desired for more children provides the information of attitude of people towards family size and help to find out future fertility of the selected area. The question on desired for more children is asked only for those respondents who are not currently using male and female sterilization.

Table 33 Distribution of the Respondents by Desire for More Children by Sex

Cases	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
Desired	29	54.7	35	66.0	64	60.4
No Desired	24	45.3	18	34.0	42	39.6
Total	53	100.0	53	100.0	106	100.0
Want total number of children						
1	16	55.2	5	14.3	21	32.8
2	9	31.0	23	65.7	32	50.0
3	4	13.8	7	20.0	11	17.2
Total	29	100.0	35	100.0	64	100.0

Source : Field Survey, 2011

Table 33 shows that, 60.4 percent Respondents are desired for more additional children, among them 54.7 percent man and 66 percent women are desired for more children. Similarly, highest percent of female (65.7%) want two children compare to male (31%)

5.36. Ideal Age at Marriage for male and female

Table 34 Ideal age at marriage for male and female

Age Group	Male		Female	
	No.	Percent	No	Percent
15-19	1	1.7	25	43.9
20-24	29	50.9	26	45.6
25-29	21	36.8	4	7.0
30-34	5	8.8	-	-
Don't know	1	1.7	2	3.5
Total	57	100.0	57	100.0

Source : Field Survey, 2011

Table 34 shows that, highest percent (50.9%) of respondents were reported that the better ideal age at marriage for male is 20-24 age group. Similarly, 45.6 percent respondents were reported that the better, ideal age at marriage for female is 20-24 age group. It reflects that, respondents choice of ideal age at marriage for male and female is better in demographic point of view what we know, higher the age at marriage lower the fertility.

5.3.7 Ideal Duration for Birth Spacing

Birth spacing indicated the duration of years of interval between two child birth and short birth interval is associated with an increased risk of death for mother and child and change of high fertility.

Table 35 Ideal Length of Internal Between two birth in years of Respondents

Length of internal in year	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
2 years	21	33.3	3	5.3	24	21.1
3 years	15	26.3	23	40.0	38	33.3
4 years	10	21.1	11	19.3	21	18.24
5 and above	2	3.5	9	15.8	11	9.6
Don't know	9	15.8	11	19.3	20	17.5
Total	57	100.0	57	100.0	114	100.0

Source : Field Survey, 2011

Table 35 shows that highest percent (33.3%) of respondents reported that, three years is better for birth spacing between two children followed by 21.1 percent preferred two years is not better for birth internal between two children and 17.5 percent have no idea for birth spacing above table provides that female prefer long year for birth spacing than male.

5.3.8 Ideal Duration of Breast feeding

Breasting is one of the four main proximate determine of fertility. The length of protection from conception after childbirth depends on the duration and intensity of breast feeding and the length of time before sexual intercourse is resumed .

Table 36 Ideal Duration of Breast Feeding by Sex

Time year	Male		Female		Total	
	No.	Percent	No	Percent	No.	Percent
2	11	19.3	5	8.8	16	14.0
3	17	29.8	22	24.6	39	34.2
4	16	28.1	14	38.6	30	26.3
5	4	7.0	11	19.3	15	13.2
Don't know	9	15.8	5	8.8	14	12.3
Total	57	100.0	57	100.0	114	100.0

(Source : Field Survey, 2011)

Table 36 shows that, highest percent (34.2%) of respondents prefer three year is better, for ideal duration of breast feeding followed by 26.3 percent preferred four year 14 percent preferred two years and 13.2 percent preferred for five and above. It reflects that, respondents of selected area have knowledge on higher the duration of breastfeeding, lower the change of conception.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATION

The main aim of the study is to provide the information on knowledge and use of the contraception and fertility behavior among the Tharu community of Patihani VDC, ward No.6, Chitwan district. The study based on primary data collected from the selected area, for these purpose 57 couples or 114 respondents are selected. This chapter deals with the summary, conclusion and recommendations.

