A STUDY ON USE OF MEANS OF FAMILY PLANNING SERVICES BY THE REPRODUCTIVE AGE MARRIED WOMEN: A CASE STUDY OF BADIMALIKA MUNICIPALITY-8, BAJURA DISTRICT OF NEPAL

A Thesis Submitted to
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DECLARATION

I hereby declare that this research entitled **A study on Use of Means of Family Planning Services by the Reproductive Age Married Women: A Case Study of Badimalika Municipality-8 Bajura District**has been prepared by me under the close guidance and supervision of Asst. Professor **Mr. Ramesh Neupane** in the partial fulfillment of the requirements for the degree of Master in Rural Development at University Campus, Central Department of Rural Development, Tribhuvan University, Kathmandu, Nepal. The findings of this thesis have not been presented or submitted anywhere else for the award of any degree or any other purpose. I assure that no part of the content of this thesis has been published in any form before.

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07-01-2018

RECOMMENDATION LETTER

This thesis entitled **A Study on Use of Means of Family Planning Services by the Reproductive Age Married Women: A Case Study of BadimalikaMunicipality -8, Bajura District** has been prepared by Mr. LalBahadurRawal under my guidance and supervision in partial fulfillment of the requirements for the Degree of Master of Arts in Rural Development. Therefore, this is recommended for the final evaluation and approval to Central Department of Rural Development.

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(Mr. Ramesh Neupane)

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Date: 2074-9-30

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LETTER OF APPROVAL

This thesis entitled **A Study on Use of Means of Family Planning Services by the Reproductive Age Married Women: A Case study of Badimalika municipality- 8, Bajura district, Nepal**written by Mr. LalBahadurRawal has been evaluated and accepted as partial fulfillment of the requirements for the degree of Master of Arts in Rural Development.

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ABSTRACT

The study has been carried out on the use of means of family planning services by the reproductive age at Badimalika municipality, ward no. 8, Bajura district. The study deals with the use of means of family planning services and knowledge among reproductive age married women, and factors affecting their use.

The research has followed descriptive method to analyze the knowledge of family planning services and the factors affecting their use in the field. Data were collected through simple random sampling method to collect the 135 sample households with reproductive age married women. In total 3710 households were recorded in the study area by Central Bureau of Statistics. The study population representative sample of about 23 percent was 853. Thus the 15 percent sample size amounted to 135 number of households. The data was collected using household survey questionnaire and key informants interview.

According to the researcher report all 96 percent of respondents of reproductive age group are familiar with at least one method of family planning. Among them 72 percent of respondents of reproductive age group reported their source of knowledge was radio.Among the several methods, use of Depo-Provera was dominant with about 65 percent of both literate and illiterate women and sterilization was at the mere 4 percent. In the majority (69 percent), the decision on using family planning was being taken with mutual understanding between the couples.

The main reason for not-using family planning method was found to be not needed (82 percent). About 18 percent also reported side effects of using family planning services. The majority of side effects included weakness (52 percent) and weight loss (35 percent) with others being leg pain and back pain. The risk of method failure of contractive was very minimal (about 4 percent) in the study area. And the major reasons affecting the use of contraceptive measures were fear of side effects (27 percent), social beliefs (24 percent), lack of awareness (21 percent), and refused by family (16 percent).

In this study area, almost every respondent was aware of the family planning. They used the radio, television, and health workers to get the knowledge on the same. Among the several methods, use of depo-provera was dominant between literate and illiterate women. And overall positive attitude was found in the field towards family planning. For further improvements, adult education programs, consultations, health posts and check-up programs, expansion of IEC materials should be undertaken.

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ABBREVIATIONS/ACRONYMS

AD	:	Anno Domini
BPEP	:	Basic and Primary Education Project
CBS	:	Central Bureau of Statistics
CDPS	:	Centre Department of Population Studies
CEDA	:	Center for Economic Development and Administration
CPR	:	Contraceptive Prevalence Rate
CRS	:	Contraceptive Retail Sale
DHS	:	District Health Service
FCHVs	:	Female Community Health Volunteers
FLTHP	:	First Long Term Health Plan
FP/ MCH	:	Family Planning and Maternal Child Health
FPAN	:	Family Planning Association of Nepal
HIV/AIDS	:	Human Immune Virus / Acquired Immune Ieficiency Syndrome
ICHIDP	:	Integrated Community Health Development Project
ICPD	:	International Conference on Population and Development
ILO	:	International Labor Organization
INGOs	:	International Non- Governmental Organization
IPPF	:	International Planned Parenthood Federation
KII	:	Key Informant Interview
LDC	:	Local Development Committee
MOH	:	Ministry of Health
MVSC	:	Mobile Voluntary Surgical Contraceptive
MWRA	:	Married Couple of Reproductive Age
NBDCS	:	Nepal Birth, Death and Contraction Survey
NCC	:	National Co- Ordination Council

NDHS	:	National Demographic Health Survey
NFFPHS	:	Nepal Fertility, Family Planning and Health Survey
NFHS	:	Nepal Fertility Health Survey
NGO	:	Non- Governmental Organization
NMA	:	Nepal Medical Association
PEDP	:	Primary Education Development Programme
PHC	:	Primary Health Care Center
STD	:	Sexually Transmitted Disease
TBAs	:	Traditional Birth Attendants
TFR	:	Total Fertility Rate
TU	:	Tribhuvan University
UN	:	United Nations
UNFPA	:	United Nations Fund for Population Activities
VDC	:	Village Development Committee
VHWs	:	Village Health Workers
WHO	:	World Heath Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Nepal is aleast developed country in the world. The main problems here are rapid population growth, high child mortality rate and its negative impact on women health. The population and development are related to each other. The improved living conditions, which are the part of the development can be expected to bring population growth down.

Family planning is making great progress because many people are using family planning these days. More than half of the world's couples are family planning users. People are using family planning more effectively and more safely. Family planning removes unnecessary barriers of all kinds. Those include lack of information, not enough services, fewmethods which can be served. There are many factors that affect the use of means of family planning services such as women age, education, place of residence and other. Among them education is the most important which determines the use of means of family planning services. Educated women frequently use family planning method than uneducated because they have better knowledge about it. Similarly, occupation is another factor that determines the use of family planning services in Nepal. Likewise place of residence is also one of the important factor that effect the use of family planning method.

The Family Planning Association of Nepal (FPAN), founded in 1959, became on associated member of the International Planned Parenthood Federation (IPPF) in 1960. Prior to the establishment of the association, the concept of the family planning was quite new and considered as a thing that went against religious, tradition and prevailing social values in Nepal. FPAN in consonance with the social system, focused on information and education as a means of advocating for family planning among family of rural sector.

The National Demographic Health Survey (NDHS) indicated that 39 percent of currently married women are using a method of family planning. Contraceptive Prevalence Rate (CPR) differs according to development region. The higher CPR for

central development region was 43.8 percent followed by 43.5 percent for eastern region. The lower CPR was for the far western development region, which accounts only 27.1 percent. In Kathmandu district contraceptive prevalence rate was 56.9 percent at the same period.

