

## CHAPTER-I INTRODUCTION

### 1.1 Background of the Study

Our country Nepal is one of the most beautiful countries in the world. It is located between 80° 04' to 88° 12' east longitudes and 26° 22' to 26° 22' 30° 27' north latitudes. Nepal is bordered with people's republic of China in the north and republic of India in the east, south and west. The total land area of the country is 1,47,181 square kilometers which is 0.03 percent of the total land of the world.

Nepal is divided into three ecological/ geographical regions namely Mountain, Hilly and Terai. Politically it is divided into different divisions and sub divisions such as 5 development regions, 14 zones, 75 districts, 240 electoral areas and 9 Illakas of each district. Further, village development committees (VDCs) and municipalities are the lower administrative units in a district.

However, Nepal never came under claws of prolonged war in the history. But also, it is feeling some non-tolerable pains according to the point of view of health such as malnutrition, high maternity and child mortality rate, illiteracy, poverty, racial isolation, over population growth and its several adverse consequences as crowd, deforestation, environmental pollution, unsafe drinking water and prevalence of communicable diseases et-cetera.

In fact, "Health is Wealth" and everybody always wants to be a healthy person and do the different activities for their survival as health is great wealth for each and every human being. Furthermore, Health is depending on people's activities as well as environmental phenomenon of the person. In fact, Nepal is a naturally beautiful country of Asian continent. It has 5 development regions with 14 zones and 75 districts.

In Nepal, according to CBS report 2001, there are 207 different types of hospital including government, private and community. Similarly, 180 PHCs (Primary Health care centers), 711 Health posts, 3176 sub - health posts are providing health service towards Nepalese people. Moreover, 293 Ayurvedic hospitals are also providing health service in Nepal.

Additionally, according to census 2011 A.D. there is 24.3 per thousand crude birth rate and 8.3 per thousand crude death rates. It has shown the condition of rapid population growth in Nepal. Rapid population growth has been a burning problem for

Nepal because population of Nepal is increasing quickly whereas, the average annual growth rate is 1.3s (CBS, 2011 A.D.) and average decade growth rate is 14.44. After 51.9 years the population of Nepal will be doubled but remarkable declination is also being presented than previous census's data.

On the other hand, Nepal is suffering from different diseases and it is facing unemployment problem, too. According to report of NLSS, 2009/10, 2.2 percent people are caught by unemployment whereas 64.1 percent independent populations are involved in other occupations. Correspondingly, the average age of getting marriage was 22.9 years for male and 19.5 for female according to CBS report 2001. According to census 2011 Nepal has 65.9 percent literacy rate. Still, 34.1 percent people are illiterate in Nepal.

In this regard, due to lack of education, poor economic condition, socio-cultural factor, ignorance regarding health practices, lack of awareness about family planning devices, high child mortality rate and other various causes like preference to son, superstition and socio cultural norm and value the population of Nepal is increasing in skyrocketing way. According to census 2011 the population of Nepal is 2,64, 94,502 which shows rapid growth population directly.

Finally, in our society people are suffered from different diseases and they are not getting even basic health service properly. Likewise, due to lack of education and being unaware about family planning devices they are giving more children and creating problem even for culture. So that, in this condition we should encourage people to use the contraceptive device properly. In Nepal in 1993 oral contraceptive was launched and re-launched as helicon white in June 1997. Similarly, injectable contraceptive was introduced in Nepal on September 25, 1994 by a nonprofit marketing company (CRS company) but nowadays also the half of the population is not using these devices effectively. That's why the increasing trait of hormonal contraceptive device in what way is going on will be known from study and will help to get the knowledge and practice of Tharu married woman as well. The study is reference to Pakali VDC, Sunsari district on knowledge and practice of Hormonal contraception in Tharu woman. Of course, Sunsari is the growing district which lies in eastern part of Nepal in Koshi zone where Baklauri is situated in the north, Ekamba in south, Hasposa in east and Vadgaun in the west of Pakali VDC where different casts live as a brothers and sisters. The Tharu families are indispensable part of this village

because a lot of families are from this cast. Actually, to find out the real data and fact related to hormonal contraceptive device this place is crucial and will remain as well.

## **1.2 Statement of the Problem**

According to us census Bureau world population is 7 billion in 2012 A.D. where as it was 0.25 billion in 1st AD From the down of human history until the beginning of the 1800s, population increased slowly. After that the population is growing very fast day in day out. Population growth is jeopardy. Although development in the field of medical science, widespread health education and other factors have helped to reduce the population growth rate, The most reliable example is in our eyes suppose, Nepal has over population growth rate because in 1911 the population was 5, 638,749 now according to census 2011 the population of Nepal is 26,494, 504 in this way, the population of Nepal is increasing day by day.

Moreover, the female population is high than male population where the family planning may the key of control of rapid population growth the period of human being traditionally, people used to use honey and different herbs in their vagina to control as increasing rapidly and bringing the several contraception knowledge and information only 48 percent people are using family planning device (National planning commission 2068) properly. That's why in Nepal now days also people has no knowledge about family planning devices properly. They think if they use family planning devices they think it will harm them. Due to lack of knowledge about devices they cannot believe on it. Similarly they have their own culture and norm so; they do all activities according to their background.

In this burning situation of rapid population growth in various place of Nepal even these days people are not us using also family planning devices. As a result they are giving a birth of more than 4/5 offspring. UNFPA, 2011 AD shows that per day 360 thousands offspring come in this new world where as Nepal has also high rate of birth. The total fertility rate is 2.6 (Nepal Demography and Health survey 2011) in Nepal.

Hence, in Pakali VDC, all people are from ethnic group and are not getting the knowledge and information of family planning devices so, they are producing more off spring and supporting for rapid population are there but no study has been done there even now a day's too. Therefore, for the finding of actual knowledge of hormonal contraception and behaviour this study is selected there. Thus the present

problem is stated as "Knowledge and practice of hormonal contraception in Tharu woman at Pakali VDC, Sunsari Nepal.

### **1.3 Objectives of the Study**

General objectives of this study were to find out the knowledge and practice of hormonal contraceptive family planning devices of Pakali VDC. However, specific objectives of the study are given below.

- a. To identify the socio- economic factors that determine the use of family planning devices in the community
- b. To identify the knowledge and practice of hormonal family planning devices
- c. To find out the failure rate of hormonal family planning device
- d. To assess the practice of hormonal contraceptive device adopted by the Tharu woman.

### **1.4 Significance of the Study**

In this contemporary society, the population growth of the world is increasing in a skyrocketing way. Thus, Nepal is also facing problems due to over population. To control over population of the country, the citizen of the country should be educated and aware about family planning devices properly. Of course, family planning devices play a vital role to control over rate of population growth and to balance the population of the country.

The study mainly focuses the knowledge and practice about hormonal contraception of Pakali VDC, of Sunsari district. The significance of the study is given below.

- a. The study would be helpful for the local people develop awareness towards hormonal devices and formulating good practices and system.
- b. The study would be useful for community government and NGO's support management and practice of hormonal contraceptive devices.
- c. The study would be fruitful for other researcher student and education in future study on hormonal contraceptive devices.

### **1.5 Delimitation of the Study**

The delimitations of this study have been presented below.

- a. The study was delimited in Pakali VDC-8.

- b. Married couples (15-49) only were the main respondents of the house (Specially married women).
- c. The study was concerned about knowledge and adopted practice of hormonal contraceptive devices. Only 50% households were selected on the basis of simple random sampling method.

### 1.6 Operational Definitions of the key terms.

**Attitude:** way of feeling or thinking about hormonal contraceptive.

**Awareness:** make consciousness of well informed about hormonal contraceptive and its side effects.

**Depo-Provera:** According to [WWW.mayoclinic.org](http://WWW.mayoclinic.org) "Depo-Provera is a well known brand name for medroxyprogesterone, a contraceptive injection for women that contains the hormone progestin".

**Pill:** According to Advanced Learner's Dictionary "A Pill that some women take to prevent hem becoming pregnant".

**Norplant** According to Wikipedia "Norplant is a type of contraceptive implant for birth control".

**Practice:** Daily or ritual action in relation to hormonal contraceptive or way of using hormonal contraceptive device.