6.1 Summary

Following are the finding of this study

- The selected population are 57 coupled or 114 respondents were highest population is situated between 20-24 and 25-29 age group of 20.2 percent and 16.7 percent respectively. Among female population 21.1 percent is between the 15-19 age group and male population were 3.5 percent observed in this age. Above fifty years age, about 7 percent male are enumerated.
- Hindu population (92.11%) is higher than Buddhist population (7.89%).
- Highest percent (35.96%) of people are engage in agriculture work followed by household work (24.56%), daily wage (20.18%), Service (12.28) and transportation (7.02%) .
- Overall literacy rate is found 61.40 percent. Male literacy rate is higher (73.68%) female respondents (49.12%).
- Eight percent of peoples place of birth is within the Chitwan district were more male (96.49%) were born within the district than that of female respondents (78.68%). About 12.28 percent are born outside the Chitwan district.
- Highest percent (90.35%) of peoples place of prior residence is Chitwan district and only 9.7 percent people are migrated from outside of the Chitwan district and no any from outside the country.
- Highest percent (83.33%) of peoples are non-migrants. International migrants are 13.16 percent and only 3.51 percent of peoples are national migrants.
- More than 96.49 percentage household have their own land. Among them 43.86 percent people have 10 kattha to one bigha followed by 36.84 percent have less than

10 kattha 15.79 percent have more than 1 bigha. The majority of household have thatched type of roof followed by tile roof, zinc blocked roof and cimented. Tubewell and well is the major source of drinking water. Eight six percent household have toilet facility in their houses.

- More people have knowledge of contraceptive devices like male sterilization, female sterilization, Depo-Provera, pills, condom than traditional method like withdraw and safe period.
- The main sources of information of contraceptives devices are Radio, T.V., friends, Health workers and pamphlet. Among them 75.95 percent respondents have knowledge of contraceptives from radio followed by 65.30 percent from T.V, 55.15 percent from friends 48.95 percent from health workers 39.45 percent from pamphlet and 10.4 percent from husband.
- Fifty seven percent respondents had ever used of any contraceptive method, male and female users percent is equal. Similarly, table 13 percents that, among female respondents the most commonly used methods were female sterilization (45.5%), Depo-Provera (27.3%), pills (15.2%), IUD (6.4%), safe period (3.0) and others methods (3.0%). Among male respondents, used of use of condom was more (53.8%) than male sterilization (46.2%).
- Ever users of contraception is 57.89 percent among male ever users high percent (53.8%) used condom and among female ever users high percent (45.5%) are used female sterilization.
- Only 21.1 percent are currently using contraceptive method, among them female users is highest (22.8%) than male users (19.3%). Among male current users 63.6 percent are currently using condom. Highest percent of female (46.2%) are currently using Depo-Provera and female sterilization (30.8%).
- Most of the current family planning users are 25-34 age group (37.5%) and over age 35 (33.3%). The lowest percent (29.2%) of contraceptive users are found at less than 35 years age group.
- Thirty three percent service workers are currently using contraceptive. Similarly 20.8 percent, 12.5 percent and 8.3 percent users are from agriculture/small business/daily wage and transportation respectively.
-

- The proportion of currently using respondents is highest among who are at the level of secondary and above (66.7%) followed by lower secondary (40.9%), primary (19%) and not schooling 6.8%. Higher educational level attainment is positively correlated with current use of family planning.
- Among total non-users the main reasons are desire for more children (38.9%) others (26.7%), fear of side effects (13.3%) desire for son (8.9%), against religion (6.7%), refusal of husband (3.3%) and desire for daughter (2.2%)
- Among family planning users 54.5 percent female experienced side effect, which they felt weakness, backache, headache, weight loss and increase and problems of over and irregular bleeding and disturbance menstruation cycle.
- Among ever used of contraception, first age at using contraception is highest (41%) between 20-24 age group and between 25-29 age group, it was nearly 22.7 age group, it was nearly 23 percent.
- Reason for contraceptive use is highest for birth spacing (40.5%), 31 percent for limiting no of birth, 14.3 percent for protecting from STDs and 7.1 percent of healthiest life.
- Future intention to use of contraception is 35.6 percent male and 45.1 percent female respondents intend to use contraceptive in future. Demand of male sterilization, Depo-Provera and condom is highest among all other contractive devices.
- Fifty percent current users get their contraceptive device from health post, 37.5 percent from health workers, 8.3 percent from government hospital and 4.2 percent from private clinic.
- Early age at marriage is high where 18.4 percent get marriage less than 15 years age. Highest percent of female get marriage in early age than male. Between 15-19 age group 38.6 percent reported their first age at marriage.
- About 14 percent women have children of less than 20 years age, among them 45.5 percent have one child and 20 percent have two children. It reflects that the early age at marriage tend to early child bearing.
- Sixty percent women have had a first birth before the age 20. It reflects that adolescent women fertility is high among all others age group.
- High (58.8%) number of respondents select three children for ideal family size.
- Among female family planning users, who have one children more than 38 percent are currently using contraceptive followed by number of two children (23.1%),

number of three children (23.1%). Similarly, using contraception, who have number of four and above children.