Human fertility is one of the major components of the population growth. Total Fertility Rate (TFR) has declined steadily from 5.1 births per woman in 1984-1986 to 4.1 births per woman in 1998-2000 AD and 3.1 per woman for 2003 -2005 AD. The total fertility rate is still very high (3.1) in our country, Nepal. Fertility among the rural women is considerably higher in rural areas (3.3 births per woman) than urban area (2.1 per woman). Fertility is highest in the mountains (4.1 births per woman) with the little difference in fertility between the hills (3.0 births per woman) and the Terai (3.1 births per woman). Caste based analysis of total fertility rate is found higher in lower caste people and is not homogeneous based on sociological, geographical and demographical characteristics throughout the country. One of the most important and responsive factor of high fertility is low Contraceptive Prevalence Rate (CPR). Even though, government intervention, family planning program has been success to increase the contraceptive prevalence rate among the Married Couple of Reproductive Age (MWRA) from 3% in 1976 to 48% for all method and 44.2% for modern method of contraception in 2006 AD, the result to size up the population of country is found very far from the expectation. Low literary rate, poor health services, lack of adequate knowledge on contraceptives, age at marriage, sex discrimination etc. are the associated factors of high fertility (NDHS, 2006).

Family planning is one of the major components of Reproductive Health. It can save human lives, controlling unwanted pregnancies, limiting the number of births, limiting birth to healthiest ages, avoiding unsafe abortion, preventing transmission of Sexually Transmitted Diseases (STD); consequently, reducing infant & child mortality on the one hand; on the other it directly controls the fertility and population growth. So the utilization of family planning has been increasing day by day, as a means to birth control recognized early in the development process and has been viewed as Reproductive Health and rights from the International Conference on Population & Development (ICPD) held in Cairo, in 1994 (UNFPA,1991).

There are several definitions of family planning. An expert committee (1971) of WHO defined family planning as "a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes and responsible decisions by individuals and couples, in order to promotethe health and social welfare of the family group and thus contributes effectively to the social development of a country".

In Nepal, Family Planning Program was initiated in 1959 with the involvement of Nepal Medical Association (NMA). The Family Planning Association of Nepal (FPAN) was established in 1959. Its service was included only for information and education within the Kathmandu Valley. Later government supported Family Planning services started at the beginning of 1969 and utilized the 'Cafeteria Approach' of offering services. An efficient and effective network has been established through center to grass root level in government and non-governmental sector to provide family planning services throughout the country. Family Planning refers to those practices that help individuals or couples to avoid unwanted birth, bearing wanted births, to manage the appropriate birth spacing and to limit the number of children (WHO, 1971).

The development activities were systematized through development plans since 1956 AD. The First Five Year Plan (1956-1961) & Second Development Plan (1962-65) could not be visualized on family planning activities. The stated policy of Third Five Year Plan (1965-70), provides kid interest to establish Family Planning and Maternal Child Health (FP/MCH) Project. As a part of Fourth Five Year Plan (1970-75), Nepal's health priorities changed from emphasizing curative service to focusing more on preventing services. The concept of community health was included. The plan targeted to the provision of family planning services to 15% of married couple by the end of the plan.

The First Long Term Health Plan (FLTHP) (1975-1990) was formulated to guide three periodic plans. The main emphasis was placed on the provision of comprehensive basic health services to the rural population and for controlling population growth to promote national development. Family planning services were greatly expanded through outreach workers and serious attempts were made to reduce birth rate by direct & indirect means. The Sixth Plan (1980-85) is formulated in the spirit of the Alma Ata Declaration "Health for all by the year 2000". The Seventh Plan

(1985-90) focused on integration & steps were taken to intensify the family planning program to control population growth.

1.2 Statement of the Problem

Bajuralies in the western part of Nepal. it has its own culture and religious thoughts for everything. Even, there is different view on the family planning and using the means of family planning services. According to the national report of health, most of the people has negative thoughts towards the using means of family planning. Because of the high mortality rate of child, importance of son in the family, they refuse to follow the rule of family planning. Even there is lack of awareness of the family planning and its positive impact to future life. So, that there is variation in utilization of family planning services, as well as less awareness of family planning method.

As my research focuses on use of means of family planning services by the reproductive age married women, this study aimed to find out the answer of the following questions

1.What is the present status of family planning knowledge among reproductive age married women in research areas?

2. What are the major factors affecting family planning service in research area?

1.3 Objective of the study

The general objectives of the study are to analyze the use of means of family planning services by the reproductive age married women especially in Badimalika Municipality 8, Bajura district. The specific objectives are:

1. To analyze the use of means of family planning services and knowledge among reproductive age married women in research area.
2. To analyze the major affecting factors of family planning service in research area.

1.4 Significance of the Study

Utilization of family planning services in any area is affected by the socio-economic and cultural norms prevailing in any specified community. There are different aspects of contraceptive use among communities, which determined by their cultural belief. Nepali society is composed of different social norms and may have different attitudes about family planning. The ethnic differences in contraceptive users are important for policy makers and program implementers.

Bajura district has own culture and tradition. There is no study conducted in Badimalika Municipality of Bajura district previously. Therefore, there is a need to identify the reason for use and non-use of family planning services. The study provides basic information on the use of means of family planning services by the reproductive age married women in Badimalika Municipality ofBajura district. So, this research may helpful for planners, policy makers, district community health officer, and beneficial target group in research area. Ultimately this research was helpful for related organization, people and married women in research area.

1.5 Limitations of the Study

This research takes a case use of means of family planning services by the reproductive age married women in target area. this research was based on the limited time available resource and information. So, the study has certain limitation: the research was focus on Badimalika municipality 8, district of Bajura. Either this study may not be applicable for another part of Nepal. itcan be reference material for further studies.

1.6 Organization of the Study

This study is organized into five chapters. The first chapter contains introduction, statement of the problem, objective of the study, significance of the study, limitations of the study and organization of the study. The second chapter contains literature review. The third chapter deals with research methodology of the study. In the fourth chapterdata analysis is presented, and the fifth chapter includes summary of the major findings, conclusion based on the research and some recommendations.

CHAPTER TWO

LITERATURE REVIEW

The different books, journals, previous research works, reports, acts, articles, plan, policies, other published and unpublished documents related to the subject were reviewed.

2.1 Conceptual Review

Family planning is the practice of controlling the number of children in a family and the intervals between their births. Contemporary notions of family planning, however, tend to place a woman and her childbearing decisions at the center of the discussion, as notions of women's empowerment and reproductive autonomy have gained traction in many parts of the world.

Family planning services are defined as "educational, comprehensive medical or social activities children and to select the means by which this may be achieved"(Wikipedia, 2017).

The World Fertility survey shows that use of family planning method varied widely from 69 percent in south East Asia to 11 percent in Africa. The survey also related that approximately 300 million couple in the reproductive age range did not want more children, but were not using any method of contraception.

According to UNFPA projections, based on the current level of contraceptive prevalence the number of family planning users will have increased by about 108 million by the end of the decade, owing to the growing number of women entering the reproductive age range each year. Moreover. if contraceptive prevalence were to be increased to 59 percent of married women of reproductive age, the number of family planning users would grow by 186 million by the year 2000 (UNFPA, 1991).

Having the number of children, when someone wants them, is called family planning. If someone decided to wait to have children, s/he can choose one of several methods to prevent pregnancy. These methods are called family planning method, child spacing method, or contraception (UNFPA, 1991).

2.1.1 Importance of Family Planning

Every year, half a million women die of problem from pregnancy, childbirth, and unsafe abortion most of these deaths could be present dangers from pregnancies that are, too soon, women under the age 17 are more likely to die in childbirth because their babies are not fully grown. Their babies have greater chance of dying in the first year. Too late - Old women pace more danger in child bearing especially if they have other health problem or have had many children (Farrer and Churchill, 1990).

Family planning saves life in poor countries about half of all deaths in women of childbearing age are caused by problem of pregnancy and childbirth. Family planning prevents these pregnancies and deaths. As well as family planning has other benefits; mothers and babies All be healthier because risky pregnancies are avoided. Fuser children mean more food for each child. waiting to have children can alloy young women and men a lot of time to complete their education. Fewer children mean more time for yourselves and your children, family planning can also help you and your partner enjoy sex more, because you must not be afraid of unwanted pregnancy. And some methods have other health benefits for example, condoms and spermicidal can help protect against the spread of sexually transmitted diseases (STDs) including HIV/AIDS. Hormonal methods can help with irregular bleeding and pain during a woman's monthly bleeding (Subedi, 1996).