**Health:** According to WHO "Health is a state of physical, mental and social well being and not merely absence of disease of infirmity".

**Tharu:** Tharu, the fourth major population (6.5percent) in Nepal, is a kind of ethnic group in Nepal mainly in habitant of the Terai region also called "Dharti putra" of Terai.

**Family Planning:** The Expert committee (1971) of the WHO defined family planning "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decision by individual and couple, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a country."Park ,IE and k Park,1991.

## **CHAPTER- II**

### **REVIEW OF RELATED LITERATURE**

Review of related literature is important part of research because it provides finding of previous research and broad knowledge about the related study. Some related materials like books, thesis, study report national and international publication, journal, magazines, newspaper and websites were retrieved some related literatures are presented below:

#### **2.1 Review of Theoretical Literature**

Contraceptive tools prevent the meeting of ovum and sperm for the fertilization. Actually, the use of contraceptive devices does not give the chance to meet the discharge of sperm of male into ovum of female. This situation eliminates the chance of fertilization.

Contraceptive device can be classified into two groups. They are natural and artificial devices. In natural contraceptive device, the safe and unsafe period of monthly cycle is detected and sexual intercourse is committed on such safe period only. A woman releases 300-400 ova throughout her fertilization period. It begins from 14-15 years of age to 49 years. In general, ovum is released each month alternatively from each side of ovary. The sperm is deposited in the fallopian tube after the sexual intercourse which can survive only 5-7 days but its capacity to fertilize ovum remains for 3 days only. If the ovum is present in the fallopian tube, there is a chance of fertilization with sperm. If ovum is not present in the fallopian tube, fertilization period is 10 to 19 days of menstruation. Before and after 10 to 19 days of menstruation is safe period. The sexual intercourse committed during the time period when there is no ovum cannot make conception. To follow the safe period to do sexual intercourse is known as natural contraceptive device. It includes calendar method, withdrawal method and cervical mucus method.

Artificial contraceptive devices mean to use artificial tools or devices to stop the fusing process of ovum and sperm. It includes temporary and permanent devices. Condom is temporary device for male and pills. Norplant, Depo-Provera etc are temporary devices for female. Likewise, Minilap and laparoscopy are permanent devices for female and vasectomy is for male.

Indeed, Pills, Depo-Provera, Norplant etc. are used by female. Depo-provera is in injection given to the women every three months in order to prevent pregnancy. Luella was a drug similar to Depo-provera and injected once a month. However, a short year after the FDA approved its use in 2000, Lunelle was recalled by its manufacturer (Pharmacia), and it is no longer available.

One way depo-provera works is by reducing a woman's chances of ovulating. However, since it changes the lining of the uterus, it also can cause early abortions when breakthrough ovulation occurs. With perfect use the effectiveness of the shot in preventing pregnancy is very high about 99 percent. But with typical use of 3 percent of women become pregnant each year.

Few drugs have a more controversial history than depo-provera. In the 1950s a scientist for the pharmaceutical company Upjohn was experimenting with the hormone progesterone, and he created depomedroxyprogesterone acetate (depo-provera). By 1960 the company received FDA approval for the drug as a treatment for endometriosis and Habitual miscarriages. However, ten years later the FDA revoked this approval because there was no evidence that the drug worked. Instead it seemed to cause heart defects in babies.

But while the drug was being tested on women in Brazil, researchers discovered that it was also able to prevent pregnancy. As a result of finding, Upjohn decided to seek approval for the drug as a contraceptive. Studies began on rats, and results looked promising. FDA granted the drug Investigative Drug Status. This means that it appeared safe based upon previous animal studies, and so research could continue on other animals and humans. despite the fact that the drug was still in the early testing phase, doctors from Jamaica to Los Angeles were already prescribing it to women as the newest contraceptive. Hatcher, et al., contraceptive technology nineteenth Revised Edition.

In 1914-1921 Activist Margaret Sanger coined the term "birth control". opens first birth control clinic in Brownsville, Brooklyn and Starts the American Birth control league the precursor to planned parenthood. in 1934

## **2.2 Empirical Literature Review**

The first and most effective study done in the field of family planning was "Nepal fertility survey 1976". It provided valuable data on fertility of Nepal and related aspects as knowledge, attitude practice of family planning, breastfeeding and family

size preferences its immediate object was to provide data to evaluate the progress of National family planning program in terms of the level of knowledge and actual practice of contraception.

Nepal Contraceptives prevalence survey report for dang District mentions that knowledge of specific method in Dang is not too different from the country as a whole. Female sterilization recognized by 46 percent is the most familiar method followed by male sterilization 31 percent and the oral contraceptive pill 25 percent. Only 15 percent recognized the condom. Among ethnic groups, only 2 percent of Tharu women were using contraceptive methods.

Learning about the contraceptive methods from health worker was the most popular channel of communication in Dang and national surveys. The study shown that 73 percent of married women preferred health worker, 12 percent preferred group meeting. The population size and Its change is most significant parameter of government expenditure regulating expenditure in the end.

Nepal fertility family planning Health survey (1991) conducted by Ministry of health FP/MCH Division and NTV joint venture examined the knowledge attitude and practices about contraceptive devices. Their sources of supply include reasons for nonuse. An over whelming majority of the currently married women (93 percent) reported knowledge of at least one family planning method. Almost all of the women who reported such knowledge knew of a modern method. This reflects a tremendous improvement since 1986 when the level of knowledge reported to be 56 percent; likewise, 74 percent of all women knew the source of at last one modern contraceptive, which is equivalent to 80 percent when taken as a proportion of those women who knew of at least one modern method of family planning. Among those women who reported to have been aware of the different temporary methods about one third of them said that they did not know the sources where to get these methods. This raises questions regarding the 'quality' or 'depth' of the knowledge of family planning as presently measured. Overall permanence , methods which include both male and female sterilization , were the most commonly known contraceptives as indicated by the overall level of knowledge (over 80 percent) as well as the proportions citing them spontaneously over (40 percent) . It is interesting to note that though sterilization/ voluntary surgical contraception are not widely available in term the number of outlets , relatively higher proportion of women reported knowing the source of those methods(over 60 percent) as compared to the other temporary



contraceptives: An excellent contraceptive for those who continue to use it! Primary care update for ob/ gyns 5:4 (july 1,1998) 172.

DOHS 2065/66 shows that among the temporary contraceptives an oral pill was the most commonly known method (66 percent) followed by injectable. Overall 24 percent of all currently married women reported being aware of IUD and only 15 percent knew where to obtain them understandably very few women know the diaphragm foam of jelly which is not a part of the government family planning program. A noticeable general pattern is that compared to the permanent method the temporary contraceptives were less known and required a higher degree of prompting and their sources were less clearly perceived women who revealed that they did not intend to use contraceptives at any time in the future were further asked the reason for their disinclination to use contraceptives thirty eight percent of women said that they did not intend to use contraception since they wanted children. This reason was more pronounced for women ageless than thirty years of age as 7 out of 10 women (69 percent) said that they did not intend to use because they want more children as compared to only 17 percent for women aged more than thirty years. The other major reason for menopausal or had undergone hysterectomy and women who had difficulty in becoming pregnant (11 percent) in all the three reasons for non use majority of women were 30 years of age or above surprisingly few (less than 1 percent) said that the contraceptives were hard to obtain.

Chettri, m et al paper presents findings based on a five year, 'non comparative study of Norplant contraceptive' to evaluate the contraceptive safety, efficacy and overall acceptability of Norplant. Four hundred and seven (407) women enrolled in the clinical trial which began in 1985, at two study sites, located in Patan and Kathmandu. Follow up visits were scheduled at 1.3 and 6 months after until removal or at the end of five years. Although five pregnancies were reported during the study, only two women were diagnosed as becoming pregnant while using Norplant. The pooled cumulative continuation rate was 62 per 100 women at the end of five years. The most frequently reported, personal reasons and medical reasons of the 125 women who completed a five year user satisfaction questionnaire, the majority of the woman (86%) planned to continue using contraception after study completion of these women, almost one half said they planned to use a second Norplant system is a safe, effective and acceptable method of contraception among Nepalese women.

