

CHAPTER – I INTRODUCTION

1.1 Background of the Study :

Nepal is a landlocked country which is situated between China and India. China lies in the north and India lies in east, west and South. Nepal's total area is 1,47,181 sq km. According to census report 2001, Nepal's total population is 23151423 where the number of male is 1156393 (49.95%) and female is 11587502 (50.05%). Among total population 82% are Rural population, Similarly total fertility rate is 2.82, birth with skilled attendant 19%.

Rishidev People believe on Devi Devata of the Terai. They are found in all twenty- eight Terai Districts of Nepal from Mechi in the east to Mahakali in the west.

According to the national census of Nepal of CBS (2001 A.D.) "The Rishidev cast was the minor caste, Dalit, marginalized at the total population of Nepal". Within the Rishidev Caste, there are more than two different sub-castes like Mushahar, Risidev.

The language of the Rishidev is Maithili and Thethi. But there are variation in the language at different places, districts from the east to west. The script is Devanagari Rishidevs are Hindu. Many generation of Rishideves live in a single house joint family system and extended family systems are quite common in the Rishidev community. Most Rishidev communities are seen clustered in their settlement. Some of the main festivals of the Rishidev, Sukrati (i.e. Tihar in the seventh month of Lunar Birkam Calender) Siruwa (Bikram new year that falls in mid- April, ritually match making time) Chaithe holi, Dashami (i.e. Dashain), Maghe Sankranti, Sama- Chakewa etc. (Dewangunj VDC Sunsari Literature, 2065).

The Rishidev are predominately farmers and labours by profession. They are recognized for their backwardness, simplicity and honesty. Fishing and ratcide is a favourite passtime. Some of the special food items of the Rishidev include ghungi (Apple snail, fired and sucked) Situwa (Sorail, eaten in order to develop a strong immunity against malaria as they belief), Bagiya Bhakka (Stemed dumplings of rice flour) rat mest

and another animal mest also and puwa (rice flour cooked in oil for the new year) etc. The Rishidev prefer sons to daughters so as to continue their family line and also to perform rites. As a result, in the hope of getting a son, there are high birth rates among the Rishidev.

The present research engages in the comparative contraception behavior amongst the mushahar and Rishidev, the two sub-castes of the Rishidev, located at ward no 1 & 3 of Dewangunj VDC of Sunsari District.

The derivation of the names of these aforesaid sub –castes, dated back where there as a among the labour of the Rishidev Community has to hold feasts for dignity and social prestige. At one of such feasts in an open field, there were Rishidev labour together with the other local Rishidev people. These labour in full pride, dressed in high-heeled boots, walked around the people to make their presence felt and also to make sure if everybody had eaten to his/her food or not. But many of the feasting Rishidev opposed the action of the labour labeling them as unmannerly and anti-social at a place where people were sharing their meal and as a protest to the high meal. So as a protest to the high handedness of the labours action, they left the feast shouting at the top of their voices. These people came to be known Rishidev, But the others, who did not oppose the activities of the labours and continued feasting, began to be called “Mushahar” which is derived from the Rishidev word “Mush” meaning to force into to thrust on. They went on thrusting food into the 8 months deposite high handedness of the labours.

The use of contraceptives as method of family planning benefits the women families and the communities as a whole. Contraception saves women’s lives and improves their health, making them able to avoid unwanted pregnancies. It improves children’s health by planning adequate gap between births so that they get sufficient and good parental care. Contraceptive also helps women to empower them by allowing them to decide and face the births, which in turn provides then the increased participation in educational, economical and social opportunities. Thus, it empowers women.

The main types and the most available contraceptives as method of family planning in Nepal are pills, Sangini injection, IUCDs (Copper 'T'), condoms (Male and Female), Norplant, Kamal (foam tablets), female sterilization and male sterilization.

Family planning programme was initiated in Nepal in 1950 by the Nepal Medical Association and some social workers in 1968. HMG created a semi-autonomous Board, Nepal Family planning and material child health care board. Since then a lot of work has been done towards that end but the task of family planning in order to limit the increasing population is far from satisfactory.

1.2 Statement of the Problem

The Rishidev Women fall far back in comparison to their male counter parts. The Gross Development Indicator (GDI) for Rishidev is very low. Most of them are uneducated and are unaware of the family planning methods or other habits of healthy living. There is an urgent need to provide education to these women so that their economics as well as social status and also of the whole community could be greatly enhanced, which in turn would reduce the population growth.

All the developing countries of the world like Nepal today face acute problems of ever increasing population and its hazards. Thus hampering the process of development in 2048 B.S. the growth rate of the population of Nepal was 2.1% and in 2058 B.S. It went up to 2.77%, despite the efforts of the government to bring down the growth rate to 1.8% during the period." The most contributing factor to rapid increase in population is the lack of knowledge and contraceptive behavior among people. People in Nepal, in most areas are still unaware of the availability of contraceptives. Besides, the availability is continued only to the urban areas where as the vast majority of the far flung rural areas are outside the availability as well as the awareness of the contraceptives as methods of family planning.

The growth rate of population of the Rishidev as a whole and particularly of the Two Rishidev sub-castes in this research are low, lower than the national average. Some of the causes of higher growth rate of population are:

Most of the people are illiterate. They do not have the knowledge that large family is troublesome. They are ignorant of the use and availability of different methods of family planning. The contraceptive prevalence rate is very low among these people i.e. 10. They desire to have a son, abiding by their belief, to perform rites to make way to heaven. In this process they go on producing a number of children until they have a son. The practice of early marriage (girls are married generally before the first menstruation), which provides a longer fertility period. There is a need and demand of more manpower. It is regarded that an additional child born is a helping hand and an earning member for the family later on, rather than an additional mouth to feed. There is a high infant mortality rate among the Rishidev due to poor health condition. So to do some, they produce more children so that at least a few of them survive to them old age. When I was working at Dewangunj Health Post then the Rishidev communities people do not receive Health Services. Why do not come the peoples in near the Health Post. Therefore, I selected this title and these peoples were not known about TFP and receive Health Services.

1.3 Objectives of the Study

The general objectives of this study are KAP of Temporary Family Planning services of Rishidev Community at Dewangunj VDC of Sunsari District.

The specific objectives are as follows:

- 1.3.1 To identify the knowledge of Temporary Family Planning services available to local level.
- 1.3.2. To find out demographic, economic and educational status of Rishidev Community.
- 1.3.3 To find out the reasons for the not using of contraceptives in the study area.

1.4 Signification of the Study

This study will identify the KAP of Temporary Family Planning service of Rishidev people in Dewangunj VDC Sunsari where there is lack of Health service, especially Temporary Family Planning service. Therefore, this study would help to explore and provide health service (especially Temporary Family Planning Service) in backward (Dalit : Rishidev, Chamar, Dom etc) community and promote health status of these community's people.

The results of the study will significantly contribute the following areas :

- 1.4.1 The result of study would be helpful for Ministry of Health (MoH) to plan and implement TFP Programs in the remote VDC of Nepal.
- 1.4.2 The findings of the study would be useful to the district development committee to develop awareness towards health problems in Rishidev community.
- 1.4.3 It would create awareness in community about the consequences, lack of T.F.P. services.
- 1.4.4 This study would be helpful for sharing ideas and bases about proved system of health service for the health planners, Policy makers, health service for the health planners, health workers and related NGOs and INGOs
- 1.4.5 This study will give solution of reduce risk factors of T.F.P. service from backward community.
- 1.4.6 It would be useful as guide line for further researchers in similar study.