Some malesdon’t want their wives to use family planning, often because they do not know very much about how different methods work. A man may worry about his wife's health, because he has beard stories about the dangers of family planning. He may fear that if a women use family planning, she will have sex with another man or he may also think it is manly to have lots of children (Subedi, 1996).

This information about the family planning might help a husband understand that:

- Family planning will allow him to take better care of you and your children.
- Child spacing is safer for you and your children.
- Family planning can make sex with him more pleasant, because neither of you have to worry about an unplanned pregnancy.

If your husband still does not want you to use family planning even after learning about its benefits, you must decide whether you trill use family planning any way. If you do you may need to choose a method that can be used without your partner knowing about it (Farrer and Churchill, 1990).

2.1.2 Family Planning Counseling

Family planning counseling is the processes of helping clients make informed and voluntary decisions about fertility. Properly done, counseling help clients make good decision by ensuring that they have the information they need to make decision by helping them apply that information to their own circumstances, and by ensuring that they make their decisions voluntarily (Farrer and Churchill, 1990).

There are benefits of` Family Planning' Counseling. Correct information and 'open' discussion between clients and service providers through listening, talking and non-verbal communication helps clients to accept family planning. It helps clients to choose the method that a host for their individual health needs and well-being. It enables clients to learn how to use a method of family planning correctly. A client is more likely to continue using a contraceptive method if he is satisfied with the method, understands how it works, knows how to deal with possible side effects, and feels comfortable in contacting and talking with the service provider. Lastly the counseling offers the opportunity to identify and correct any misinformation about family planning methods that a client may have. This will increase method acceptance, use and continuation for the client as well as in the wider community (MoH, 1995).

Family planning services should be viewed in the larger context of reproductive health care for women. The overall goal of any programme that addresses women's reproductive health issue should be to contribute to the improvement of the health and well-being of women. Provision of an appropriate contraceptive method is an integral component of a comprehensive reproductive health care programme. Ideally, other elements of such a programme should include provision of antenatal and post-natal care, treatment for Sexually Transmitted Diseases (STDs), screening for cervical and breast cancers, treatment for infertility, sale abortion services (where legal), treatment

for complications of abortion, and monitoring and treatment of other diseases such as anemia, that disproportionately affects women (Subedi, 1996). `

A basic knowledge of family planning is important for the nurse. She will be expected in her professional capacity (and quite often privately as well) to be able to interpret and explain the various ways of both achieving and avoiding pregnancy. Family planning discussion and advice can be centered on revising the ways in which pregnancy is achieved i.e. the factor necessary for the establishment of pregnancy. The way of avoiding pregnancy can then be looked at in detail by showing how the absence of one or more of these factors prevents pregnancy (Pathak, 2002).

In essence, contraception can be achieved by:

- The suppression of ovulation
- Allowing the ovum and sperm to meet, and fertilization to occur, but preventing successful implementation in the uterus.

According to a 1996 family health survey (Farrer and Churchill, 1990) the total fertility rate was estimated at 4.64 per women and is estimated to have gone down to 4.1 children per women in 2001 (DHS, 2001). In spite of almost universal knowledge of family planning and the availability of at least three methods of contraceptive in all health facilities in the country, the contraceptive prevalence rate was estimated to be only 34 percent in 2001 and unmet demand reached 28 percent.

In Nepal, the girl usually marries early, and start child bearing immediately after marriage. The idea of limiting the number of children by family planning in generally accepted hut it is most often considered a matter of women who already have children. During the missions we could find, when inspecting the clinic records, very few family planning clients who had not got any children. Young married women visited the clinics, but for antenatal care and general health concerns not to obtain family planning. Postponing the birth of the first child is still uncommon among the young married couples and limited to the small number of educated families in which girls also receive higher education. An unmarried girl or women could hardly seek family planning services from local providers. The idea of` the need to prevent unwanted pregnancies outside marriage is not recognized, although the studies show that sexual relations are not limited to marriage only (Pathak, 2002).

The importance of effective family planning effort lies in recruiting most fertile young aged couples and providing them with most efficient modern methods. This will help to reduce fertility significantly. Other-wise, even the increased contraceptive prevalence which may be especially due to recruiting old couples with high parity would have less impact on fertility. Therefore, such aspects as contraceptive method mix and the characteristics of the contraceptive users need to be assessed in order to understand the prevalence of contraceptive use and the fertility pattern (Farrer and Churchill, 1990).

Lack of access to services point may not be the main reason women do not make use of family planning services, using data from 13 Demographic and Health Surrey from Africa. Asia and Latin America. UNFPA (1995) found that one of the main reasons for nonuse was the concern about health and side effect associated with contraceptive use. Accessibility of high quality family planning services was also highlighted in Cairo in the 1994 International Conference on Population and Development (ICPD) programme of action on quality case. The most appropriate concept is access with quality clients' needs both (Bongarts and Bruce, 1995). Demographic and Health Survey in 12 countries suggested that ever half of all women were unsuccessful or dissatisfied with the contraceptive method they had been using this is a measure of just how far contraceptive technology and family planning deliverer programme atc falling, short of what the women of developing countries want and need (Pathak, 1498).

In Nepal community based health programme are in use to promote outreach services (Ministry of Health, 1993a, 121). So that primary health care and family planning services delivery are more in demand and accessible to the widely dispersed rural households. Village health workers (VHWs) and Female Community Based Health Worker, traditional birth attendant and community leader cannot also be over looked the 1991 Nepal Fertility, Family Planning and Health Survey (NFFHS) does not provide their information for detailed analysis (Pathak, 1999. maternal and child health services on a door-to-door basis to the community and the FCHVs as trained volunteers use government provided kits to do the something. FCHVs are to closer relate to VHWs their activities (Pathak, 1999).

Knowledge of the contraception is still limited in some off the least developed countries of Asia and in much of sub Saharan Africa. The percentages of women who know of a place of obtain family planning information and services are often lower than the percentage knowing about contraception lack of knowledge of service may reflect either their inaccessibility or ineffective publicity. A minority of women (between 27 percent and 48 percent) know of family planning outlet in Yemen, Burkinofaso, Mali, Niger, Nigeria, Senegal, Liberia, Madagascar and Pakistan (WHO, 1999: 67-69). The same source shoves that proportion between 50 and 80 percent were registered in another 14 of the 50 countries with these indicators available. There are also many countries (?7 of the 50) were 80 percent or more women know of an outlet (WHO, 1999).

2.1.3 Scenario of Nepal

The most recent data imply that for the world as a whole, contraceptive prevalence rate (CPR) of am method for 1998 has reached 58 percent (WHO, 1999: 67). This implies that almost six out of ten couples with the wife in the reproductive ages are currently using contraception. This reflects a rapid recent increase in contraceptive use in developing countries where the average level of current use of any method is estimated at 55 percent of couples (UN, 1999). In developing countries, the CPR has risen substantially from less than 10 percent in the 1960s to 55 percent in 1998 and it continues to rise. It is projected for the developing region that CPR will increase to the level of 64 percent by 2010 and 73 percent by 2025 (WHO, 1999).

In the context of Nepal, 1996 Nepal Birth, Death and Contraception Survey (NBDCS) showed that about 74 percent of currently married women had knowledge of any family planning methods, while the percentage of currently married women contraceptives was found to be 30 percent (Subedi, 1996).