Tuladhar H. Marahatta R. Nepal medical college j(2008) shows a cross sectional descriptive study of awareness and practice of family planning methods among 200 women of reproductive age attending gynecology outpatient department(GOPD) of Nepal medical college teaching hospital from 14th may 2008 to 14th july, 2008 was carried out most of the respondents (90.0 percent) were aware of at least one of family planning methods out often methods but only 65.0% had ever used it and contraceptive prevalence rate was 33.5 percent which was slightly higher than the national data as 28.5 percent . The best known method of temporary contraceptive device was Depo-Provera (78.0 percent) followed by oral contraceptive pills (74.0 percent) and condom (70.0 percent) and least know method were vaginal foam tablets/jelly (34.0 percent) and natural method (16.0 percent) among permanent family planning methods. Awareness about female sterilization (80.0%) was more than male sterilization (77.0 percent) which in accordance with studies did in other countries. Regarding current use of contraception dipo provera (11.0 percent) was the most widely used followed by oral contraceptive pills (4.5 percent) and condom(4.5 percent).

### **2.3 Implications of the Review for the Study**

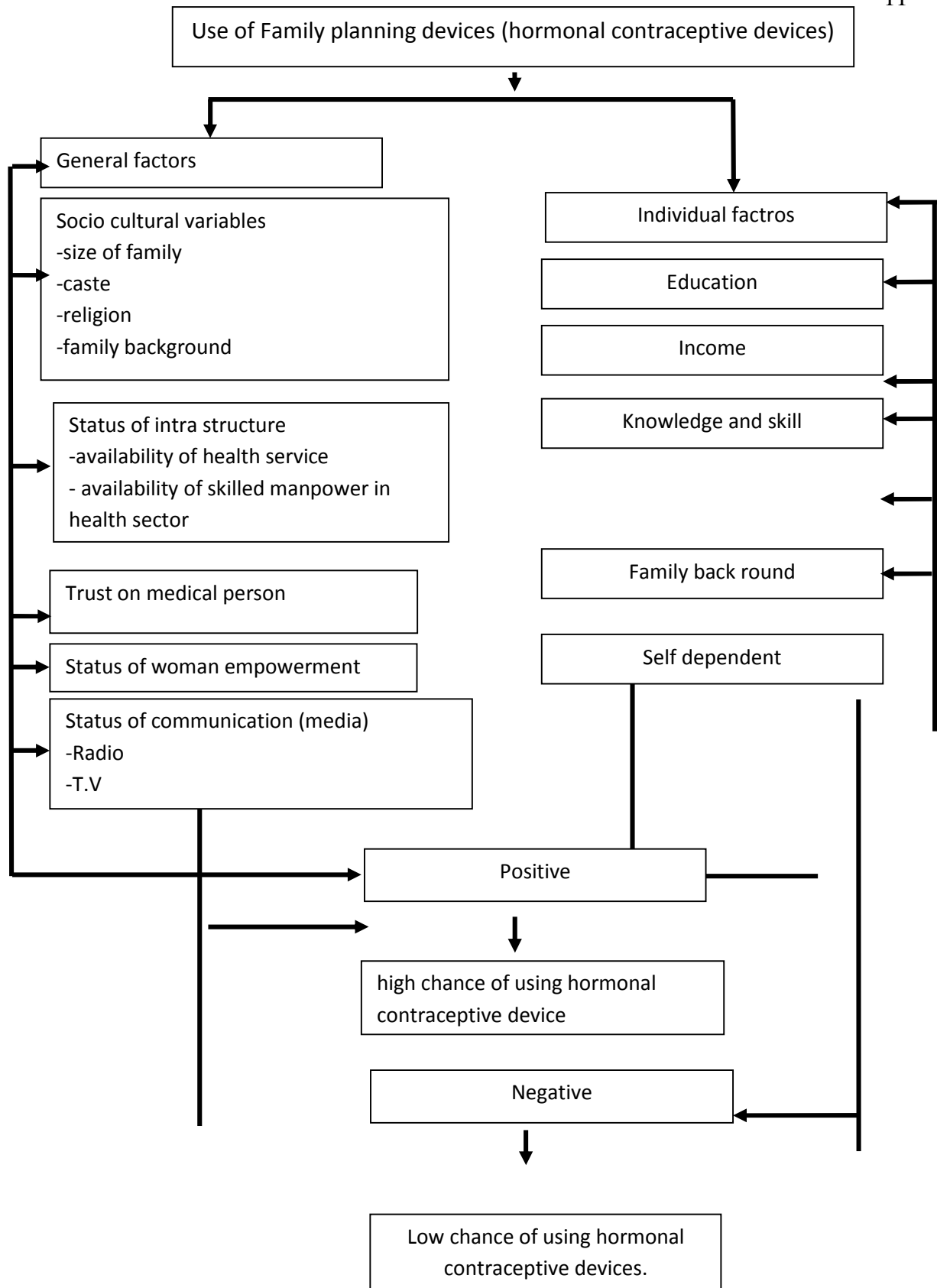
With the help of review of different literature, I found population growth rate is the main problem of Nepal. For solving the problems created by overpopulation, use of artificial contraceptive devices is inevitably important.

The above literature review helped me in the following ways:

- a. To select the topic of the study.
- b. To identify the related field for the study.
- c. To obtain additional knowledge about research methods.
- d. To compare the old findings for the study with the present one.
- e. To give reference to the future studies related to the topic.

### **2.4 Conceptual Framework**

To improve the knowledge and practice of hormonal contraceptive devices among the communities people different variables play vital role. These variables are fully or partial responsible to the positive and negative practice of person. Some variables are given below.



If these variables played positive role, people's knowledge and practice of hormonal contraceptive device found to be good otherwise the practice and attitude of people would be negative due to presence of negative role of above variable as well.

## **CHAPTER III**

### **METHODS AND PROCEDURES OF THE STUDY**

A way of doing something, especially a systematic way; implies an orderly logical arrangement is called method where the procedure refers to a particular course of action intended to achieve a result. The following methods and procedures were used in this study.

#### **3.1 Design of the Study**

This study was based on descriptive nature and quantitative research design.

#### **3.2 Population, Sample and Sampling Strategy**

Pakali VDC ward no. 8, sunsari was the area of the study. Total population of ward no. 8 had 1313 including 711 male and 602 female. The ward no. 8 was selected from Pakali VDC as the study site. There were 200 houses in ward no. 8. Out of them, only 50 percent houses were selected on the basis of simple random sampling procedures which held 100 houses where 100 married couples were selected as a respondent over there.

#### **3.3 Study Area and Field**

Pakali VDC ward no.8 was selected as the main study area which is situated in the eastern part of Nepal in Sunsari district in koshi zone. Most of the people in this area have low income source with less opportunity to the higher education and low employment rate. Similarly, people in this area fall under the poor economic background and marginalized group. Likewise, more than 50 percent of the people are uneducated.

#### **3.4 Data Collection Tools and Techniques**

Data was collected by using the questionnaire and the questions contained some close and open type questions. The validation of tools was done by the expert judgment and taking the pretest. For the pretest five respondents were taken as a respondents and interview also was taken with them by the help of questionnaire. The tools were revised according to result. As a primary source of data the married couple of pakali

VDC were selected and as a secondary data, VDC profile and different health records were taken in the study.

### **3.5 Data Collection Procedures**

At first, the researcher visited the research area and informed about the purpose of visit towards the VDC. After getting permission by the representative the researcher visited to the respondents' house and took the data by the help of married couple from the sample area. The data was collected by the researcher using questionnaire, interview schedule and filled up this by asking with the respondents.

### **3.6 Data Analysis and Interpretation**

After collecting the data the whole information of data was checked to present error and tabulated manually under different headings and sub-headings. Then it was converted in suitable table and data was analyzed with the help of table and bar diagram as well. Finally, the summary and conclusion were drawn and required recommendations were stated.

## 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 study. Then the data was analyzed on the need of basis of percentage and ratio Tables and figures have been used to make the presentation more clear and meaningful.