1.5 Delimitation of the Study

As the study is an academic research, there are limited time and economic factor. So the study was delimited in the following areas :

- 1.5.1 The study area were delimited to Dewangunj VDC of Sunsari district.
- 1.5.2 Only married women of 15-45 years of age were taken in the sample population.
- 1.5.3 This study were based on "KAP of TFP service in Rishidev Community at Dewangunj VDC, Sunsari.
- 1.5.4 This study were based on Health post, private Clinic and Health workers of Dewangunj VDC.

1.5.5 The research is mainly designed on the bases of descriptive method and only simple statistical tools and techniques such as numerical, percentage and average were used in data analysis process.

1.6 Operational definition of the key terms:

Some terminologies are used in this thesis proposal to describe the study procedures and findings. These terminologies bear different meaning in different contexts. But in this thesis Proposal, these used terminologies bear following meanings :

Age at marriage	:	Normally after 18 years of age and before 35 years of old age suitable age of marriage
Birth attendants	:	A person who help them during delivery period of women.
Barriers	:	An enclosure, an obstacle, a boundary
Community	:	An Community is group of people living together in a particular area who have recognized them to meet common interest and problems.
Complication	:	Complication is a serious effects/ condition of any problems or disease.
Contraceptive	:	Contraceptive (hormonal preparation) is a family planning device for female.
Delivery	:	The process by which the fetus and the placenta are expelled from the uterus.
Early Pregnancy	:	Pregnancy below eighteen years is called early

pregnancy.

Female Sterilization	:	It is permanent method of family planning for female.
Fertility	:	Fertility means the actual bearing of children, women's child period is roughly from 15-45 years.
Health	:	Health is a state of complete physical, Mental and social well being, not merely the absence of disease or infirmity (WHO, 1948)
Household	:	It is defined as one of the people related to blood or adoption that are lived together and joint kitchen.
IMR	:	It refers to the death of child less than one year
MMR	:	A maternal mortality ratio is defined as the death of a women while pregnant or within 42 days of termination of pregnancy from any caused related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.
Miscarriage	:	Become abortion up to 28 weeks of foetus without any medication.
Pregnancy	:	The condition of having 2 developing embryo or foetus in the body after union of an ovum and sperm. In women, duration of pregnancy is about 280 days.
Reproductive Health	:	It is state of complete Physical, mental and social well being not merely the absence of disease or infirmity, in all matters reputed to the reproductive system and to its functions and process (who)
NSMNH – LTP	:	National Safe Motherhood and Newborn Health- Long Term Plan (2006-2017)

CHAPTER II

REVIEW OF RELATED LITERATURE

“Nepal Fertility Survey (NFS 1971), Nepal contraceptives prevalence survey (NCPS, 1981) and Nepal Fertility and Family Planning Survey (NFFPS, 1991) have shown the increasing percentage of women who know at least one among the various methods of family planning. The % increase was 21.8%, 15.9% and 93.0% in the corresponding years 1976, 1981, 1986 and 1990 respectively. Similarly, the contraceptive prevalence rate of Nepal at present stands at 39.3% while that of Rishidev caste is only 18%”

“The Nepal Family Health Survey (1990) says that 98% of the married women presently know at least one among the various available methods of family planning. Further, it stated that the figure was only 21% in 1976 and 90% in 1996. This increase in manifold % over the years is mainly the result of medial exposures of radio, television, newspapers etc.”

Though various similar studies on family planning and comparative behavior of contraceptives use have been made on other ethnic communities, but a comparative study of contraception among the Rishidev and Mushahar is probably the first of the kind. Reviewing the related literature, we can have a look at other similar studies that have been made.

“There is the highest contraceptive Prevalence rate in Europe (72%) followed by North America (71%), Latin America and Caribbean countries (60%), Asia (59%) and Africa (19%)” (Chaudhary (2005).

“Contraception provides women and men with a means to control the interval of births, which can to a great extent, positively affect the health of their families”. Women who delay bearing children and spacing pregnancies by more than 2 years reduce their chances having their infants die as compared to those who have early and frequent births. This can be possible though the use of contraceptives.

According to UN report made by Robey and Upadhyaya in 1999 about 10 million couples used contraceptives in the world in 1998, UNFPA, in 1999 stated that more than 585000 women in the world die every year due to pregnancy some 10 million unsafe abortion take place in developing countries each year and 10,000 of them die according for 13% of the material deaths.

K.C. (1958), made a study which concluded that the most commonly use of method of family planning in Nepal was female sterilization (41%) followed by male sterilization (7.1%), injectable (6.3%), pills (4.0%) and condoms (3.00) The use of other cotracetives like Norplant, IUCD (Copper-T) and Vaginal methods was very nominal, accounting to less than one percent in total. Similarly the practice of traditional methods of family planning was negligible.

“The contraceptive prevalence Rate (CPR) is one of the main determinants of fertility. The CPR of Nepal was 3% in 1976, 7.6% in 1981, 15.1% in 1986, 25% in 1991, 29% in 1996.” In 2058 B.S. (2001 A.D.), it was 39.3% These show that increase in CPR in Nepal over the years is increasing at a snails pace.”

“The highest CPR among the different ethnic groups is that of New areas (46%), followed by Brahmins (32%), Chhetris (25%), Yadavs (21%), Magars and Tharus (18%), Rais (12%) and Muslims (9%)”.

Against this “Tuladhar in 1989 reports that the CPR for Newars is 19.4, 14.6 for Brahmains, 11.6 for Chhetris, 1.5% for Rishidev, 3.8 for Rais, 2.4 for Tamang and 1.8 for Muslims. He further finds out in 1976 that women prefer to follow easy family planning, which has the least side effects.

“In many developing countries sterilization has been higher than all other methods of family planning. This might largely be due to the motivation or factor of cash payments.”

“Pathak (1996), shows through his study that as compared to urban women, less % of rural women practice sterilization. Moreover in comparision to mountains and hills, more Terrain women prefer sterilization. But more mountain men and hill men undergo

sterilization. Also people have the opinion that they can't work hard after sterilization which tend to lower the % of sterilization in Nepal.”

“Looking relatively at the specific and any one method of family planning ever in use, the % increase in female sterilization is higher than any other method. It increased from almost zero percent in 1976 to about 12% in 1996. Against this, the injectable method increased from 1% in 1986, to only 2% in 1996”.

The education of women greatly affects the use of contraceptives. In 1996, the Ministry of Health (MOH) found out that the use of contraceptives ranged from 14.2% among illiterate women to 39.3% among those with grade six and higher level of education. Nepal Family Planning Health survey (NFPHS) found that the CPR for no-education women was 24% while with school graduates and women with higher education was 42.2% . Similarly, the husband education also accounts a lot for the rate of contraception. The MOH survey in 1987 states that CPR was 12.4% among no education husband to 21.3% among educated husbands.

Similarly, modernization and urbanization affects contraception. “Subedi, in his study (1996) opines that the CPR occurred more than double in urban women (48.2%) than rural ones (23.3%).”

In the same manner, the survey of MOH 1997 opts that the use of contraceptives among the urbanities is double (50.2%) than the rural Folk (26.5%). It further states that the hills had the contraceptive use of 30%, The Terai 29% and mountains only 18% among the women.

“Rahaman et. all in 1992 found out that the contraceptive usage differs also due to religious background. The Hindus have 21% more use of contraceptives than the muslims.”