UNFPA (1991) revealed that nearly three-fifth, i.e. 58.9% of the men said that nearly the use of contraceptive produces has bad affects in health. A small proportion of the men also said use of contraceptive causes infertility and weakness. 18 percent of the males said that contraceptive have no bad effects. 17% said that did not know about the bad effects of the family planning methods. the information indicates that a substantial proportion of the men think that contraceptive method could result to

various side effects. Unless these impressions are removed men may not participle and adequately in the utilization and delivery of family planning.

According to Rural Urban Survey (1978), Nepal among those who reported current use of family planning, the mean number of living sons was higher than the mean number of daughters for all respondents. Most couples have at least one in before they adopt family planning method. There is striking differences in level of current use between women without a living son and those who have three or more living sons (Risal, 1989).

2.1.4 Factors affecting family planning

MOH (1995), education is the most important factor that determines the use of contraception of couples. These are strongly associated with each other. Obviously, it is observed that use of family planning among educated women is higher as compared to illiterate women. There is positive relationship between use of family planning and level of education of husband/wife.

The increase in contraceptive use in developing counties is due in part to government support for family planning services, which has increased the availability of contraceptive. In the early days of organized family planning in the developing world, the primary rationale for such support was that increasing contraceptive use would lower fertility there by slowing rapid population growth which in turn would facilitate economic and social development government planners policy maker and many politicians accepted the argument that slowing aggregate rates of population growth would accelerate economic development public support has also been provide because the ability to determine the number and spacing of one's children has been increasingly recognized as basic human rights reasons. Many governments have also encouraged family planning as a means of improving the health of women and children (NAP 1989) (Sharma, 2008).

Female sterilization is rather popular but compared with India. It is a far less used method. Male sterilization is today in India not popular, mainly because of cursive policies in history. In Nepal, the figure is considerably higher A notable difference between India and Nepal is that inject able contraceptives are commonly used in

Nepal, but not used in India. Use of pills and condoms is low in both countries. Relatively few people are using the existing reproductive health services; often the links to the communities are weak the supplies, equipment and personnel inadequate. The three most common temporary contraceptive methods are injecting able, condoms and pill (NDHS, 2006).

An expert committee, WHO 1971 " A way of thinking and living that is adopted voluntarily upon the basis of knowledge attitudes and responsible by individual and couple in order to promote the health and welfare of the family group & thus contribute effectively to the social development a country.

Proportion of women who are currently using contraception was observed to be 37.3 percent comparative figures obtained from the Nepal family health survey 1996 show 28.8 percent for current use of any modern method. This indicated an increase of 8 percent points in period of five years. The trend of current use of contraception as indicated by different survey carried out in the past. The general trend in the growth of current use of contraception was observed to be 1 percent point per year during 1991 and 1996. The nearly 2 percent points in the last four years from 2001 to 2005 (NDHS, 2006).

Currently married non pregnant women of reproductive age who say they do not want any more children or that they want to wait at least for two years before having another child but are not currently using any contraception (NDHS, 2011).To check the growth of the population many countries have adopted different policies. Todaro (2000) has recommended some more specific policies that LDC government might try to adopt to lower birth rate in the short run. According to him governments can attempt to control fertility in six ways.

i) They can try to persuade people to have smaller families through the media and educational process.
ii) They can establish family planning program to provide health and contraceptive services to encourage the desired behavior.
iii) They can deliberately manipulate economic incentives and disincentives for having children.

iv) They can attempt to redirect their populations away from the rapidly growing urban areas by eliminating the current imbalance in economic and social opportunity in urban versus rural areas.

v) They can attempt to coerce people in to having smaller families through the power of state legislation and penalties.

vi) They can raise the social and economic. status of woman by creating conditions favorable to delayed marriage and lower martial fertility.

Contraception is one of the proximate determinants of fertility; it is different in nature from the economic or cultural. explanations of fertility changers; which are remote determinants. Socio-economic factors can influence fertility only through the proximate determinants (Bhende et al, 1984).

In practice, fertility may be considered natural if no contraception or induced abortion is used. By analyzing the data from United States based studies, Bogart's and Potter (1983) concluded that, there are basically two ways' in which a population can control its fertility below the level implied by the natural marital fertility rates. First, the number if years of exposure to childbearing can be limited second, deliberate control of marital fertility can be exerted, either through the use of contraception or by restoring to induced abortion. But the access to legal abortion in different countries depends largely on the extent of restrictions imposed by law.

In many developing countries high fertility is associated with the mode of production and with cultural and religious factors. -The level of income, education and child survival also play major roles in the reduction of fertility: In addition, family planning in general has an important role to play in reducing marital fertility (UNFPA, 1989). The most important determinants which effect fertility are use of contraception that reduces fecund ability to a fraction of its natural level (Mandandhar, 1995). Much of the existing, theoretical framework for the study of fertility has come from scholars working on more contemporary societies. Marital fertility is conditioned by a series of proximate determinates, which is run, are strongly influenced by economic, demographic social and cultural factors (Renfer, 1989). The proximate determinants of fertility are the biological and behavioral factors through which social, economic and environmental variables affect fertility. The principle characteristics of

approximate determinant are its direct influence in fertility. For example, if contraceptive use. changes, fertility necessarily changes, assuming the other proximate determinants remain constant. This change.is not necessarily through the cause of socio-economic determinants (Bongaarts and Potter, 1983).

Family planning approach to population control, that has been adopted by any developing countries to provide people the knowledge of socio-economic and health advantage of anal family and. contraception information and services to enable people to achieve desire family size. The benefits- of family, planning ate important, not only for regulating the number and spacing of children but also in enabling girls and young woman to avoid early pregnancy that might force them to avoid early pregnancy that might force them to leave school or employment and even to marry prematurely (UN, 1974).

2.1.5 Empirical Review

Concerns about rapid population growth in many developing countries begun to surface during the late 1950s when an increasing number of government decide to take action. to lower their population growth rates. In the l960's many governments began to establish family planning programs which provides the initial impetus for a global effort in research on human reproduction in 1965, after almost a decade of debate the world health assembly called upon WHO to include human reproduction among its activities and requested to director general to establish a program of work in this area. WHO taking a broad perspective of the issues involved emphasized that demographic problem required proper consideration of comprehensive view of this complex issue. In 1972 a number of government and agencies contributed to wards the creation of an expanded program of research development and Research training in Human Reproduction (WHO, 1992).

In Nepal the practice of family planning method was initiated in 1950s through non-governmental sectors but the official family planning was stated only in 1965. The movement of family planning in Nepal was initiated in, 1985 by Nepal Medical Association and some social workers. The family planning Association of Nepal (FPAN) a voluntary organization affiliated with the international Planned Parenthood federation was established- in Nepal in 1959 as a unit of Nepal medical Association.

The FPAN provided planning methods to a limited population in an around Kathmandu valley. Only in 1968/69 this association started to work in planted way (Gonzalez, 1990).

In 1975 HMG/N started integrated family planning services with basic health services and instituted Integrated Community Health Services Development Project (ICHIDP). In 1978 the Contraceptive Retail Sales (CRS) project came to market for providing the temporary means of family planning with these arrangements, course, the number of acceptors has increased but the rate of fertility has remained stable the past several, years. At the current stage of evolution of family planning program, planning and implementation in. Nepal, a realization goes that this needs to be integrated with other development programs right from the down to the village level. Secondly government agencies alone can should not longer plan and implement this program.

Instead they must invite and involve various other non governmentorganization to participate in the program. right from the center down :to the .village level, NGO's role is now thou t to be catalytic particularly to create demand for and receptive attitude. to family planning (Tuladhar, 1996).