- Fifty percent women have intended to use of contraceptive in future who have one children. Similarly 35 percent and 5 percent are also intended to the use of contraception, who have two and three children respectively women who have four and above number of children are also intend to use of contraception in future.
- The choice of age at marriage for the 20-24 age group, where it was for male 50 percent and female 45.6 percent.
- More than 33 percent respondents reported that, three years is better for birth spacing and breast feeding between two children birth were female preferred long interval for birth spacing and breast feeding than male.

6.2 Conclusion

The study about knowledge and use of contraception and fertility behavior is based on a case study among Tharu community of Patihani VDC, ward no 6 of Chitwan district and this study is based on primary data obtained through purposive sampling using structured questionnaire from interviewed and field observation.

The study summarizes the information gathered from 114 respondents or 57 couples on the knowledge and use of contraception and fertility behavior. The survey, include women's reproductive age 15-49 and their spouse age in between 15-59 years. Almost all the respondents have knowledge of contraception and high percent of respondents have knowledge of modern method than traditional method. Radio, friends/relatives, TV/cinema are the main sources of information of contraceptive device.

More than fifty seven percent respondents have ever used of any contraceptive method. Only twenty one percent of respondents are currently using any contraceptive method. Proportion of female users are substantially higher than that of male users. Common methods in use are male sterilization and condom for male and Depo-Provera and pills for female. By age of respondents currently contraceptives user is highest of the age 25-34 (37.5%).

Most of the service workers and house hold workers are current users of contraception, than the respondents involved in other occupations. Majority of the current family

planning users are literate. So higher the literacy male higher the use of contraception is seen in the study population.

Reason for non use of contraception is high due to desire for more children either sex. Desire for son, religions prohibition, husband opposed and fear of side effects are other reason for non using contraception. In relation to side effect more than half of the respondents who ever used contraceptive have had such side effects. This indicated that none of the hormonal types of temporary contraceptives are free from side effects and quality of care in service side if poor.

Purpose of using contraceptive device is high for birth spacing and limiting the number of birth. Among the non users more than 35 percent are intend to use contraception on future where high demand of ethods are Depo-Provera, condom, male sterilization and female sterilization. Almost all current family planning users get their contraceptive device from hospital, health workers, government hospital and private clinic, which reflects health post play positive role in enhancing the use of family planning.

Practice of early age at marriage and early, childbearing percent respondents is high. It reveals that, ad descent women fertility is high. High number of the respondents select three children for ideal family size, similarly three year for ideal year of birth spacing and breast feeding between two children birth. High majority of the respondents select ideal age/at marriage for male in between 15-19 age group. For instance currently using contraception is varied with age, number of living children, educational level, religion and occupation.

6.3 Recommendation

I) Policy Makers

Following are the recommendations made for the policy implication to policy makers and planners.

- Knowledge of contraception in nearly universal but only 21.1 percent are currently using contraceptive device. It reflect that non-users rare is high. Where highest

percent of non-users are intend to use contraception in future. So government and non-government sector should provide quality service in affordable cost.

- Knowledge and use of contraceptives dependents upon level of education of women and husband. In order to raise the knowledge and use of contraceptive among the population of Tharu community, formal and non-formal educational programme should be carried out emphasizing contraceptive methods.
- Highest percent of women and men are not currently using contraceptive due to desire for more children fear of side effects, preference to son, traditional norms about family planning and refusal of husband so the state should be provided awareness, programme to built positive attitude towards contraception and to provide information about women right on their reproductive health.
- Similarly, fear of side effect is also one of the main reason for also-one of the main reason for non-use of contraception, where male than half female users experienced side effect. So, to increase quality of family planning related stakeholder pay more attention about it.
- Awareness programme should be conduct to enhance the knowledge about traditional methods of family planning. Viz-safe period method, withdrawal method which has no side effect.
- Adolescent women fertility is high due to practice of early age at marriage and early child bearing and again non-use of contraception is also high among this age group of married women man. Therefore awareness programme should be conducted to provide practice of early age at marriage and early child bearing is harmful for both mother and child health. Temporary family planning method should be made of them available for late child bearing and limiting birth to healthiest age.

II) Further areas of research

This study has been carried out on knowledge and use of contraception among population of Tharu community in Paihani VDC, ward no 6 of Chitwan district only. So, further study may be carried out in other community of different VDC which provides comparative study between there.

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Questionnaire

Individual characteristics

Respondent code No. Date :

Name of respondent

Age completed years.

Family size

Male..... female.....