“The use of contraceptives varies greatly due to the accessibility of these services. The higher the accessibility of these services the higher were the use of contraceptive rate and vice – versa.” “Contraceptives users do very greatly by the sex composition of living children too. It is seemed higher for women who have more sons than daughters where the CPR is 32% followed for those having all sons, 27%. The CPR for those with equal number of sons and daughters is 24% while that of more daughters than sons is 21%. Further, Tuladhar has stated that there is a marked difference among the ethnic groups. Those ethnic groups which are urbanized, better educated, so called higher castes in each group have a higher CPR than those who are less urbanized, less educated and the down trodden castes.”

CHAPTER III

METHODS AND PROCEDURES OF THE STUDY

3.1 Design and method of the study:

The research design of this study was descriptive. The study mainly focused on obtaining information about KAP of TFP service in Rishidev community of Dewanganj VDC, Sunsari, Nepal.

3.2 Population sample and sampling strategy:

The study was carried out in Rishidev community of Dewanganj VDC. Rishidev married women of age-group 15-45 years with KAP of TFP services of Dewanganj VDC ward no. 1 and 3 were the 450 Rishidev total population of the study. The primary data were collected using 60 Respondents Interviews schedule- population records were used as secondary sources of information. All the households with married women of Rishidev community in Dewanganj VDC were included in the study. Simple random method i.e. lottery method were used to include the total 60 married women from Rishidev community.

3.3 Study area/ Field :

The homogenous population of the Rishidev Community 15-45 years married were selected. The household was selected on the basis of census survey method. The only married women who were 15 -45 years of age group were selected from every household and there was known Rishidev population at Dewanganj VDC. There were 60 samples.

3.4 Data collection Tools and techniques:

Following tools and techniques were used for the study :

- a) Interview Schedule : Data were collected by face to face interview schedule manner.
- b) Questionnaire : Data were collected by the help of questionnaire.

First of all went to the study area and observed there problem and asked about TFP then according to problem prepared interview schedule and questioner.

After completion of construction the questionnaire, it was submitted to the Health Education Department. After getting necessary suggestions from the supervisor improved tools were administered as trial testing, among 10 mothers who have in 15-45 years married women,

among the Rishidev community in Kaptangunj VDC of Sunsari District for its objectivity and practicability. By collecting pre- test result, necessary changes and revisions were made before making to them final shape.

3.5 Data Collection Procedure

The researcher while collecting the data took the following steps :

- The researcher consulted the VDC members to obtain information about the married women. The researcher visited the selected members of the VDC for the collection of necessary information.
- The researcher visited VDC, ward secretary and women 3 times necessary information.
- Data were collected in the appropriate time for both party conveniences.
- The questions were asked to the respondents by visiting sample households. Before starting the interview, the researcher introduced himself to the respondents and shared the purpose of the study. After building rapport the researcher will started filling the interview schedule.
- The researcher provided adequate support with respondents during questioning period such as language friendly environment and so on.
- The researcher collected the data by tabulation using interview schedule and questioner.

3.7 Data Analysis and Interpretation procedure:

After collecting (Tabulation) the necessary data from the respondent, the data were analyzed in tables, chart and they were used for processing, analyzing and interpreting the result. Since this is a descriptive study the quantitative information would be interpreted and explained in detail. Possible discussion was added to clarify the collected information from the respondents. Some simple statistics rule. (i.e. number and percentage) were also followed to make presentation more clear.

CHAPTER – IV

ANALYSIS AND INTERPRETATION OF RESULTS

This chapter deals with analysis and interpretation of the data that were collected from field survey. The data were tabulated and kept in sequential order according to the need of the study. Then the data were analyzed with the help of the computer on the basis of percentage and ration. Tasks and figures have been used to make the presentation more clean and meaningful.

4.1 Demographic and Socio- economic Characteristics

The demographic and socio- economic characteristics of the population play a vital role in the life status of the people as well as in the development of the country. The development of a country depends upon its demography, natural resources, and socio-economic status of the people. Food production and qualitative services and population growth creates problems of poverty, housing, migration, education, health, environment and lack of Health awareness, and this leads to high morbidity and mortality. Therefore, public health depends upon the harmonious relationship between the number of people and family planning device practices. It is understood that the question of family planning is virtually concerned with demographic and socio-economic status of the population.

The section of the study present the analysis of age composition of the respondents and their husbands, education status of respondents and their family, occupational status of respondent's and their husbands, production from land and their annual income.

4.1.1 Age Composition of the Respondents

The respondents defined for the study were those women who were married aged 15-49 years, and lived together with their husbands were since knowledge, attitude and practice.

Table – 1**Distribution of Respondents by Age**

Age Group	Number of Respondents	Percentage
15-19 years	12	20.00
20-24 years	22	36.67
25-29 years	12	20.00
30-34 years	5	8.33
35-39 years	5	6.33
40-44 years	4	6.67
Total	60	100

Table 1: shows the distribution of mother age in terms of convenient five years interval ranging from 15 years to 44 years in this study, majority of the respondents (36.67%) belong to the age group of 20-24 years followed by respondents of 25-29 years (20%), 30-34 years (8.33%), 15-19 years (20%), 35-39 years (8.33%) and the remaining 40-44 years (6.67%). This is due to early marriage, which is not good for health of mothers as for as their offspring, is a practice common in rural communities in South Asia.

4.1.2 Educational Status of the Study Population

The educational level of males and females aged 6 years and above of the sample household's population is shown in table 2 of the total population shown in 42.85% had not received formal education, which is less than census 2001 (46.26%).

Table – 2**Distribution of Study Population by Educational Status**

Education	Male	Percentage	Female	Percentage	Total	Percentage (Average)
Illiterate	42	70	68	80.00	110	75.87
Non-formal	6	10	8	9.43	14	9.66
Primary	10	16.67	7	8.24	17	11.73
Secondary	1	1.67	1	1.17	2	1.37
Higher	1	1.67	1	1.17	2	1.37
Total	60	100	85	100	145	100

Table 2 Shows that males are more educated in comparison to their female counterparts. Compared to 16.67% and 1.67% percent of male population had received primary and secondary level of education respectively, only 8.24 and 1.17 percent women had received such level of education respectively. Similarly, compared to male illiterate 70 percent, 80 percent women had not received an formal education 1.67 percent of male had received higher level of education but only 1.17 percent of women had received higher level of education which indicated a gender bias in educational status.

4.1.3 Educational Status of Respondents:-

Education plays great role and prepares required manpower for the development and change in the community as well as for the nation. Educational condition of a community reflects the level of people's awareness and its solution.

Table -3**Distribution of Respondents by Education status**

Education	Number of Respondents	Percent
Illiterate	36	60
Non-formal	10	16.67
Primary	12	2.00
Secondary	1	1.67
Higher	1	1.67
Total	60	100

Table 3 indicates that the educational status of the respondents is very poor, where 60 percent are still illiterate, which appears very high only 1.67 percent of the respondents having higher education and 1.67 percent having secondary education. Besides, 16.67 percent of the respondents can read and write with the help of non-formal education and 20 percent of the respondents have passed primary level.

4.1.4 Occupational Status of Respondents and Their Husbands

Occupation leads human beings towards certain direction and it can make their life comfortable as well as enjoyable. Occupational status plays a vital role for promotion and protection of individuals as well as community health. The occupational distribution of all women aged 15.49 and their husbands are given in table 4. the table reveals that 100 percent of the women's main occupations agriculture (including housewifery).