During the last 15 years, the overall contraceptive used increased from 3 to 24 percent. The rate almost doubles during the period of 1981-86, reaching to 15 percent from 7.6 percent. The increase was slightly lower for the period of the individual method, female sterilization double during the last 5 years and constituted almost one half of the total population rare in the country.

The proportion of permanent sterilization was the highest in 1986. It may be the effect of sixth five-year plan (1980-1985) that adopted one of the major policies to introduce family planning programme with particular emphasis on permanent methods in rural areas where fertility was high. Yet more than four fifth of the prevalence rate is attributed to male and female sterilization of the spacing methods injectable has gained a tremendous popularity over the last 5 years (K.C, 2000).

The International Conference on Population and Development (ICPD) Cairo 1994 has suggested a drive towards reproductive health and empowerment of women. Although there were some disputes regarding abortion and ICPD document has mentioned in no

case should abortion be promoted as a method of family planning. (WHO, 1994, Para 8-25), but it has expressed the essence of consolidated country programme to limit the number for a better balance between resources and population. The irony is that the implementation aspects of family planning in the most of the development countries are only related to condom, pills, IUD, Depo-Provera, Norplant, and other methods. The catchment area of family planning goes for behind to why people demand for children? What are the reproductive need? What physical, social, cultural, economic, psychological and emotional factors are responsible for differential fertility in societies? The answers to these questions are the background to plan for coherent family planning programme (Pathak, 2002).

During the demographic survey of a case study in Nawalparasi District of Nepal in June 1990, the author had got a reply from a middle level family planning personnel that he understood of family planning as having only `two type of methods permanent and temporary vasectomy and laparoscopy are permanent and condom, IUD, Norplant, Depo-Provera etc. are temporary method.' The Hattiban Village of Nawolparasi was experiencing a high infant and child mortality and he was further asked whether or not he did see the relation of child mortality to the number of children ever born' what about Jeevanjal (oral rehydration therapy)? He replied '……. well ……. It's a health care measure, it has nothing to do with family planning' (K.C., 2000).

If the practice of family planning in common couple can choose an appropriate and effective method of family planning.it is because they are concerned about their increasing number of children and also about the possibility of ending up with a still worse sex composition, and so will stop childbearing at some stage even if they have not achieved their desired sex composition. Strong son preference is often side to be a major barrier to the promotion of family planning particularly in rural area. The effects of son preference n contraceptive use increases as contraceptive prevalence increases (Das, 1.987). In other words, this effect clearly exists when the level of contraceptive practice is high (K.C., 2000).

Does literacy matter for the use and non-use of contraceptive is a common question. Yes, it matter is the simple answer. The complexity is how much and why differently among different sub group of population. In Nepal, 36.9 percent of literate women

were using any method of contraception where as only 25.6 percent of illiterate women were using it. The difference of 11.3 percent is normally attributed to literacy (K.C., 2000). In 1988, the Government of Egypt (GOE) set a goal of reducing the growth rate from 2.8 percent to 2.1 percent by the. year 2001; to do so, the contraceptive prevalence rate (CPR) would have to reach 51 percent by that year. In 1988 approximately 2.9 mission couples were practicing family planning representing a CPR of 37.6 for all methods and 35.4 percent for modern methods; and Egypt population was increasing at the rate of 2.5 percent annually. Thus, to reach the GOE goal of 51 percent CPR meant that intensive efforts and significant expansion would be necessary in both the public and private sectors (MOH, 1987).

Family planning is central to all other components of reproductive health (WHO, 1999). It plays a central role in reproductive health care because it allows to plan women, men to have healthy reproductive lives. Family planning services are on essential part of reproductive health care and have saved the lives and protected the health of millions of men, women and children. Family planning has an important bearing on such major aspects; meeting demand for family planning, saving women's lives, children's lives, offering out of youths to maintain and promote their reproductive health. These are the most important ways family planning benefits individual and countries. However, the main objective of this study is to discuss about saving women's lives only (WHO, 1999).

The greatest contribution of family planning programme lies in avoiding unwanted pregnancies and there by unplanned births and making sure that, all birth is planned. Many women have unintended birth or terminate unwanted pregnancies in inducted abortion. Unwanted pregnancy occurs for many reasons; the most important is due to in accessibility of' family planning services or contraceptive method failure. Overall 38 percent of currently married women had ever used family planning at same time in the past. Those who had needed modern methods consisted 35 percent, while only a little over 6 percent had ever used traditional methods. The most commonly used modern method was female sterilization, followed by injection, pill, condoms, and male sterilization. Ever use of IUD, Diaphragm/Foam/Jelly and Norplant was nominal (less than 1 percent each). Among the traditional methods withdrawal and abstinence,

each was reported to have been used by less than 4 percent of currently married women (K.C., 2000).

In the ever use of contraception the share of sterilization in the ever use of any method and modern method was 46 on 50 percent respectively. Thus, sterilization was the most ever used method. According to NFHS 1996, about 29 percent of currently married women were using a modern family planning method at the time of survey, only about 3 percent of the currently married women were using traditional method such as withdrawal and abstinence (K.C., 2000).

In developing countries, about half of all married women do not desire for more children in the future but only small properties are using contraception. There is therefore a great concern to identify the magnitude of potential demand for family planning and the explore the reason for it. In the context of Nepal, there has been increase in accessibility of family planning services over the years. However still one half of the current users have to travel for more than two hours obtain the contraceptives (MoH, 1995). The demand for family planning services particularly remains high. According to 1996 Nepal Family Health Survey, the level of unmet need has been found to be 31.4 percent with 14.3 percent for spacing and 17.1 percent for limiting. However, there is a great variation in unmet need for family planning a cross the development and sub development regions in Nepal for example - If we take the case of sub development regions, unmet need in far western hill has been estimated to be 37 percent (23 for spacing and 14 for limiting) which is much higher tan that of central hill (25.3 percent). On the other hand, the demand satisfaction is the lowest in far western hill.

Similarly, accessibility of family planning services is another determining factor for unmet need in a population. Accessibility of family planning services has many dimensions. Distance or travel time to sources of contraceptive, convenience in term of case and cost of transportation, quality of services in term of.waiting time and competence and attitude of the staff, type of services provided, length of time that specified services are available and cost of family planning services of these, first three elements are most conventional in accessing the accessibility of family planning services (Pathak, 1998).

Dahal (1989) indicating the main reasons for non-use of family planning services within the unmet need population in Nepal were; health concerns, socio-economic and cultural reasons, insufficient. family planning programme and currently breastfeeding practices. There were further characterized by low level of literacy, especially for females, poor transportation and communication network, deteriorating economic condition and the demand for family forms labor (Risal and Shrestha, 1989).

Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. It implies that people have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this is the right of men and women to be informed and have access to safe, effective, affordable and acceptable method of family planning of their choice, as well as other methods of their choice for regulation of' fertility which are not against the law, and the right to health care services that will enable women to go safely through pregnancy and childbirth (K.C., 2000).

2.1.6 Family Planning in Development Plan

By the end of the eight-plan period the knowledge of' family planning among Married Women of Reproductive Age (MWRA) was almost universal in Nepal. Over 98% of these women knew about at least one modern method of family planning. the contraceptive prevalence rate (CPR) increased to 28.0 percent from a vary low level of about 3.0 percent in 1997. As the result of the increase in the knowledge and use of family planning, the TFR toward the end of eight plan came down to around 4.6 against the target of 4.5. No doubt this achievement is the result of the concerted effort of the government agencies as well as NGOs and INGOs that are operating in the areas of reproductive health and family planning. it should be noted that although the government sector is the main source of family planning programme, its share of the marked has declined in recent years. In 1991 out of the total current users 93 percent were utilizing the service from the government sector while this percentage came down to 79 percent in 1996. In 1991, the proportion of current users obtaining contraceptives from the private medical sector was only 5 percent, but this increase to 14 percent in 1996. Similarly, other private source supplied to les than 1 percent of users in 1991, but this increased to 6 percent in 1996 (DHS, 1996). This information

clearly shows the important role being played by the private sector in fulfilling the objectives of national population and family planning programme (Pathak, 1998).