#### 4.1 Demographic and Socio-Economic Characteristic

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 play the vital role in the life of human being Rapid population growth creates different problems of poverty, housing, migration education, health etc. Due to that high morbidity and mortality may increased day by day. Therefore, public health depends upon the harmonious relationship between the number of people and family planning device practices. It is understood that the questions of family planning is virtually concerned with demographic and socio-economic status of the population.

The section of the study presents the total population of respondents houses according to sex, educational status of respondents, occupational status of respondents and their husbands, monthly income of saving of respondents, type of family of respondent, period of depending upon agriculture and time of taking to go health service centre sequentially below:-

##### 4.1.1. Distribution of population According to Sex

Sex plays an important role in population composition. Here, population composition of respondents' house is shown in the table no. 1.

**Table no.1: Total Population of Respondents House According To Sex**

S.N	Sex	Number	Percent
1	Male	295	46.09
2	Female	345	53.90
<b>3</b>	<b>Total</b>	<b>640</b>	<b>100</b>

Above, on the table no. 1 the population of the area was 100 houses where 295 were males and 345 were females. It covers 46.09 percent male and 53.90 female.

#### 4.1.2. Educational Status of Respondents

Education is the third eyes of people. It avoids the darkness of people and improves the living standard of people. Educated people can make the society advanced. Actually it is a fundamental factor for all round development of an individual and community. It develops capable manpower, productive manpower as well as modifies the people's bad attitude in to good. It is said that it is the backbone of country and vital part of infrastructure of the nation. In this study the researcher tried to find the educational status of the respond. Educational status of respondents of the study has been presented below in the table no. 2.

**Table no. 2: Educational Status of Respondents and Use of Hormonal Contraceptive Device**

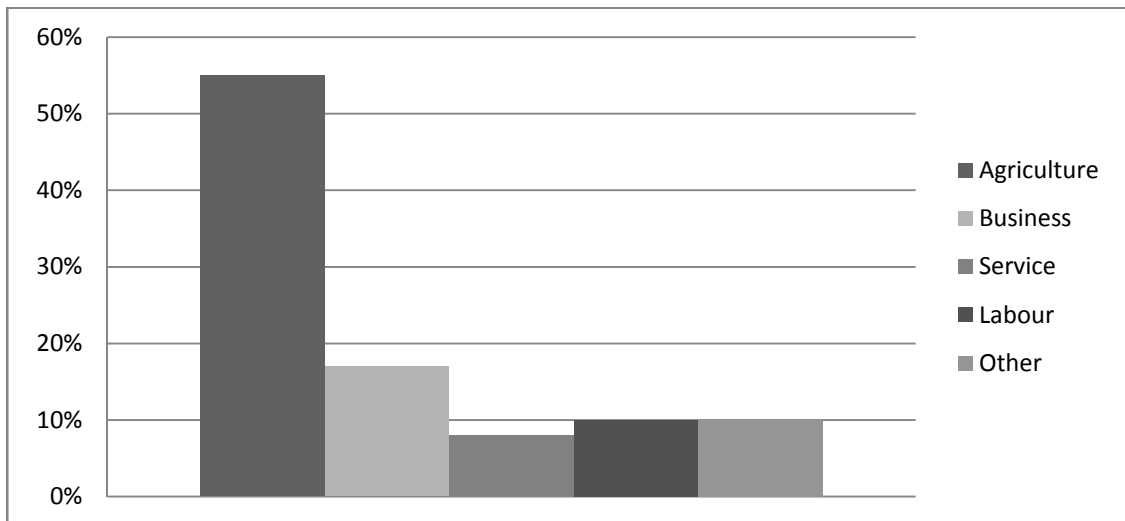
S.N	Educational Status	Number	Percent	No. of Hormonal contraceptive using respondents	Percent
1	Pre Primary	15	30.6	3	20
2	Primary	10	20.40	2	20
3	Lower Secondary	10	20.40	9	90
4	Secondary	7	14.28	5	71.42
5	+2	6	12.24	5	83.33
6	Above	1	2.04	-	-
7	Illiterate	51		12	23.52
8	<b>Total</b>	<b>100</b>	<b>100</b>	<b>36</b>	

The Table no. 2 shows that only 49 percent people are literate and 51 percent are illiterate. Similarly in 49 percent 30.6 per people have completed education where only 2.04 percent people have completed +2 over there. The above table shows educated people were using more hormonal contraceptive devices than uneducated ones.

#### 4.1.3. Occupational Status of Respondents

Occupation leads human being towards certain direction and it can make their life comfortable. Occupational status plays a vital role for promotion and projection of individuals as well as community health. The occupational status of respondents is given below.

**Figure no. 1: Occupational Status of Respondents**



The figure no. 1 shows that most of the people are involved in agriculture where, 55 percent respondents are involved in agriculture, 17 percent people are doing business, 8 percent are in service, 10 percent labour and further 10 percent are involved in other works. Actually, other works include there like foreign country employment as well as other works. Like other survey this data also shows traditional occupation: agriculture is the main occupation of study area.

#### 4.1.4. Monthly Income and Use of Hormonal Contraceptive Devices

Actually income plays vital role in human being. It is cliché that people who has good income obviously they have quality of life and they gives few number of children for their prestige as well. The monthly income of respondents and use of hormonal contraceptive devices in study area is shown in table.



**Table no. 3: Monthly Income and Use of Hormonal Contraceptive Devices**

S.N	Monthly income of respondents	No. of respondents	Percent	Use of hormonal contraceptive devices	Percent
1	Less than 4000	25	25	6	24
2	4000-6000	50	50	13	26
3	6000-10000	18	18	12	66.66
4	More than 15000	7	7	5	71.42
<b>5</b>	<b>Total</b>	<b>100</b>	<b>100</b>	<b>36</b>	

Table no. 3 shows that among 100 respondents, 25 percent had income less than 4000, 50 percent respondents had 4000 to 6000, 18 percent has 6000 to 10000 income where only 7 percent respondents had income more than 15000. It shows that still now also they are facing poverty and several problems related to economic sectors. People who have good income with more than 6000 and 15000, they were using hormonal contraceptive devices in higher rate in the comparison of people who have income less than 4000 and 6000, respectively.

#### **4.1.5. Monthly Saving of Respondents and Use of Hormonal Contraceptive Device**

Saving helps for future and solves future problems too. Indeed, a saving of the present is the income of the future. If the saving is made, it will help in emergency. After fulfilling the need of the family, the remained amount should be preserved for the future purpose. People who have saved money obviously they have fulfillment of basic need and quality of life. It shows family condition too. Suppose poor people give a lot of number of children for deposited as a balance. They think more children generate more income in future. So, saving plays the vital role in using of family planning devices. The monthly saving of research area of respondents is shown in table.

**Table no. 4: Monthly Saving of Respondents and Use of Hormonal Contraceptive Device**

S.N	Monthly saving of respondent	Number of respondent	Percent	No. of respondents using hormonal contraceptive devices	Percent
1	Less than 100	49	49	10	20.40
2	Less than 1000	43	43	21	48.83
3	4000-10000	3	3	3	100
4	No saving	5	5	2	40
<b>5</b>	<b>Total</b>	<b>100</b>	<b>100</b>	<b>36</b>	

Table no. 4 shows that 49 percent people were saving less than 100, 43 percent saved less than 1000, only 3 percent people saved 4000 to 10000 for future where 5 percent people had no only kind of saving over there. Similarly, people who have good savings, they were using hormonal contraceptive devices in the proper way. It is interesting to note that people who have got the savings of 4000-10000, they were using hormonal contraceptive device 100 percent over there.

#### **4.1.6. Types of Family of Respondents and Use of Hormonal Contraceptive Device**

In nuclear family the need of family members fulfill easily but in joint family it is very difficult. Similarly in nuclear family due to lack of elder generation they have to use the family planning device to control birth but in joint family to presence of many family members the mother should not care properly because the members care a lot so there may be low rate of using family planning device. Hence, the type of family also plays vital role in using a hormonal contraceptive device. The types of family of respondents is shown in table.