Group 'A'

Characteristics

1. What is your religion?
- Hindu1
- Buddhist 2
- Islam 3
- Others 4

Education

2. Can you read and write?
- Yes 1
- No 2
3. If yes, from where did you learn to read and write?
- School1
- House2
- Informal classes3
- Others4
4. If from school, which level have you passed?
- Primary1
- Lower secondary2
- Secondary3
- S.L.C and above4

Marital Status

5. Are you married?

- Yes,1
 No,2
6. If yes, which age did you get married?

7. In your opinion what is the ideal age of marriage?
 Male :1
 Female2

Migration

8. Where is your birth place?1
 9. Before coming here, where did you living? 2
 10. When did you come here?3

Group 'B'

Household Characteristics

11. What is your main occupation?
 Agriculture1 Service2
 Business 3 Household work4
 Daily wages 5 Others6
12. Do you have following facilities in your home?
 Radio1 Television.....2
 Electricity3 Telephone4
 Others
13. What is the main source of drinking water of your families?
 Piped water.....1 Tube well2
 Kuwa.....3 River/ Stream.....4
14. Does your family have toilet facility?
 Yes1 No2
15. If yes, what types of toilet do you have?
 Flush1 Pan2
 Traditional3 Thacked4

Others

16. What types of foundation is in your house?
Zink bolk1 Tile.....2
Rcc.....3 Thacked4
Others
17. Does your family get own agricultural land? yes.
Yes1 No2
18. If yes, how much land do you have your family own?
Bigha KatthaDhur1
Other.....2

Group 'C'

Knowledge of Contraception

19. Have you heard about the family planning method?
Yes1 No2
20. If yes, which methods have you heard?
Pills.....1 IUD2
Depo-Provera3 Condom4
Withdraw5 Calendar method.....6
Minilap7 Laparoscopy8
Vastomy.....9
21. If yes, from which sources?
Radio1 T/V Cinema2
Pamphlets / Poster3 Health workers.....4
Friends / Relatives5 Others6
22. Have you ever used any contraceptives?
Yes1 No2
23. If yes, which method did you use?
Pills.....1 IUD2
Depo-Provera3 Condom4
Withdraw5 Calendar method.....6
Minilap7 Laparoscopy8

- Vastomy.....9
24. Have you currently using any contraceptives?
 Yes1 No2
25. If yes, which method have you used?
 Pills.....1 IUD2
 Depo-Provera3 Condom4
 Withdraw5 Calendar method.....6
 Minilap7 Laparoscopy8
 Vastomy.....9
26. If no, why didn't use any method?
 Against religion1 desire of children.....2
 Desire for son3 Desire of daughter4
 Sexual displace5 Fear of side effect6
 Economic cause7 Others8
27. From which age have you using contraceptives?
 Age
28. From where, you get contraceptive device?
 Government hospital.....1 Private clinic2
 PHC/ Health center3 Mobile camp.....4
 Health workers5 Others6
29. What is your purpose for using contraceptives?
 For birth spacing.....1
 For limiting the no. of birth2
 For protecting from STDS, HIV / AIDS.....3
 Others4
30. In your opinion, which of the following birth spacing is better for good health of mother and child?
 1 year1 2 years2
 3 years.....3 4 years4
 5 years and above.....5 don't know6
31. Do you feel side effects?
 Yes1 No2
32. If yes, what types of side effects, do you feel?
 Headache1 weakness2

- Weight loss3 weight increase4
 Backache5 Disturbance in menstruation6
 Allergy7 Others.....8
33. Have you check about side effect?
 Yes1 No2
34. In your opinion, which family planning method is good?
 Pills.....1 IUD2
 Depo-Provera3 Condom4
 Withdraw5 Calendar method.....6
 Minilap7 Laparoscopy8
 Vastomy.....9
35. Why
36. Do you have future intention to use contraceptive?
 yes1 No2
37. If yes, which method do you prefer?
 Pills.....1 IUD2
 Depo-Provera3 Condom4
 Withdraw5 Calendar method.....6
 Minilap7 Laparoscopy8
 Vastomy.....9

Group 'D'

Fertility Behavior

38. Do you have any children?
 yes1 No2
39. If yes, how many children do you have?
 Sons1
 Daughter2
 Total3
40. What was your age during the time of first child birth?
 Completed age Years
41. How many children do you prefer for ideal family?
 Son1 Daughter2

- Total3 Don't know4
42. Do you want additional children now?
- Yes1 No2
43. If yes, which and how many children do you want?
- Son2
- Daughter3
- Total4
44. How many years do you prefer for breast feeding to your children?
- One year1 Two years2
- Three years.....3 Four years.....4
- Five years and above5