Table – 4**Distribution of Respondents and Their Husbands by Occupational Status**

Occupation	Husband	Percent	Wife	Percent	Total	Percent
Agriculture	10	16.67	2	3.33	12	10
Business	1	1.67	-	-	1	0.83
Government service	-	-	-	-	-	-
NGO/INGO	-	-	-	-	-	-
Private/wages	49	81.67	58	96.67	107	89.17
Total	60	100	60	100	120	100

The table shows that the most of the male's (81.67%) occupation is private service or daily wages earning where as 16.67 percent and 1.67 percent male's occupation is agriculture and business respectively. In government service and NGO/INGO 0 and 0 percent. In total, 10 percent were engaged in agriculture which is the back bone of Nepalese economy.

4.1.5 Production of Land and Annual Family Income

The main production of the study area is rice, wheat, maize, potato, mustard. All respondents had some land (ranging from some dhur to some bigaha) to cultivate their food. Among them 14 respondents (23.33%) said their production was sufficient for family sustenance for the whole year and 46 respondents (76.67%) said their production was insufficient.

Table: 5
Annual Family Income

Amount (Rs.)	Number of Respondents	Percent
Up to 20 thousand	16	26.67
21 to 30 thousand	20	33.33
31 to 40 thousand	12	20
41 to 50 thousand	8	13.33
More than so thousand	4	6.67
Total	60	100

Table no. 5 shows that 33.33 percent of the respondent's family income lies between 21 to 30 thousand per year. Likewise 20 percent and 13.33 percent of the respondents family income lies between 31 to 40 thousand and 41 to 50 thousand per year respectively, 26.67 percent of the respondents family income lies below 20 thousand per year and 6.67 percent of them more than 50 thousand per year.

4.2 As at Marriage and Family Planning Device Practice

A well established inverse relationship exists between a women's age at marriage and her fertility. In Nepal, religious beliefs and practices exert immense pressure on individuals to marry early and to produce at least one male offspring. As a result, marriage is almost universal. Further more, as most births occur within marital unions, marriage held the exposure of women to the risk of pregnancy and therefore, is important for the overall understanding of fertility.

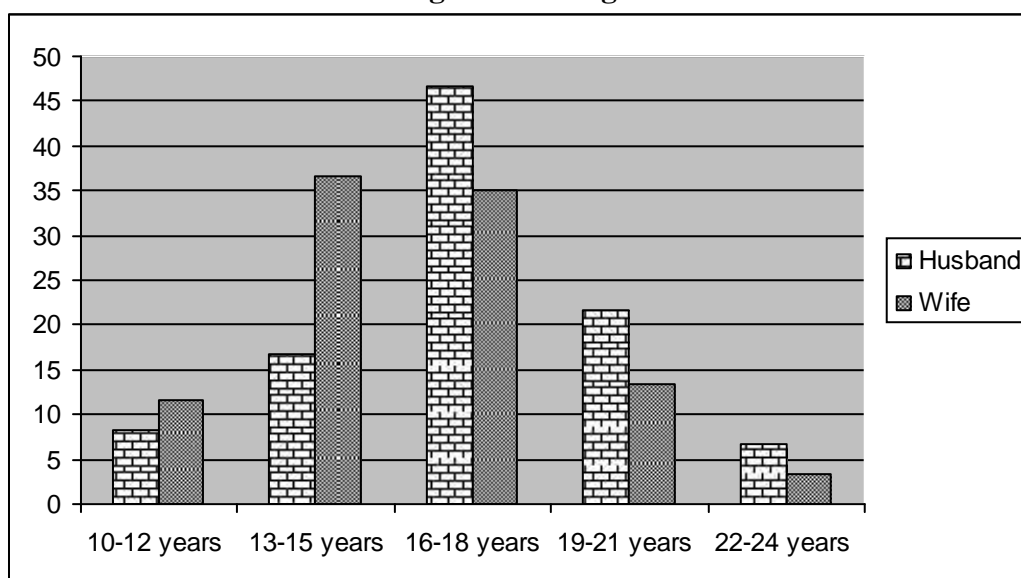
4.2.1 Age at Marriage

Under the existing laws, the minimum age at marriage is 21/18 for boys and girls respectively, with the consent of parents. However, consent is not required if both boy and girl are 21 years or over. It should be noted that marriages take place at an early age in Nepal. This is hazardous for motherhood, their young, and planning their family.

Figure I shows that more respondents (68.33%) had got married between 13-18 years. Among them 13.33 percent, 11.67 percent and 3.33 percent had got married between the age of 19-21 years, 10-12 years and 22-24 years respectively.

The figure also shows that 46.67 percent of husbands of the respondents were married between the ages of 16-18 years, followed by 19-21 years, 21.67 percent, 13.15 years 16.67 percent and 10.12 years and 22.24 years 8.33 percent and 6.67 percent respectively which is low as the average age at marriage for male is 23.6 years and 20.3 years for female. (MOPE 2060 B.S.)

Figure :1
Age at Marriage



It is revealed that early marriage is prevailing in the Rishidev community and mostly females get married earlier than males. This is because of illiteracy as well as lack of awareness about safe motherhood and family planning devices.

4.2.2 Children ever Born

A strong negative relationship exists between the level of women's education and fertility for example, the marital fertility rate among women with some secondary level of education is lower by two children than among women with no education. (NFHS, 1993)

Table – 6

Distribution of Children Ever Born

	Total Birth given	Live	Percent	Died	Percent	Total Percent
Son	48	43	37.07	5	4.31	41.38
Daughter	68	60	51.72	8	6.90	58.62
Total	116	103	88.79	13	11.21	100

Source: Field Survey, 2012

Among the born children of the respondents, life cycle up to the data collection of this study, 37.07 percent son and 51.72 percent daughter are alive but 4.31 percent son and 16.90 percent daughter had died. Besides this, 1 (1.67%) respondent was pregnant during fieldwork of this study. Her gravid number was 2nd.

4.2.3 Access of Mass Media

Information on women's exposure to mass media (Radio and Television) was also collected in this study. Table 7 gives the distribution of respondents access to radio and television.

Table -7
Access of Mass Media

	Radio/TV	Percent	Radio	Percent	TV	Percent	Both	Percent
Yes	40	66.67	18	30	16	26.67	26	43.33
No	20	33.33						
Total	60	100						

Source: Field Survey, 2012

The survey results showed that 66.67 percent households had the facility of mass media where as 33.33 percent had not. Among 66.67 percent, 30 percent respondent had radio only, 26.67 percent respondent had television, only 43.33 percent households had radio and television both.

4.2.4 Source of Information about Family Planning Device (Depo-Provera):

There are various communication media to inform people about Depo-Provera: They are health personal, electronic medias (Audio, visual and audio-visual), printed materials etc. To obtain reliable information about this the respondents were asked question about first information on Depo-Provera. It was found that 100 percent respondents had heard about various methods of family planning devices that a couple can use to delay or prevent pregnancy.

Figure No.: 2
Distribution of Respondents by the source of information of family planning devices.