One of the important elements of the national family planning programme is that the share of the permanent method among all current users of family planning has remained very high since the initial years of family planning.programme in Nepal. The total share of the permanent family planning methods users was 69 percent in 1976 and was 67 percent in 1996. This implies that majority of the current users were using family planning to limit rather than for spacing of births. The age at marriage and age at first birth is still low in Nepal. About 82 percent of the women aged 20-49 are married by the age of 20 years. This has also contributed in high fertility since most of the birth takes place within a year of the marriage. in this context the programme should also focus on raising the age at marriage of girls. The use of family planning for spacing especially after the first birth should be promoted (K.C., 2000).

Family planning is the conscious effort to determine the number and spacing of births. The right of individual and couples `freely and responsibly to decide the number and spacing of their children and to have the information, education and means to do so' was first recognized as a human right in 1968, and over the past two decades has attained almost universal acceptance. It was endorsed by the world population conference in 1974 and by the International Conference on Population in Mexico city which reaffirmed `the right to choice of family size without coercion, and the right to choice of method, which should include all medically approved and appropriate method of family planning of both mothers and children and to lower infant and maternal and infant health enhances and helps create the condition for effective family planning programme; thus family planning has its maximum impact on health where it is make available on integral part of maternal and child health services (WHO, 1999).

Many millions of couples and individuals throughout the world, however, still do not have access to family planning, either because they lack information or because an appropriate range of methods and follow up services is not available. Women who lack family planning or have encountered failure with it, may have only two option an unplanned pregnancy or abortion. The rise is the number of women resorting to abortion testified to the failure of family planning services to keep pace with the

demand. The toll is great complication from abortion alone kill an estimated 200,000 women per year. The best way to prevent abortion is to make family planning accessible to all women and men. The success of family planning programme depends on decision make by billion of individual, women and men (WHO, 1999).

Countries, which have adopted population policies, have information programme to make entire populations aware of the benefits of family planning and services to back them up, have registered significant reductions in fertility rates. This is particularly notable in countries with network of community health workers and clinics, paying close attention to primary health care and preventive medicine as well as family planning. However, family planning is not just a matter of providing contraceptive services. The ability to take advantage of family planning is past of an attitude to life. It is created by an environment in which everyone has opportunities and choices, including access to family planning services (NDHS, 2006).

Knowledge of contraceptive method is presented forever married and currently married women and men by specific methods. Finding from the 2006 NDHS show that knowledge of at least one modern method of family planning is nearly universal in Nepal, with little difference between women and men. The most widely known modern contraceptive methods among both ever married and currently married women are female sterilization (99 percent) and condom (91 percent). Four in five women know of implants, a little more than one in two women have heard of the IUD, while two in five. women have heard of vaginal methods. This pattern is similar forever married and currently married men except that men are relatively more likely than women to have heard of condoms, vaginal methods and the IUD and are less likely than women to have heard of injectable and pills. A greater proportion of women and men reported knowing a modern method than a traditional method. This is more pronounced in the case of women, only 55 percent of them know of any traditional method. Reported knowledge of traditional methods is much higher among men (more than 80 percent). One of the region for the low reporting of knowledge of a traditional method may be that these methods are not included in the government family planning and women may be reluctant to motional them since they are not widely accepted (NDHS, 2006).

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

Proportion of women who are currently using contraception was observed` to be 37.3 percent. Comparative figures obtained from the Nepal Family Health survey 1996 shows 28.8 percent for current use of any modern method. This indicates an increase of 8 percent points in a period of five years. The trend of current use of contraception as indicated by different surveys carried out in the past. The general trend in the growth of current use of contraception was observed to be 1 percentage point per year during 1991 and 1996. The current figure indicates an increase of nearly 2 percentage points in the last four years, from 2001 to 2005 (NDHS, 2006).

The increased rate of growth in the current use of contraception during the last four years could be due to the fact that nearly 300,000 sterilizations were preformed in the last five years. Also, there was an increase in the number of Depo-Provera users (nearly 200,000 in the fiscal year 199811999 alone).

The current use of contraception increased with an increase in age. For example, for non pregnant women less than 25 years of age, currently use was 26 percent, while it was 42 percent for older non-pregnant women. This again reflects the fact that older women are highly parity women who would need contraception as their desired fertility had already been met (K.C., 2000).

With an increase in the education of the respondent, there was an increase in the current use of contraception. Form a low 35 percent for non-pregnant women with no education, current use increased to 45 percent for such women with secondary or higher education. A similar picture emerges with respect to the literacy of women for example, among illiterate women, the level of current use was 33.4 percent. While it

increased to 45 percent for literate group. Women that reported currently using a method were asked to describe the currently using a method were asked to describe the currently family planning method used. The Contraceptive Prevalence Rate (CPR) from 39 percent in 2001 to 47 percent by the end of 10th five-year plan period and will be 58.2 percent by end of 2017 (K.C., 2000).

CHAPTER THREE
RESEARCH METHODOLOGY

This chapter consists information on the research methodology employed to access the use of family planning services and the factors affecting them in the target area.

3.1 Research Design

It is the blueprint that provides information about the methodology employed, sampling method and its size, data analysis method, and the method of interpretation.The design of this study is descriptive. It is based on the field study method in which the researcher has collected data. The household questionnaire and Key Informants Interview (KII) has been employed as the tools for the collection of the data which are presented in the Annex. The household questionnaire provided information on the use of family planning services by the married women of Badimalika-8 and the KII provided information about the factors affecting their uses. These tools have generated quantitative data which are presented in the form of tables and charts. The data have been analyzed in a simple descriptive manner which are compared with the previous studies to form a conclusion.

3.2 Rationale for the Selection of the Study Area

Bajura is a remote district which lies in the far western part of Nepal. According to gender employment index district hold 73thand 72thposition rating in HDI index (CBOs) 2011. The status of the people of Bajura district lies below the national poverty line. Unwanted population growth, under employment, geographical barriers and poverty are being the main constraints for the development especially in the hilly district as Bajura. Maternal mortality, malnutrition, child mortality and lack of awareness are the major problems for the rural livelihood.

My research areaBadimalika municipality is the head headquarter of the district. Different line agencies and district health office arealso located in the municipality. most of the people have easily access on use of means of family planning services.So, this research helps to find out the knowledge about theuse of the means of family planning services by the reproductive age married women and the affected factorsafter using and not using family planning means. This research also may be fruitful for local policy makers, health worker and related line agencies.

3.3 Nature and sources of data

This study was based on both the qualitative and quantitative data collected from primary as well as secondary sources to fulfill the objective of the study. Primary source is the most important source of data collection in the research. In this study primary data werecollected from household survey and KII. Secondary data was collected from different books, published andunpublished journals, articles, project reports, etc.

3.4 Study population and sample size

According to CBS 2011, the total households in Badimalika municipality-8 are 3710 (the total households of Martadi, Jugada and Budiganga VDC). The population of the study is the total households of Badimalikamuncipality, ward no. 8. And the study population is the household with married women of age between 15-49 years. According the census of 2011, the total no. of females of reproductive age in the municipality was 4182 out of the 18207 total population which amount to about 23 percent of the population. The representative households with married women of reproductive age was 853. Thus the 15.7 percent sample size of the 853 households amounted to 135 households. Simple random sampling method has been used to collect samples from this study population.