**Table no. 5: The Type of Family of Respondents and Use of Hormonal Contraceptive Device**

S.N	Types of family	Percent	No. of users of hormonal contraceptive device	Percent
1	Nuclear	45	25	55.55
2	Joint	55	11	20
3	<b>Total</b>	<b>100</b>	<b>36</b>	<b>-</b>

Table no. 5 shows that types of family of respondents in study area where 55 percent family were joint and 45 percent family were nuclear over there. This data shows that still Nepal has so many joint families and increasing the size of population and will be increasing day by day. People of nuclear family were using hormonal contraceptive device in higher way (55.55 percent) than joint family (20 percent).

#### **4.1.7. Period of Depending Upon Agriculture**

Agriculture is the main occupation of Nepal. Likewise The almost of respondents of research area also depend on agriculture. The period of depending upon agriculture is given below in table.

**Table no. 6: Period of Depending Upon Agriculture and Use of Contraceptive Device**

S.N	Period	Number	Percent	No. of users of hormonal contraceptive device	Percent
1	3 month	2	2	-	-
2	6 month	60	60	16	26.66
3	1 year	38	38	20	52.63
4	<b>Total</b>	<b>100</b>	<b>100</b>	<b>36</b>	

Table no. 6 shows that among 100 respondents 2 percent people can be depended upon agriculture for three months. Similarly, 60 percent were depending for six months. It shows that the people of study areas are still in poverty line and facing several problems related to food. Similarly, agriculture is a main occupation of respondents but it can not fulfil all the demand of respondents as well. Likewise, people who were depended upon agriculture for 6 months were using hormonal contraceptive device (26.66 percent) which is less than people who were depended upon agriculture for 1 year.

#### 4.1.8. Time Taken Reach the Sources of Devices

Time plays the vital role in the life human being. In same way if the sources of devices for than residential area people be come hesitate and donot use contraceptive device but if it is easily available then they can use properly. Time taken to reach the sources of devices is given below.

**Table no. 7: Time Taken to Reach the Sources of Devices and Use of Contraceptive Device**

S.N	Travel time to the source	Number of responds	Percent	No. of use of contraceptive device	Percent
1	Half an hour	70	70	26	37.14
2	One hour	28	28	10	35.71
3	More than one hours	2	2	-	-
<b>4</b>	<b>Total</b>	<b>100</b>	<b>100</b>	<b>36</b>	<b>-</b>

Table no. 7 shows that 70 percent people can be reached health centre within half an hour 28 percent can be reached in one hour and 2 percent people can be reached more than one hour over there. People who had sources of devices (37.14) near to their houses, they were using hormonal contraceptive devices in higher rate than people who had sources of devices far from their home.

#### 4.2 Knowledge and Practice of Hermonal Contraceptive Device

This chapter is specially related to know ledge and practice of hormonal contraceptive devices of respondents of study area.

##### 4.2.1 Knowledge and Practice of Hermonal Contraceptive Device

To control the skyrocketting growth rate of population family planning device is the key of this. Actually, education spreads the knowledge about different aspects like hermonal contraceptive device. Knlowledge change the malpractice into good practice. It change bad behaviour, concept and attitute into good as well. The knowledge level of the respondents about hormonal contraceptive device is given below in figure.

**Table no. 8: Knowledge of Hormonal Contraceptive Device**

S.N	Knowledge of hormonal contraceptive device	Percent
1	Yes	47
2	No	53
<b>3</b>	<b>Total</b>	<b>100</b>

The Table no. 8 shows that 47 percent respondents had knowledge of hormonal contraceptive device where 53 percent respondents were unknown about hormonal contraceptive device.

#### 4.1.2.2 Best Hormonal Contraceptive Device According to Respondents

They chose different devices according to their wish. The best hormonal contraceptive device according to respondents is given below in table.

**Table no. 9: Best Hormonal Contraceptive Device According to Respondents**

S.N	Name of hormonal contraceptive device	No. of respondents	Percent
1	Norplants	5	5
2	Pills	9	9
3	Depoprovera	22	22
4	None	64	64
<b>5</b>	<b>Total</b>	<b>100</b>	<b>100</b>

Table no. 9 shows best hormonal contraceptive device according to respondents where 5 percent respondents chose Norplant, 9 percent selected pills, 22 percent chose Nipo-Provera and 64 percent respondents chose none over there.

#### 4.1.2.3. Knowledge of Side Effect of Hormonal Contraceptive Device

Obviously, the artificial hormonal contraceptive device has some side effects. The knowledge of side effect of hormonal contraceptive devices is given below:

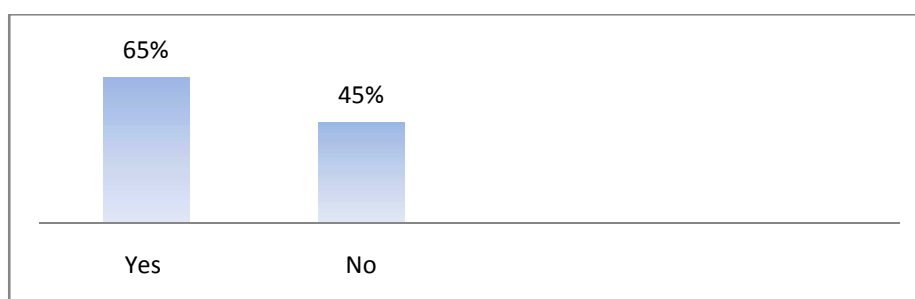
**Figure no.2: Knowledge of Side Effect of Hormonal Contraceptive Device**

Figure no. 2 shows knowledge of side effect of hormonal contraceptive device where 65 percent were known about side effects of hormonal contraceptive device and 45 percent were not known about side effects of it.

#### 4.1.2.4. Present Situation of Using Contraceptive Devices in Study Area

To control the rapid population growth and Ensure the quality of life, people should use the contraceptive devices. The present situation of using contraceptive device of respondents is as follows in table.

**Table no. 10: Present Situation of Using Contraceptive Devices in Study Area**

S.N	Name of contraceptive device	Numbers of respondents	Percent
1	Depoprovera	22	22
2	Pills	9	9
3	Norplant	5	5
4	Other	39	39
5	Not Using	25	25
<b>6</b>	<b>Total</b>	<b>100</b>	<b>100</b>

Table no. 10 shows present situation of using contraceptive devices in study area where 22 percent woman were using Dipoprovera, 9 percent were using Pills and 5 percent were using Norplant cum 39 percent were other device like Condom Cooper T etc. Where, 25 percent women were not using any device there.

#### 4.1.2.5. Place for Getting Depoprovera

The Depoprovera injection can be found in a hospital, health post, subhealth post and other health centres. The place for getting Depoprovera in respondents area is given below.

**Table no. 11: Place for Getting Depoprovera Among Depoprovera Users**

S.N	Name of place	Number of respondents	Percent
1	Health Post/ Sub Health Post	19	86.36
2	NGOs/INGOS volunteers	-	-
3	Private clinics	3	13.63
<b>4</b>	<b>Total</b>	<b>22</b>	<b>100</b>

Table no. 11 shows place for getting Dipoprovera among depoprovera users where 86.36 percent women were getting in health Post and sub healthpost whereas 13.63 percent women were getting in private clinics.

#### 4.1.2.6 Knowledge of Side Effect of Depoprovera Injection

Depoprovera is a hormonal contraceptive birth control device which is injected 3 months of fecund women. It has also some side effects. The knowledge of side effect of depoprovera injection in respondents is given in table.

**Table no.12: Knowledge of Side Effect of Depoprovera Injection**

S.N	Knowledge of side effect of depoprovera injection	Percent
1	Yes	81.81
2	No	18.19
<b>3</b>	<b>Total</b>	<b>100</b>

Table no. 12 shows knowledge of side effects of depoprovera injection among Depoprovera using respondents. Where 81.81 percent respondents were well known about side effects depoprovera where 18.18 percent were unknown about its side effect there.

#### 4.1.2.7 Side Effects of Depoprovera Injection According to Depoprovera Using Respondents

Depoprovera has different side effects like gain over body weight, irregular menstruation, abdominal pain, headache etc. Side effects of depoprovera injection according to depoprovera using respondents is given below.