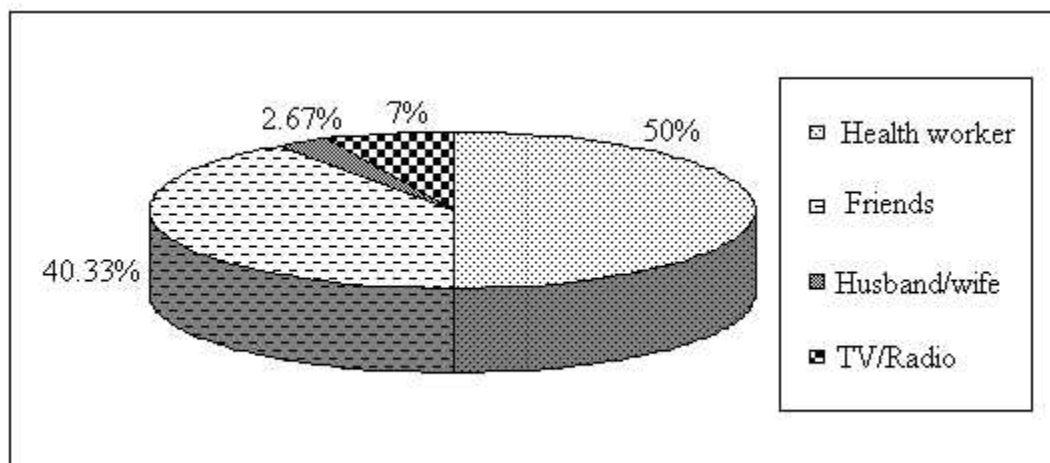


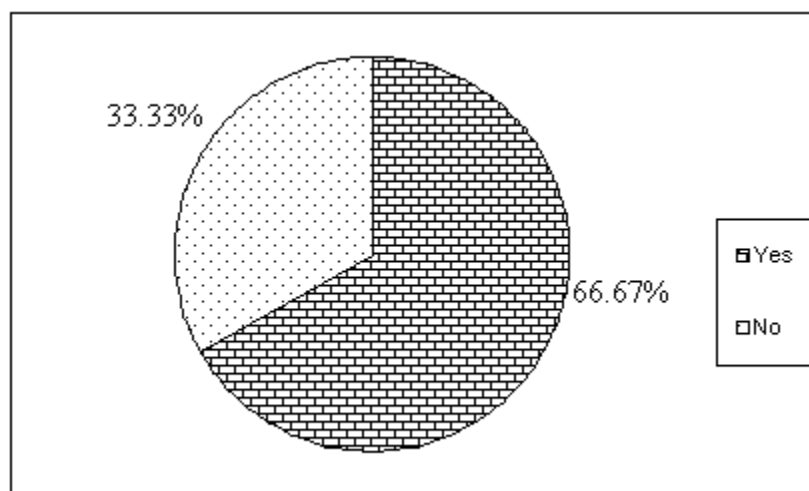
Figure 2 shows that the majority of the respondents (50%) were informed by Health workers and the least (2.67%) respondents were informed by their spouse to each other, 43.33 percent and 7 percent respondents were informed first by television/radio and friend respectively.

4.2.5 Use of Injection Depo-Provera

In order to access the injection Depo- Provera practices each respondents were asked whether they used or not used injection Depo-Provera to delay or prevent pregnancy.

Figure: 3

Distribution of Respondent by Practicing injection Depo-Provera



The figure shows among the respondents 66.67 percent practiced injection Depo-Provera to delay pregnancy and 33.33 percent didn't practice this contraceptive.

4.2.6 Main Reasons for Not Using Depo-Provera

According to the obtained data 33.33 % of the respondents were not using Depo-Provera any time in their life.

Table: 8
Reasons for not using injection Depo-Provera

Reasons	Number of Respondents	Percent
Ignorance	12	60
Fear of side effect	4	20
Uneasiness to use	-	-
Religious belief	-	-
Others	4	20
Total	20	100

Source: Field Survey, 2012

Table 8 shows that 60 percent of the respondents do not use Depo-Provera because of their of ignorance about family planning other stated, 20 percent didn't use because of fear of side effects.

The table indicates that not a single respondent shows uneasiness to use and religious belief as a cause for not using injection Depo-Provera. Likewise 20 percent respondents told that they did not intend to use contraceptives due to several reasons such as sin, getting newly married, not living together with their husbands and pregnancy.

It is disclosed that the majority of the Rishidev mothers had not practiced injection Depo-Provera due to ignorance that indicates the need for launching effective population education programme in the Rishidev community.

4.2.7 Intention to use Depo-Provera in Future

All the respondents who were and weren't using injection at the interview were asked about their intention to use contraceptive in future. The distribution of respondents among users and non-users is presented in table 9.

Table: 9**Intention of Adopt Depo-Provera in Future**

Intention	Respondents	Percent	Among Users	Percent	Among non-user	Percent
Yes	40	66.67	35	100	4	20
No	20	33.33	-	-	16	80
Total	60	100	35	100	20	100

Source: Field Survey, 2012

Table 9 clearly shows that 100 percent of the respondents to using injection Depo-Provera have the willingness to continue it and 20 percent of the respondents who were not using, reported that they intend to use this device in upcoming on the other hand, 80 percent of the non user respondents said that they would not use any contraceptive method in future.

It is revealed that 66.67 percent of the mothers are found were about advantages of injection Depo-Provera and intends to use and give continuity in using in future.

4.2.8 Source and Access of Injection Depo-Provera

While knowledge on source of different contraceptive is measure of 'availability' and distance to this source indicated by time required to travel of the source is measure of 'accessibility', it is well documented that improvement in the availability and accessibility, of family planning methods lead to its increased use (Ross, 1989). At the time of data collection, all the Depo-Provera users were asked to report the source for supply of injection and time to reach the source.

Table – 10**Source and Access of Injection Depo-Provera**

Source of Supply	Respondents	Percent	Travel time to the source
Sub/Health post	30	75	Less than 60 minutes
Private Clinic	10	25	30 minutes
NGO/INGO Volunteers	-	-	-
Total	40	100	-

Source: Field Survey, 2012

The data given in table 10 obviously indicates that the public sector is the predominant source of Depo-Provera. The majority of the respondents 75 percent named Health Post as the main source of Depo-Provera supply where as 25 percent named private clinic as the source of Depo-Provera. It also indicates that nobody named NGOs/INGOs as their source of the devices.

However there is a health post as a governmental health facility, the time required to travel from the respondents home to a health post is less than 60 minutes (One hour). Due to plaine and semi urban area, there are many privates clinics, which require 30 minutes walk to reach and obtain the device. It clearly indicates that contraceptives are easily accessible in the study area.

Among the users of Depo-Provera nobody has a side effect. They don't know how the injection works to delay pregnancy and nobody knows about the hormone that contains in the Depo-Provera. On the other hand, all respondents (66.67%) who practiced Depo-Provera know that if we use Depo-Provera as were free from unwanted pregnancy.

4.3 Contraceptive Knowledge Attitude and Practice

4.3.1 Knowledge of Contraception

4.3.1.1 Introduction:

The principal objective of this chapter is to examine the knowledge, use and attitude towards contraceptive methods. This chapter consists of 10 sections. The first section deals with the respondent's level of knowledge of contraceptives, both spontaneous and probed. The third section deals with the reasons for use and the benefits of contraceptives. The fourth section describes the supply source of contraceptives. The fifth section deals with knowledge source of contraceptives. The sixth section describes about intended preferred methods for future use. The seventh section deals with Non-use of contraceptives and the reasons. The eighth section deals with the side effects of contraceptive. The ninth section deals with the ideal age for first childbirth and the tenth section describes the attitude towards birth spacing.