3.5 Techniques and tools of data collection

The following techniques and tools were used for the purpose of collection data.

3.5.1 Household survey

The household survey was conducted as technique for which structured questionnaire/ survey type form was developed as tool which has been presented in the Annex I. The questionnaire aimed to collect the information related to the use of means of family planning services and knowledge among reproductive age married women in research areas.

3.5.2 Key-Informants Interview

The KII guidelines was used as a tool to collect information about the factors affecting the use of family planning services by the reproductive aged married women.The KII guidelines is presented in the Annex II. The KII was done with 3 key people; a district health officer, a community health volunteer, and a doctor of health post.

3.6 Methods of data analysis

In this study coding, editing and tabulation was used to analyze data.The quantitative data collected was analyzeddescriptivelyusingtable, pie chart, bar-diagrams. After proper interpretation of the data, findings are clearly presentedand conclusion have been drawn based on these findings.

CHAPTERFOUR

PRESENTATION AND ANALYSIS OF FIELD DATA

The collected data and information were edited, classified and presented in tabular form and figures. the whole chapter has been organized as

4.1 Introduction of the study area

4.2 Socio economic information of the respondents

4.3 Knowledge of family planning service

4.4 Factors affecting the use of family planning methods

4.1 Introduction of the study area

4.1.1 Description of Bajuradistrict

Bajura district lies in the far-western development region. It has a dynamic culture as well as the whole district is covered with the hills and mountains. The total area of the Bajura district is 2188sq/km and the population of this district is 134,912 according to the census of 2068. There are 5 rural municipalities and 4 municipalities in this district. Martadi is the headquarter of Bajura district. This district is quite backward from the development. The development of this district is going in tortoise way. We could not find any facilities in this district because it is far from the center. The literacy rate of this district is quite low because we could not find much more school in this district. From the health facilities it is also quite back ward. If somebody suffers from certain kind of infection or disease, then he should have to go far for his treatment.

The life of Bajura district is very difficult. People have to struggle much more to get sustain here. The life is much risky here.The district borders Mugu and Kalikot on the east, Bajhang on the west, Humla on the north and Achham and Kalikot on the south and comprises 14% mountainous and 85% hilly areas. The female literacy is quite low. The most of the people are illiterate. There are not good facilities of transport, only half area of this district is touched by the road. Here is multicultural, multi caste and multi-language. The main language of this district is Nepali. The mainly inhabitant of this district are Bhramans, chettri, Janjati, and dalits. Mostly here is the

majority of chettri. We could not find more job opportunities here because here is less office, industries. The main occupation of the people is Agriculture. Most of the people are engaged in the agriculture and animal husbandry. People get sustain from this occupation they fulfill their basic need from the agriculture and animal husbandry. Due to the more illiteracy people are quite backward as well as district is also back.

4.1.2 Description of Badimalika municipality

The whole municipality is covered with hills and mountains. There are nine wards in this municipality. The total population of this municipality is 18,207 and the total area is 286.50sq/km. Among the total population there are 9352 males and 8855 females.(2011, Municipal Association of Nepal (MUAN).The development of this municipality is not going on rapid way because firstly people could not fulfill their basic need then now they could think for the development of the municipality. Mostly the main occupation of the people is agriculture. Mostly the people are engaged in agriculture and animal husbandry. They fulfill the basic need from the agriculture. The life of the people is quite difficult and they do quite struggle for them sustain. Most of the people are illiterate in this municipality. Due to the more illiteracy the Municipality is quite backward. The life of the people is quite risky because here the people have to do much more struggle for them survive. This municipality here is a dense jungle from which people brings grass and firewood for different purpose. As we could say that there is a good harmony among the people. The main inhabitants of this Municipality are Bharimans, Chhetri and Dalits, the main language is Nepali. The Municipality is going in the way of the development. Nowadays we could see much more progress in different sector just like health, electric, pure drinking water, communication in others sectors. The government has given mostly priority for the Municipality.

4.2 Socio-Economic information of the Respondents

4.2.1 Age Structure

Age is one of the important factors to be considered while analyzing the awareness of family planning service among married women of age group 15-49 years. As already defined women of reproductive age are the age between 15-49 years, therefore, the age bar should be considered strictly.

Table No. 4.1: Distribution of the Respondents by Age

Age Distribution in Year	No. of respondents	Percent
15-20	6	4.5
20-25	36	26.7
25-30	33	24.5
30-35	28	20.7
35-40	23	17.0
40-45	8	5.9
45-49	1	0.7
Total	**135**	**100.00**

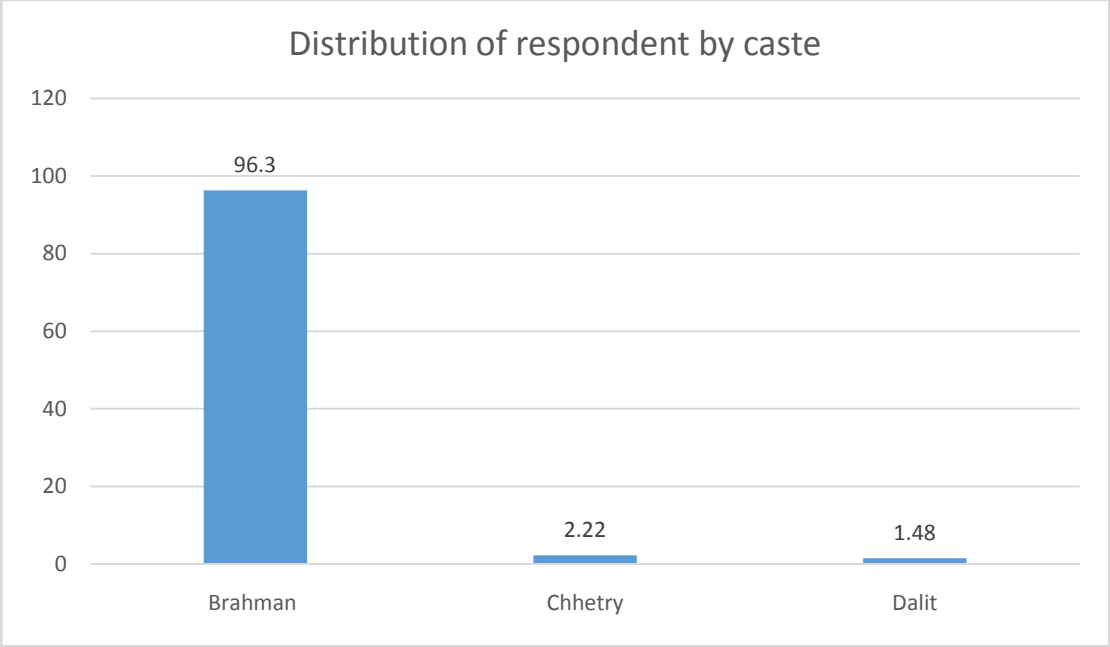
Source: Field Survey, 2017.

The age distribution of married women of reproductive age, presented in table 4.1 show that in total 4.5 percent women were aged 15-20 years followed by 26.7 percent who are 20-25 years, 24.5 percent are aged 25-30 years and 20.7 percent women are aged 30-35 years. The higher percent of respondents of age 20-25 might be due to having to care for newborn. Similarly, only 0.7 percent women are in age group of 45-49 years which might be affected by the lack of education and lack of confident to answer the questions of an unknown person.

4.2.2 Caste

In recent years, particularly after the on-set of multiparty democracy, caste and religion has become a sensitive topic in ethnically diverse Nepali society.it is a one major affecting factors.