**Figure no.3: Side Effects of Depoprovera Injection According to Depoprovera Using Respondents**

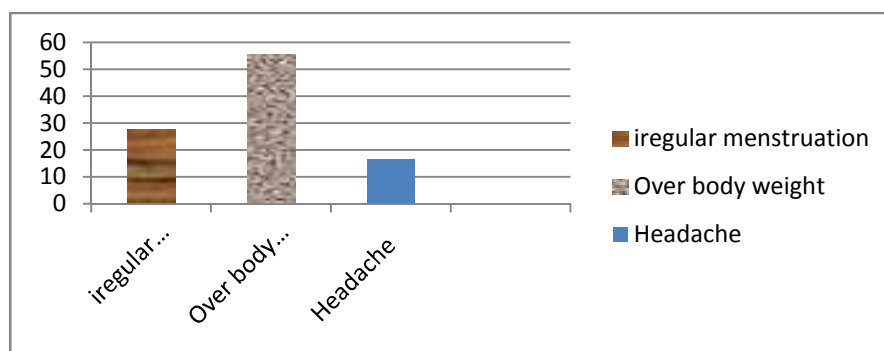


Figure no. 3 shows side effect of depovera injection according to depovera using respondents who were known about Its side effects. 27.77 percent got irregular menstruation, 55.55 percent got over body weigh where 16.66 percent felt headache as a side effects of it.

#### **4.2.8 Knowledge of Depovera Function Among Depovera Using Respondents**

Depovera is an injection. It suppresses the ovulation cycle in women's body. The knowldege of working of depovera in respondents is given in table.

**Table no. 13: Knowldege of Function of Depovera in Respondents**

S.N	Response of respondents	Number of respondents	Percent
1	Yes	-	-
2	No	22	100
<b>3</b>	<b>Total</b>	<b>22</b>	<b>100</b>

Table no. 13 shows knowledge of function of depovera among depovera using respondents where all depovera using respondents were unknown about it.

#### **4.2.9 Knowldege of Hormone Contained in Depovera Among Depovera Using Respondents**

Depovera is in form of liquid solution. It is available as name of sangin in the market of Nepal. It has medroxyprogesterone hormone. It is an injection.

**Table no. 14: The Knowledge of Hormone Contained in Depovera Among Depovera Using Respondents**

S.N	Knowledge of hormon contain Depo	Number of responds	Percent
1	Yes	-	-
2	No	22	100
<b>3</b>	<b>Total</b>	<b>22</b>	<b>100</b>

Table no. 14 shows that knowledge of hormone contained in Dipovera where all respondents who were using Dipovera were unknown about it.



#### 4.2.10 Knowledge about Pills

Pill are female oral tablet for the prevention of conception. It contains 28 total tablets in one packet among them, 21 tablets are white and 7 are in grey colour. It is hormonal metho. The knowledge about Pills of respondents is given below in figure.

**Table no.15: Knowledge about Pills**

S.N	Knowledge about Pills	Percent
1	Yes	42
2	No	58
<b>3</b>	<b>Total</b>	<b>100</b>

Table no. 15 shows the knowledge about Pills where 42 percent respondents were known about Pills.

Whereas, 58 percent respondents were unknown about it because of several causes like lack of education awareness program and so on.

#### 4.2.11 Knowledge about Checking before Using the Pills

If different diseases like heart, liver, kidney diseases among pills users in body the women shouldn't use Pills. So, that before starting to take Pills they have to consult with doctors. The knowledge about checking before using the pills of respondent is given below.

**Table no. 16: Knowledge about Checking before Using the Pills Among Pills users**

S.N	Option	Number of respondents	Percent
1	Yes I think	6	66.66
2	No. I don't	-	-
3	Think	3	33.33
<b>4</b>	<b>Total</b>	<b>9</b>	<b>100</b>

Table no. 16 shows among 9 respondents, 66.66 percent respondents told that we should check before using pills and 33.33 percent respondent told that they had no idea about it. So, only 66.66 percent Pills users were known about checking before using the Pills.

#### 4.1.12 Knowledge of Stopping about Using Pills

If some cases occur among Pills users actually, like cancer, hyperension and pregnancy occur, immediately the using of Pills should be stopped. The knowledge of stopping Pills if some cases occur among Pills users in the study area is as follows:

**Table no. 17: Knowledge of Stopping Pills if Some Cases Occurs Among Pills Users**

S.N	Some cases to stop takeing Pills	Number of respondents	Percent
1	In pregnancy period	3	33.33
2	In condition of hypertension	3	33.33
3	All of above	3	33.33
<b>4</b>	<b>Total</b>	<b>9</b>	<b>100</b>

Table no. 17 shows that knowledge of stopping Pills. If some cases occurs among Pills user where, 33.33 percent told in pregnancy period, 33.33 told in condition of hypertension and 33.33 percent told in the condition of all of above. It shows good knowledge of stopping Pills if some cases occurs among Pills users.

#### 4.2.13. Sources of Getting First Information about Pills

To use the different family planning devices, the information plays the vital role overthere.

**Figure no. 4: The Sources of Getting First Information about Pills in Study Area is Given Below**

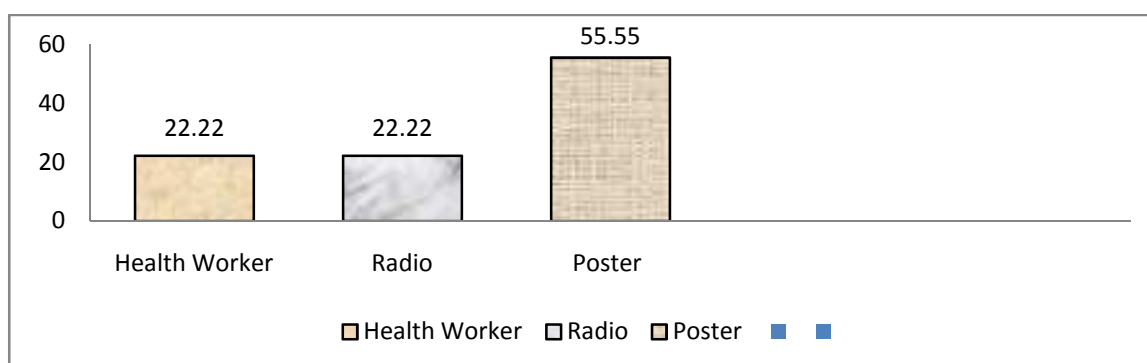


Figure no. 4 shows sources of getting first information about Pills where 22.22 percent respondents got from poster, 22.22 percent got from radio and 55.55 percent respondents got fist information from health Workers as well.

#### 4.2.14 Place of Getting Pills

Pills is available in different health centres like healthpost, Subhealthpost, clinics etc. and health workers. The place of getting Pills in study area is given below.

**Table no. 18: Place of Getting Pills**

S.N	Place of getting Pills	Number of respondents among Pills users	Percent
1	PHC/Health Post	-	-
2	Subhealthpost	6	66.66
3	Medical and clinic	3	33.33
4	Health worker	-	-
<b>5</b>	<b>Total</b>	-	<b>100</b>

Above the table no. 18 shows that among 9 respondents 66.66 percent Pills user respondents were getting Pills from Subhealthpost Where 33.33 percent were getting from medical and clinic.

#### 4.2.15 Knowledge of Norplant

Norplant is a set of 6 small capsules about the size of small match stick. The knowledge of Norplant among all the respondents is given below.

**Table no.19: Knowledge of Norplant**

S.N	Knowledge of Norplant	Percent
1	I do not Know	53
2	Know	47
<b>3</b>	<b>Total</b>	<b>100</b>

Table no. 19 shows knowledge of Norplant where 47 percent respondents were well known about knowledge of Norplant in study area. Similarly 53 percent respondents still don not know about Noraplant.

#### 4.2.16 Knowledge of working duration of Norplant among Norplant users

Indeed, Norplant is hormonal method. It suppress the ovulation and controls birth. It works for 5 years. The knowledge of working duration of Norplant among Norplant users is getting below.