4.3.1.2 Level of Knowledge

To know about the knowledge of contraceptives, the respondents were first asked to name the methods of contraceptives they knew or had heard about. The answer thus received was recorded as spontaneous response/knowledge of contraceptives as mentioned in the questionnaire. If the respondents recognized the method, it was recorded as probed response/knowledge. The sum of spontaneous knowledge and probed knowledge is the total knowledge of the contraceptive methods of the respondents. Even in the probed response, if the respondents do not tell that they have heard of it, it is recorded as then know.

Level of Knowledge

Grade	Level knowledge of women
A	10
B	12
C	13
D	25

Table No. 11

Distribution of currently married women by knowledge of contraceptive methods

Contraceptive methods	Good Know		Mild good know		Doesn't know	
	N.	Percent	N.	Percent	N.	Percent
Pills	12	20	6	10	42	70
Depo-Provera	10	16.67	15	25	35	88.35
Copper 'T'/IU	1	1.67	12	20	47	78.33
Kamal Chakki	1	1.67	4	6.67	55	31.67
Condom	25	41.67	18	30	17	28.33
Norplant	1	1.67	10	16.67	49	81.67
Breast feeding method	1	1.67	5	8.33	54	90
Withdraw method	1	1.67	2	3.33	57	95
Calendar method	1	1.67	2	3.33	57	95
Any traditional method	-	-	-	-	-	-
Periodic Abstinence method	-	-	-	-	-	-

Table No. 11 shows the distribution of currently married women in 15-49 years of age group in comparison known at least one or other methods of contraceptives out of 60 Rishidev women currently married.

Among the different contraceptive methods, the most known method among the currently married women spontaneously is pills 20 percent followed by Depo-Provera 16.67 percent, Copper T (IUCDs) 1.67 percent, Kamal chakki 1.67 percent, Condom 41.67 percent, Norplant 1.67 percent, Breast feeding 1.67 percent, withdrawal method 1.67 percent. It is seen that more percent of women don't know about different methods of contraceptives. It is also seen that less percent of women are familiar spontaneously with different methods of contraceptives. Also seen in that Pills, Depo-Provera, Condom are more familiar methods while Copper T (IUCDs), Kamal Chakki, Norplant, Breast feeding method, withdrawal method, and calendar methods are the least familiar ones.

20 percent of respondents spontaneously know Pills of the temporary family planning methods 10 percent know by probing and 70 percent do not know any temporary family planning methods of contraceptives.

Similarly, the traditional methods of family planning are very little known by respondents. At the most only around 1.67 percent of the respondents know the traditional method of family planning.

4.3.2 Ever use of Contraceptive Devices

4.3.2.1 Level of Ever-use and Methods of Contraception

Table No. 12
Distribution of Population ever use of Contraceptive Method:

Ever use of Contraception	No of Respondents	Percent
Yes	22	36.67
No	38	63.33
Methods of Contraceptives		
Condoms	16	26.67
Depo-Provera	4	6.67
Norplant	-	-
Pills	2	3.33
Kamal Chakki	-	-
Copper 'T' (IUCDs)	-	-
Natural Methods	-	-
Traditional Methods	-	-

Table no. shows Condom as the most used contraceptives among the women accounting to 36.67 percent. These are followed by Depo-Provera 6.67 percent, Pills 3.33 percent cached the total users. The women in the study area are found not using any other methods of contraceptives. The table shows the level of ever use of contraceptives.

4.3.2.2 Level of Current Use of Contraception:

Table No.: 13
Distribution of Population by current use of contraceptives

current use of Contraception	No of Respondents	Percent
Yes	32	53.33
No	28	46.67
Methods of Contraceptives		
Natural/Herbal	1	1.67
Pills	8	13.33
Condom	17	28.33
Depo-Provera	6	10
Norplant	-	-
Copper 'T' (IUCDs)	-	-

The Respondents women were using Pills 13.33 percent currently, 10 percent Depo-Provera and 1.67% natural/Herbal. The table No. 13 shows the current users of contraceptives.

4.3.2.3 Reasons for use of Contraceptives:

Table No.: 14

Distribution of Population by Reasons for use of Contraceptives

Reason of Contraceptive use	No. of Respondents	Percent
Cheap	6	10
Allowed by Religion	14	23.33
Easy Availability	12	20
Easy to use	18	30
No side effects	10	16.7
Total	60	100

Table No. 14 shows the distribution of population by use of contraceptives. It is seen from the study that 30% of the respondents who said the reason for then use of contraceptives is that, they are easy to use, 23.33 percent said it was allowed by religion, 20 percent said easy availability, 16.76 percent said no side effects and 10 percent said that it is cheap.

4.3.2.4 Benefits of use of contraceptives:

Table No. 15

Distribution of population by benefits of contraceptive use:

Benefits of Contraceptive use	No. of Respondents	Percent
Small family size	22	36.67
Good Health care of Children	16	26.67
Good Health of Mothers	14	23.33
Improvement in economic condition	8	13.33
Total	60	100

Table No. 15 shows the distribution of population by benefits of contraceptive use 36.67 percent Respondents said that the family size were small, 26.67 percent said the good health care of children, 23.33 percent good health of mothers and 13.33 percent improvement of economic condition as benefits of contraceptive use.

4.3.2.5 Sources of Supply of Contraceptives:

Table no.: 16

Distribution of population by sources of supply of contraceptives:

Sources of Supply	No. of Respondents	Percent
Health Post	20	33.33
Health Centre	15	25
Hospital	10	16.67
Mobile Clinic	6	10
Medical Shop	4	6.67
Private Clinic	3	5
Doesn't Know	2	3.33
Total	60	100

Table No. 16 shows the distribution of population by the sources of supply of total 60 respondents 33.33 percent said Health Post as the source of Supply, 25 percent said Health centre, 16.67 percent side Hospital, 10 percent said mobile clinic, 6.67 percent said private clinic as the source of supply of contraceptives and 3.33 percent said that they had no idea of the source of supply of contraceptives.

4.3.2.6 Source of Knowledge (Information) about Contraceptives

Table No. 17

Distribution of currently married respondents by the knowledge (Information) of contraceptives:

Source of knowledge (Information)	No. of Respondents	Percent
Radio/Television	30	50
Newspapers	3	5
Teachers	12	20
Friends	8	13.33
Children	4	6.67
Volunteers	3	5
Total	60	100

Table No. 17 shows the percentage of distribution of currently married female respondents by the knowledge source of contraceptives. It is seen that the respondents have said more than source of knowledge of contraceptives. But most respondents said that radio/television as the main source of knowledge 50 percent. 5 percent said newspaper, 20 percent said teachers 13.33 percent said friends, 6.67 percent said children and 5 percent volunteers as the sources of knowledge of contraceptives.

4.4 Attitude Towards Contraceptives

4.4.1 Intended Preferred Method for Future use of Contraceptives

Table No. 18
Distribution of Population by Intended Preferred Method for Future use of Contraceptives

	No. of Respondents	Percent
Positive intension	36	60
Negative intension	24	40
Depo-Provera	14	23.33
Pills	12	20
Copper 'T' (IUCDs)	-	-
Narplant	-	-
No Idea	34	56.67

Table No. 18 shows that distribution of population by intended preferred methods for future use the study reveal that currently married respondents 60 percent were positive and intend to use contraceptives in the future while 40 percent do not intend.

Similarly, among the different methods of contraceptives and those who intend to use, 14 percent of the preferred to use Depo-Provera, 20 percent pills, and 56.67 percent have no idea.

4.5 Summary:

There is great concern regarding the control of population as a pre-requisite to development of a country. A publication by the National commission on population highlighted the acuteness and serious concern and recommended multiple factors such as political, social, economic, cultural to be also taken into account. It stressed the need to narrow down the gap between government's concern and individuals' perception regarding the population problem.

The study has been carried out to examine awareness and practices of injection Depo-Provera among Rishidev based on primary data Dewangunj VDC of Sunsari

District was selected purposively, from the total married women of 15-49 years, 60 respondents were selected with the help of simple random sampling. The detailed study was limited to married Rishidev women.

Review of many literatures and studies directly and indirectly related to the present study. It was found that the awareness level and practices of injection Depo-Provera is not in due proportion. It is essential to involvement in family planning programs, and for this purpose, special information and training schemes should be organized by concerned organization.

However, the principal objective of this study is to explore the Depo-Provera practices of Rishidev community. To fulfill the objectives of this study some selected socio-demographic variables are taken as main influencing variables on marriage and family planning device practices. This study is descriptive in its nature. The questionnaire was the only tool used for the collection of primary data on the process of collecting information, the respondents were visited door to door. Necessary information was collected from 60 respondent mothers of the Rishidev community.

After collecting the necessary information, the data was tabulated in a master chart and later it was analyzed and interpreted with the help of tables and figures.

4.6 Findings

The major findings of this study are as follows:

- 1) 6.67% of the respondents belonged to 22-24 years. No respondents were found above 44 years.
- 2) More than 60% of the respondents were illiterate.
- 3) The males were found more educated in comparison to the females.
- 4) To respondent's occupation was agriculture (including housewifery) and among their husbands only 0 percent in government service 0 percent in NGOs/INGOs and 0.83 percent were engaged in business.

- 5) All respondents family has land ranging from some dhur to some bigaha as 10 percent said their production was sufficient for family sustenance for a whole year and 15 percent said their production is insufficient.
- 6) 33.33 percent respondents annual family income was in between 21 thousand to 30 thousand rupees.
- 7) Early marriage was found customary in study population and mostly females got earlier married than males.
- 8) It was found that 43.33 percent have the facility of mass media.
- 9) 50 percent respondents were informed by health workers about Depo-Provera.
- 10) Higher proportion 66.67 percent of the respondents were using Depo-Provera and 33.33 percent weren't using it.
- 11) Since nobody said the religious belief as a cause for non-using Depo-Provera and among the non-users the maximum 60 respondents stated ignorance as a cause.
- 12) 66.67 percent of mothers were found aware of the advantages of Depo-Provera and intend to use and give continuity on using it in future.
- 13) The result indicated that the public sector was the predominant source of injection Depo-Provera. It was revealed that almost 75 percent named health post and only 25 percent named private clinics.
- 14) Among the users nobody reported the side effect of Depo-Provera.
- 15) Respondents don't know how the injection works to delay pregnancy.
- 16) Respondents don't know the hormone's name that contains in the Depo-Provera.

All respondents who practiced Depo-Provera were aware that if they stop the Depo-Provera injection, after some period they can be pregnant again.

CHAPTER – V

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusions

Based on findings of the study the following conclusions are drawn:

This study gives a clear portrait of the situation of injection Depo-Provera practices of the Rishidev community of Dewangunj VDC, Sunsari. The population of the study area is backward, since the occupation of all respondents were traditional agriculture (including housewifery) and the majority of the respondents husbands occupation was private daily wage earning.

Marriage at early age is most prevailing in Rishidev community, that is not good from the point of view of health and education about age at marriage must be publicized to eliminate it.

Health workers are the most effective media to spread the information about family planning devices. No respondents mention religious belief as a barrier for not using contraception. This is an affirmative characteristic in the context of family planning.

Overall observation of the study indicates that the injection Depo-Provera practices are still influenced by marriage at early age, low socio-economic status, illiteracy gender bias and traditional beliefs. According to my research most of the married female were aware about the Depo-Provera injection and about 60 percent of the married women practice this activity in daily behaviour.

5.2 Recommendation

5.2.1 Recommendation for Policy Related

- 1) The findings of this study would be helpful for curriculum planned to develop or modify curricula for formed as well as non-formal sectors.

- 2) Special efforts should be made to improve the real family income through income generating activities and further development of shared responsibility for family planning can be expected. This improves the social status of women.

5.2.2 Recommendation for Practice Related

- 1) Health education programs should be conducted for mothers group, traditional healers, community leaders and school teachers.
- 2) The findings of this study might be used to launch new programs in this community.
- 3) The findings of this study might be used as feedback for running MCH/FP programs in the Rishidev as well as other communities living in similar circumstances.
- 4) Motivation programs for men should be launched in the study area to make them accept male contraceptive devices as well.

5.2.3 Recommendation for further research related:

- 1) This type of study should be conducted to find out injection Depo-Provera practices in different parts or across different communities of the country.
- 2) A relative study should be carried out in injection Depo-Provera practices between regional area, geographical areas, social, cultural and religious groups as well as other multidimensional groups or areas.
- 3) The findings of this study might be consulted as a secondary source for further researchers.
- 4) Similar types of study should be conducted to explore the relationship between educational attainment and family planning.

CITATION AND REFERENCING

- Acharya, M. (1981). *The Maithili women of Sirsia*. The status of women in Nepal. Center for economic development and administration, Kathmandu. Vol II, Page13 to 15
- Bista, D.B.(1976). *Population of Nepal*, 3rd edition, Kathmandu Ratna Pustak Bhandar
- CBS (1995). *Population Monograph of Nepal*, Kathmandu: Central Bureau of Statistics
- Cox, T. (1994). *The current socio-economic status of untouchables in Nepal*. occasional paper Vol IV. Kathmandu Central department of sociology/ Anthropology, Tribhuwan University
- Dahal, D.R.(1992). *Determinants fertility of Nepal, population and development in Nepal*. Central department of population studies, Kirtipur.
- Devkota, U.N. (1995). *An overview of health situation in Siraha*, National Health Research Council (NHRC), Kathmandu, Nepal.
- ESCAP (2009). *Population data sheet, published by population division, Economic and social commission for Asia and the Pacific*, Bangkok.
- Gautam, R and A.K. Thapa (1992). *Tribal Ethnography of Nepal* Vol. 1,2 Delhi, book faith India.
- Glimpse of annual report (2001/2008). *Department of health services*, Kathmandu.
- HMG/N (1983). *Nepal family planning Association (FPAN)*, Annual report.
- Karma, U.L. (1993). *An introduction of Rishidev and their role in agricultural economy*. A dissertation for M.A. sociology, Tribhuwan University, Kirtipur.
- Pandey, M.R. (1995). *National Health Research Council Ramshahpath*, Kathmandu, Nepal.
- Chaudhary, M.K. (2005). A study of the contraceptives Behaviors amongst Kochila

Tharu and Heldhelia Tharu in Itahari Municipality Sunsari district. An unpublished master's degree thesis, department of health, Physical and population education, Tribhuwan University, Kritipur.

Gupta A.K.,(2010). *A study knowledge, Attitude and practices of material and child Health service in Sardar community in Kaptangunj VDC*, Sunsari district. An unpublished Master's degree thesis, department of Health, Physical and Population Education, Tribhuwan University, Kritipur.