**Table no. 20: Knowledge of Working Duration of Norplant Among Norplant Users**

S.N	Working duration of Norplant	Number of respondent	Percent
1	5 years	5	100
2	3years	-	-
3	1 year	-	-
<b>4</b>	<b>Total</b>	<b>5</b>	<b>100</b>

Table no. 20 shows that among 5 Norplant using respondent all were know about working duration of Norplant All told 5 year work duration of Norplant.

#### **4.2.17 knowledge of Hormone Contain Norplant Among Norplant Users**

Norplant has synthetic hormone which supresses the ovulation and control to become conception. The knowledge of hormone contained in Norplant among Norplant users was not good because all respondents were unknown about it. Among 5 percent respondents all told they have no idea about it.

#### **4.2.18. Knowldege of Place Norplant to be Implanted Among Norplant Users**

Norplant is implanted in the arm below the layer of skin within 7 days of menstruation. The knowledge of place Norplant to be implanted among Norplant users is given below.

**Table no. 21: Knowldege of Placing Norplant to be Implanted Among Norplant Users**

S.N	Place of Implanting Norplant	Number of Norplant using respondents	Percent
1	Arm	5	100
2	Thigh	-	-
3	Abdomen	-	-
<b>4</b>	<b>Total</b>	<b>5</b>	<b>100</b>

Above table no. 21 shows the knowledge of placing Norplant to be implanted among Norplant users. Where among 5 respondents all were known about it.

#### 4.2.19. Knowledge of Condition to go Hospital after Using Norplant Among Norplant Users

After using Norplant needs frequent medical check up. Some time may be seen different symptoms like severe headache severe abdomen pain, pus in implant area etc. If it so the Norplant users must go hospital. The knowledge of condition to go hospital after using Norplant among Norplant users is given below.

**Table no. 22: Knowledge of Condition to Go Hospital after Using Norplant Among Norplant Users**

S.N	Condition to go hospital	Number of respondents	Percent
1	Severe abdominal pain	1	20
2	Pus in Norplant Implanted area	1	20
3	Feel of pregnant	2	40
4	All of above	1	20
<b>5</b>	<b>Total</b>	<b>5</b>	<b>100</b>

Table no. 22 shows knowledge of condition to go hospital after using Norplant among Norplant users. Where 20 percent respondents told severe abdominal pain, 20 percent told pus in Norplant implanted area, 40 percent respondents told feel of pregnant and 20 percent respondent told as condition of all of above.

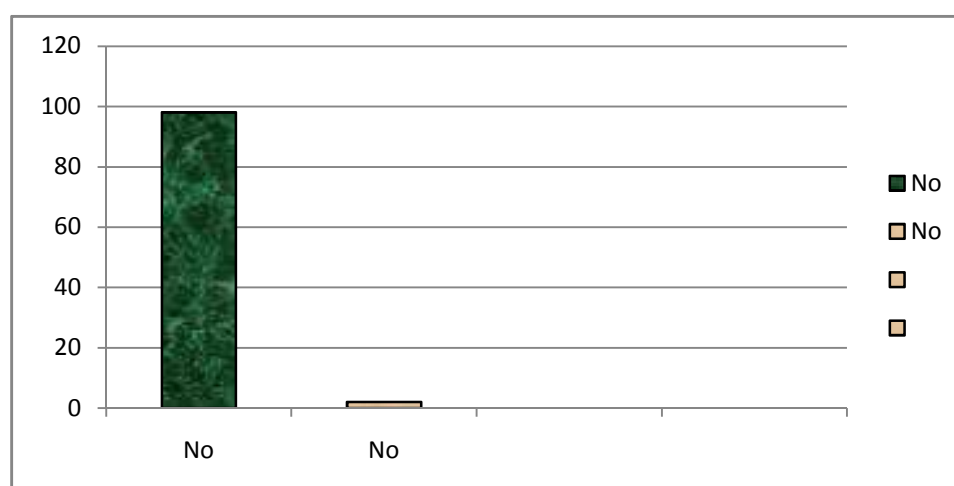
#### 4.2.20. Condition to not Use Norplant According to Norplant Using Respondents

In reality, Norplant is not suitable for the patients of liver and cancer diseases and women over 35 years of age. The condition to not use Norplant according to Norplant using respondents is given below.

**Table no. 23: Condition to not Use Norplat According to Norplant Using Respondents**

S.N	Condition to not use Norplant	Number of respodents	Percent
1	Pregnant peoriod	2	40
2	Condition Period	2	40
3	Condition of liver cancer	1	20
4	I donot know	-	-
<b>5</b>	<b>Total</b>	<b>5</b>	<b>100</b>

Table no. 23 shows that condition to not use Norplant according to Norplant using respondents where among 5 respondents 40 percent respondents told in pregnant period, 40 percent told women over 35 years 20 percent respondents told condition of liver cancer. It shows they have good idea about condition where they should not use Norplant.



#### 4.1.2.21 Failure Rate of Hormonal Contraceptive Device

Due to negligence of users or due to defact of hormonal contreceptive device itself, sometimes may be fail in working of it. The failure rate of hormonal contraceptive device of study aea is as below.

#### Figure no.5: Failure Rate of Hormonal Contraceptive Device

Figure no. 5 shows failure rate of hormonal contraceptive device. Where, 98 percent respondents told no and 2 percent respondent told yes among 100 respondents in study area.

#### 4.2.22. Time of Failure Rate of Hormonal Contraceptive Device

The Failure rate any one time two times according to defect of hormonal contraceptive device and negligence of hormonal contraceptive users. The time of failure rate of hormonal contraceptive device has been presented below.

**Table no. 24: Time of Failure Rate of Hormonal Contraceptive Device**

S.N	Times of Failure	Number of respondents	Percent
1	One Time	2	2
2	Two times	-	-
3	Three times	-	-
<b>4</b>	<b>Total</b>	<b>2</b>	<b>2</b>

Above table no. 22 shows times of failure rate of hormonal contraceptive devices. Where, 2 percent failure rate was there for one time according to hormonal contraceptive devices users at study area.

#### 4.3.1 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 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 knowledge and practices of hormonal contraception in Tharu woman at Pakali VDC of Sunsari District Nepal based on primary data. The detailed study was limited on married couple.

Reviewed many literatures and studies directly and indirectly related to the present study. It was found that the knowledge level and practice of hormonal contraceptive device is not in due proportion. It is essential to involve men in family planning programs, and for this purpose. Special information and training schemes should be organized by concerned organization.

However, the object of this study is to explore the hormonal contraceptive devices. To fulfill the study some selected socio-cultural variables and individual variables are taken as main influencing variables on family planning device practices. This study is descriptive in nature. The questionnaire was the only tool used for the collection of

primary data. One the process of collecting data and information, researcher was visited door to door of respondents. Researcher was visited door to door of respondents. Necessary information was collected from 100 respondents from Tharu community.

#### **4.3.2 Discussion of Findings**

After analyzing and interpreting the data. The following results were obtained:

- a. 46.09 percent was male population and 53.90 percent was female population in study area.
- b. 49 percent respondents were literate and 51 percent were illiterate.
- c. Agriculture (55 percent) was main occupational respondents.
- d. Only 7 percent respondents had more than 15000 income in study area.
- e. 5 percent respondents did not save money for future.
- f. 55 percent families were joint family.
- g. 38 percent respondents were only depending upon agriculture for one year.
- h. 47 percent respondents had knowledge of hormonal contraceptive device.
- i. 65 percent respondents were known about side effects of hormonal.
- j. 22 percent respondents were using Depo-Provera, 9 percent respondents were using Pills, 5 percents respondents were using Norplant.
- k. 25 percent respondents were not using any kinds of family planning devices.
- l. 86.36 percent respondents are getting Depo-Provera from health post and sub health post .
- m. 81.81 percent respondents were known about side effects of Depo-Provera.
- n. 27.77 percent respondents got irregular menstruation, 55.55 percent got over body weight and 16.66 percent got headache as side effects of Depo-Provera.
- o. All Depo-Provera using respondents were not aware about function of Depo-Provera and hormone contained in it.
- p. 66.66 percent Pills users were known about checking before using it.
- q. All Pills user respondents were aware about stop to take Pills in some cases like pregnant period, hypertension.
- r. 55.55 percent Pills users got first information from Health Worker, 22.22 percent from radio and 22.22 from Poster.
- s. 66.66 Percent Pills users were getting Pills from sub health Post.