Chaudhary M.K., *Contraceptive KAP in Tharu Community*, Dang Nepal.

K.C. atal (1997). *Birth, Death and contraception in Nepal*, (Kathmandu, CDPS)

National Planning Commission (2003), *The tenth five year plan (2003-2008)*, Kathmandu.

Ministry of Health (1978). *Nepal fertility survey 1976*, Kathmandu.

Pathak R.S. (1996). *Government family planning programme efforts in Nepal*. An evaluation. Unpublished Ph.D.Thesis submitted to the Australian National university (Canberra: The Australia National)

VDC, Dewangunj, Sunsari Literature (2065)

APPENDIX – I
TIME SCHEDULE

S.No.	Works Items	Time Period
1.	Library Study	2 weeks
2.	Proposal Development	2 weeks
3.	Construction and Pre-test of questionnaire	2 weeks
4.	Data collection	1 week
5.	Data coding organizing	1 week
6.	Data Analysis	2 weeks
7.	Report Writing	2 weeks

Codes

Relation of Head Household	Education	Marital Status	Occupation
Head of Household-1	Illiterate -1	Single -1	Agriculture -1
Husband/Wife-2	Primary -2	Married -2	Service -2
Son/Daughter-3	Lower Sec. Edu-3	Divorced -3	Business -3
Nephew/Niece-4	Secondary Edu -4	Widow -4	Housewife -4
Brother/Sister-5	Higher Edu. – 5	Separated -5	Daily wage -4
Father/Mother-6	Formal/ Non formal Edu -6	Others -6	Students -6
Grand Father/Grand Mother -7			Labour in Foreign -7

Section 'C'**Economic Background**

1. Do you have own land?
 - a) Yes
 - b) No
2. If yes, how much land?
 - a) Less than 1 katha
 - b) 1 – 4 Katha
 - c) 5 – 10 Katha
 - d) More than 10 Katha
3. What is your main source of Income?
 - a) Daily Wage
 - b) Agriculture
 - c) Service
 - d) Labour in Foreign
4. What is the approximately monthly Income of your family?
 - a) 3,000 - 10,000
 - b) 11,000 – 20,000
 - c) 21,000 – 30,000
 - d) More than 30,000
5. What is your main expenditure of your Annual Income?
 - a) Food
 - b) Cloth
 - c) Medicine
 - d) Other
6. What type of house do you have?
 - a) Pakki
 - b) Katchi
 - c) Pakki/Katchi
7. How many rooms are there in your house?
 - a) 1 room
 - b) 2 room
 - c) 3 room
 - d) 4 rooms/ more than room
8. Does your household have ?
 - a) Television
 - b) Telephone
 - c) Electricity
 - d) Radio
9. What is the roof of your house made up?
 - a) Tin
 - b) Straw/ Dry grass
 - c) Tile
 - d) Concrete
10. Do you have Toilet Facility in your house?
 - a) Yes
 - b) No
11. What is main source of drinking water in your household?
 - a) Tubewell
 - b) Kuwa/ Inar
 - b) Tap/ piped water
 - d) Others

Section 'D'

Respondents Background

12. How old are you now?
Year
13. Age at Marriage?
a) 15- 18 b) 19-22 c) 23-25 d) 26 +
14. Can you read and Write?
a) Yes b) No
15. Do you have any children?
If yes, how many children do you have?
a) Yes b) No
 Son Daughter
16. Who is the head of your household?
a) Husband b) Grand Father
c) Grand Mother d) Yourself
17. Are you Pregnant Now?
a) Yes b) No
18. Have you ever heard of any TFP Methods?
a) Yes b) No.
19. Where do you check up ANC?
a) Health Post b) Hospital
c) Private Clinic d) ORC- Clinic
20. What do you done during the problem?
a) Domestic Treatment b) Check up by Health worker/Doctor
c) Check up by Quack d) Dhami
21. Have you know TFP Methods?
a) Yes b) No
22. Which type/types of TFP Method use?
a) Condom b) pills c) Depo-Provera Injection
d) Norplant e) IUCD/ Cupper 'T' f) Kamal Chakki
23. What is your first knowledge source of TFP Method?
a) Radio/ Television b) Newspaper c) Teacher
c) Health worker e) Friends f) Health Volunteer

24. Do you know the supply source of the TFP?
a) Yes b) No
If yes, What are they?
- a) Health Post b) Sub Health Post
c) ORC Clinic d) Health Centre
25. Have you or husband ever used any TFP Method?
a) Yes b) No
If Yes, which method?
- a) Condom b) Depo-Provera Injection c) Pills
d) Norplant e) IUCD f) Kamal Chaki
26. How old were you when you first used TFP?
..... years
27. Are you or your husband currently using any family planning method?
a) Yes b) No
28. How many children do you have if you are using family planning method?
a) One b) Two
c) Three d) Four
29. What are the main advantages of TFP use?
a) Make smaller b) Better Health care of children
c) Better care of Mother d) Better economic condition.
30. Do you become pregnant while in use of TFP?
a) Yes b) No.
31. Have you experienced any side effects in your body due to use of the TFP?
a) Yes b) No.
If yes, What type of side effects have your experienced?
- a) Stomach/ Abd. Pain b) Irregularly in Mc
c) Excessive bleeding d) Headache
e) weight gain/ wt. loss f) others
32. Do you intend to use any TFP methods to prevent pregnancies in the future?
a) Yes b) No
33. In your opinion, what is the ideal age of first childbirth?
a) 15-19 yrs b) 20-24 yrs c) 25-29 yrs

34. How many years of difference should be there between two pregnancies for the good health of mother and children?
- a) 2 years
 - b) 3 years
 - c) 4 years
 - d) 5 years
35. You are not using contraceptives now, What are the reasons?
- a) Hope of Sons birth
 - b) Hope of Daughter's Birth
 - c) Force of family
 - d) Presence of side effects
36. Do you go to hospital during problem?
- a) Yes
 - b) No
37. If no why do not go hospital?
- a) Have no vehicle
 - b) Have no money
 - c) Hospital is very far
 - d) Others
38. Where do you have last delivery?
- a) Home
 - b) Gotha
 - c) Hospital
 - d) Others
39. Do you know about Immunization?
- a) Yes
 - b) No
40. Where do you go for Treatment?
- a) Hospital/HP
 - b) Medical
 - c) Quack
 - d) Dhami

Section 'E'**Health Facility Background**

41. Which is the nearest health institute from your house?
a) Health Post b) Private Clinic
c) Hospital d) India
42. How much time to reach the health institution?
a) 20 minutes b) 30 minutes
c) 45 minutes d) more than 45 minutes
43. During 3 months any member of your family has suffered from sickness?
a) Yes b) No
44. If no come to health institution, then why?
a) Not good checkup b) Not give medicine
b) To demand the money d) Not done good behave
45. If you go to health post which person checkup to your patient?
a) Female Doctor b) Male Doctor
c) FCHV d) Peon
46. How do you think about the behave of Doctor?
a) Good b) Bad
c) Normal d) very good
47. Do you have found medicine there?
a) Yes b) No c) Insufficient
48. Do you have material problem?
a) Yes b) No
49. If yes, what do you do?
a) Domestic Treatment b) checkup by Health worker
c) Dhama d) Quack
50. Which type of Health institution is located in your VDC?
a) Health post (HP) b) Sub Health post (SHP)
c) Primary Health care centre (PHC) d) Hospital