- t. All respondents were known about working duration of Norplant and place of Norplant to be implant.
- u. All respondents were not known about hormone contained in Norplant.
- v. 2 percent failure rate was got in hormonal contraceptive devices.

## **CHAPTER – V**

### **CONCLUSIONS 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 hormonal contraceptive devices knowledge and practice of Tharu women of Pakali VDC, Sunsari, Nepal. The female population of the study area is high and the occupation is traditional agriculture.

The education status is also not satisfactory and monthly income too is not sufficient according to condition of now. Still some (25 percent) respondents are not using any kind of family planning but they were running in reproductive age.

Health workers are the most effective media to spread the information about family planning device over there.

Overall observation of the study indicates that using rate of hormonal contraceptive device is still influenced by low socio-economic status, illiteracy, gender bias and traditional belief. According to my research most of the females are attracting hormonal contraceptive device as well.

#### **5.2 Recommendations**

##### **5.2.1 Policy Related**

- a. Government must provide knowledge about hormonal contraceptive device.
- b. Different INGOs/NGOs should launch awareness program from national level.
- c. Different health centre should launch education and awareness program as well as workshop, seminar and training for health worker.

##### **5.2.2 Practice Level**

- a. Social traditions and superstitions related to hormonal contraceptive device should be removed from the society by providing health education.
- b. Educated people should provide knowledge about hormonal contraceptive devices.
- c. NGOs, INGOs should launch workshop, seminar, awareness program on hormonal contraceptive device in community.

**5.2.3 Further Research Related**

- a. Assessment of school level curriculum of health education must be there.
- b. A study on hormonal contraceptive devices should be there in future.
- c. Different doubts of hormonal contraceptive devices should be avoided by providing health education, counseling program and so on.

## Bibliography

- Chetri, m.et al. (1996). *Five year evaluation of safety efficacy and acceptability of Norplant Implants in Nepal*
- Giri, Surendra. (2066). *Community Health and Community Organization* Kathmandu: vithyarthi Pvt, Ltd.
- Khanal, P. (2066). *Educational Research methodology* Kathmandu: sunlight publication Pvt.ltd.
- Khatiwada, Kusum. (2011). *Awareness and practices of Tharu women on Depoprovera* Morang: Kathari, VDC.
- Kidsely, sally. (2006). *Contraceptive use in Nepal* University of south mpton, school of medicine doctoral thesis, 221pp
- Kumar, Ranjit. (2006). *Research Methodology* India: Pearson Education Pvt, Ltd.
- Nepal CRS company. (2011/2012). Kathmandu PV. LTD.
- Niure, D. (2069). *Research methodology*, Kathmandu: Quest publication.
- Parajuli, et.al. (2013). *Research Methodology* Kathmandu: Heritage publication Pvt, Ltd.
- Park , K. (2011). *Preventive and Social Medicine (21<sup>st</sup> ed.)*, 1167, India: Premnagar 482001.
- Tuladhar, H., Marahatta, R. (2008). *Awareness and Practices of Family planning, Kathmandu*: Nepal medical college teaching hospital.

**APPENDIX I**  
**TRIBHUBAN UNIVERSITY**  
**QUESTIONNAIRE**

**Information collected in this questionnaire will be kept confidential and used only for academic purpose.**

Ward no: ..... Village: .....

Name of household head: ..... Religion: .....

Total number of the family member: .....

Name of respondent: .....

Types of residence: .....

**Demographic and socio economic characters**

**1. How many members are there in your family?**

a. Total: .....

b. Male: .....

c. Female: .....

**2. Which is your main religion?**

a. ....

**3. Are you literate?**

a. Yes            b. No

**4. If you are literate, which level have you completed?**

a. Pre primary            b. Primary            c. Lower secondary  
d. Secondary            e. +2            f. Above

**5. What is your main source of income?**

a. Business            b. Agriculture  
c. Services            d. Labor

**6. How much money do you earn in a month?**

a. Less than 4000            b. 4000-6000  
c. 6000-10000            d. More than 15000

**7. How much money do you save in a month?**

a. Less than 100            b. Less than 1000  
c. 4000-10000            d. No save

**8. What is your family type?**

a. Joint            b. Nuclear.

**9. How many months can your family depend upon the agriculture?**

- a. 3 months                      b. 6 months      c. 1 year

**10. How much time does it take to reach the sources of devices?**

- a. Half an hour  
b. One hour  
c. More than one hour.

### **Knowledge and Practice of Hormonal Contraceptive Device**

**1. Do you have knowledge of family planning devices?**

- a) Yes                                      b) No (If no question number 3)  
if Yes

**2. How many types of family planning method are there?**

- a) One                      b) Two                      c) More

**3. Which family planning device is best for use?**

- a. Norplant      b) Pills                      c) Depo-Provera                      d. None

**4. Name any one hormonal contraceptive device.**

- a.

**5. Are there any side effect of family planning device?**

- a. Yes                      b. No

**6. Which device are you using now?**

- a. Depo-Provera
- b. Pills
- c. Norplant
- d. Other
- e. Not using.

**If Depo-Provera**

**7. From where do you get Depo-Provera?**

- a. Health post/sub health post.....
- b. NGOs /INGOs volunteers.....
- c. Private clinics.....

**8. How many times is Depo-Provera given?**

- a. Once a month
- b. Twice a month
- c. Once in three month.

**9. Do you know the side effect of Depo-Provera injection?**

- a. Yes
- b. No

**10. If yes, what are they?**

.....

**11. Do you know how Depo-Provera does work?**

- a. Yes
- b. No

**12. If you how,**

- a. Prevents the ovulation .
- b. Kills sperm
- c. Makes vaginal mucus more thickers



**13. Do you know which hormone does Depo provera contain?**

- a. yes                      b. No

**14. If yes**

- a. Estrogen    b. Androgen    c. Testosterone    d. Progesterone

**15. Do you know pills?**

- a. Yes                      b. No

**16. If yes**

**After how many days of menstruation we should use pill?**

- a. 7 with in days              b. with in 15 days              c. With in 20 days.

**17. How many tables are there in the pills?**

- a. 21                      b. 27.                      c.28

**18. Do you think before using the pill we should check our health condition?**

- a. Yes, I think                      b. No I don't think                      c. I do not know

**19. In which condition you should stop to take pills?**

- a. In pregnancy period .                      b. In condition of hypertension .  
C. All of above.

**20. From where/whom did you get the first information about pill?**

- a. Poster                      b. Friends                      c. Wife/husband  
d Health workers              e. Radio/television              f. NGO/INGO.              g. Volunteers.

**21. Do you know the side effect of pills?**

**22. If yes**

Which is common side effect of pills?

- a. headache                      b. irregular menstruation                      c. anemia.

**23. Do you know how do pills work?**

- a. Yes                                      b. No

**24. If yes how**

- a. prevents ovulation                      b. makes vaginal mucus thicker  
c. both of above.

**25. In which condition we should not use pills?**

- a. pregnant women                      b. In the condition of cancer, jaundice  
c. All of above.

**26. When we start to use pills their which tablet should use first?**

- a. White Tablet                                      b. Iron tablet

**27. If we forget totake pills more than two days how many tablets should we take?**

- a. 2/2 tablets according to forgotten days  
b. 5/5 tablets according to forgotten days  
c. do not know

**28. If you are taking pills in which condition you have to go hospital?**

- a. In the condition of lower                      b. Servers headache and chest pain  
c. Eye problem or sever leg pain                      d. All of above



- a. arm                      b. thigh                      c. abdomen

**38. Do you know when we go hospital after using the Norplant?**

- a. Yes                      b. No

**39. If Yes, When**

- a. Severe abdomen pain                      b. Pus in Norplant implanted area  
c. Feel of pregnant                      d. All of above

**40. Have you ever been pregnant where you were taking hormonal contraceptive device?**

- a. Yes                      b. No

**41. If Yes**

**a. How many times?**

- a. 1                      b. 2                      c. 3

**Thank You!!!**