Figure No. 4.1: Percentage distribution of respondents by caste



Sources: Field Survey, 2017.

The table shows the caste of married women. It also shows that in this study area overall 96.3 percent women are Brahman, and only 2.2 percent women are Chhetryand 1.5 percent are Dalit.

The data reveals that Brahman is the major caste of the study area. The major reason behind the less number of Chhetry and Dalit women of reproductive age might be dominance of one group of people in the specific region

4.2.3 Educational status

The structure of school level education with primary education of grades 1-5, lower secondary education of grade 6-8 and secondary education of grades 9-10, that is created and remains in practice.

Table No. 4.2: Distribution of respondents by literacy

Literacy status	No. of respondents	Percent
Literate	107	79.3
Illiterate	28	20.8
Total	135	100.00

Source: Field Survey, 2017.

The data for literacy status of the married women is presented in table 4.2. About 79.3 percent women are literate in this study area. The overall literacy rate is about 80.0 percent in Badimalika Municipality.

The higher rate of literacy suggests that people have the opportunity to readily gain information regarding their reproductive and sexual health. The distribution of the level of education of the people in the study area is presented in the table below.

Table No. 4.3: Distribution of the Respondents by Educational Attainment

Educational attainment	**No. of respondents**	**Percent**
Primary	28	26.2
Lower secondary	31	29.0
Secondary/intermediate	33	30.8
Bachelor	9	8.4
Informal education	6	5.6
Total	**107**	**100.00**

Source: Field Survey, 2017.

Table 4.3 show the educational attainment of the literate respondents. About 31 percent literate women have secondary/intermediate level of education, 29.0 percent have lower secondary education, 26.2 percent have primary education, 8.4 percent literate women have bachelor and above. Only 5.6 percent literate women have informal education. The higher percentage of secondary and intermediate level of

education might be due to marriage of female up to this level who spend much time in caring after her in-laws and children at home rather than to continue their education.

The higher percentage of secondary and intermediate level of education might be due to marriage of female up to this level who spend much time in caring after her in-laws and children at home rather than to continue their education. Despite this literacy rate is higher than the national average literacy rate (65.9%).

4.2.4 Occupational status

Economically active persons are persons who engaged or intent to engage in the production of goods and services included within the boundary of production of the system.

Table No. 4.4: Distribution of the Respondents by Occupation

Occupation	No. of respondents	Percent
Agriculture	1	0.7
Cottage industries	13	9.6
Job	6	4.5
Business	10	7.4
Household activity	95	70.4
Students	7	5.2
Daily wage	3	2.2
Total	**135**	**100.00**

Source: Field Survey, 2017.

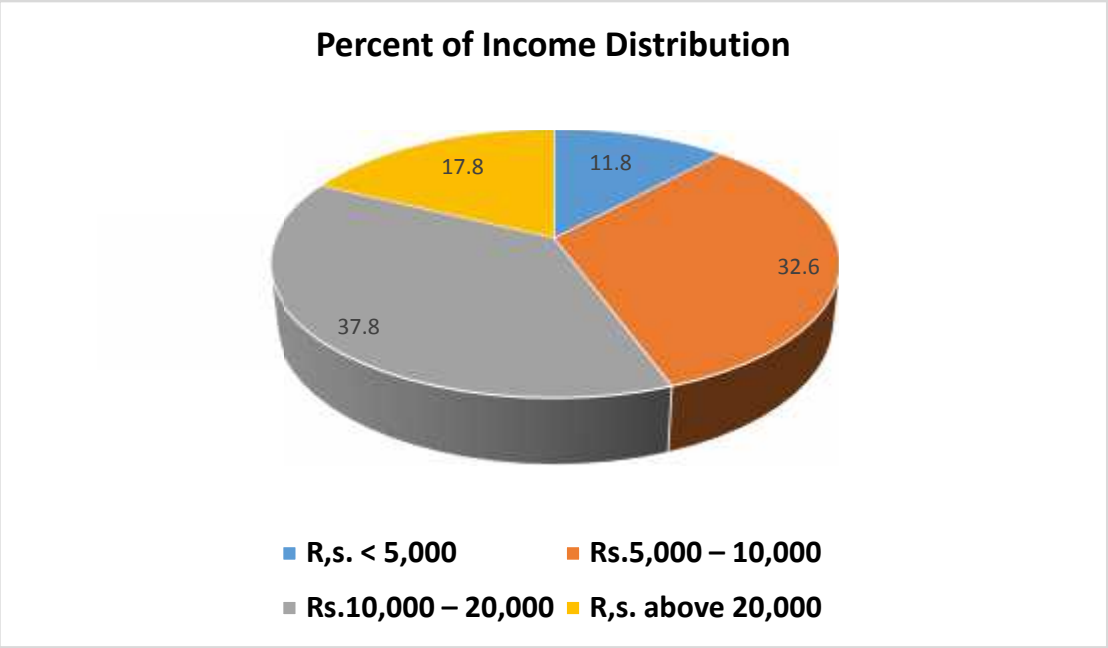
Table 4.4 present occupation of married women. Table 4.5 shows that majority of the respondents reported their main occupation as household activities. The share of household work was highest (70.4%) among the occupational categories considered, 0.7 percent women of study area was engaged in agriculture, 4.5 percent women was engaged in government service, 7.4 percent women are engaged in business, 5.2 percent are students, and 9.6 percent women are engaged in cottage industries in the study area.

The reason for higher percentage of female of reproductive age to be involved in household activity might be having to do household chores, look after livestock, care for family members and raise their children. Very little women are involved in entrepreneurship, about 10% which indicates the lack of economic reform in the region for these women.

4.2.6 Monthly Income

The main occupation of study area is household activities. In this study, a question was asked to the respondent about approximate monthly income of their family. The responses are presented in Figure 4.2.

Figure No. 4.2: Distribution of respondents by income



Source: Field Survey, 2017.

Figure 4.2 shows distribution of household by income level. The table shows that more than one third of the respondents mentioned that their average monthly income in 10,000 – 20,000 followed by 5,000 – 10,000 (32.6%). It is noted that a little over 1 of 10 respondents had monthly income of less than 5000 and 17.8 percent households had reported that their average monthly income above R.s. 20,000.These data show

that more than 81% of the households are run with the monthly income of below Rs 20,000.

These data show that more than 81% of the households are run with the monthly income of below Rs 20,000. This indicates that the living standard of the majority of the married women family is poor. We can easily assume what sorts of services and facilities these people can get with such a low average income level.

4.3 Knowledge of Family Planning Services

This sub-chapter is divided into different sections. First section deals with the respondent's knowledge on family planning methods. The second section deals with use of family planning method. The third section describes the differential in currently used family planning by age of women, occupation of women and education of women. The fourth section deals with who decided to use family planning method. The fifth section deals with reason for non-use of family planning methods. The six section deals with side effects of the particular method being used. The seventh section provides the information on availability and accessibility of family planning method in term of source of supply and availability. The eights section deals with the method failure. The ninth section analyses the future intention to use family planning method, reason for having and not having future intention to use family planning method. The tenth section deals with attitude towards sterilization.

4.3.1 Knowledge of Family Planning Method

In this study, the female with knowledge of family planning is above 96 percent. Females know about the family planning and they have also heard about many family planning methods. But they did not know how to use this method properly. The study shows that majority of respondents have heard about family planning.

Table No. 4.5: Distribution of Knowledge of Family Planning

Response (age)	Age of women								Total	
	15-25		25-35		35-45		45-49			
	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	6	85.7	49	98.0	55	96.5	20	95.5	130	96.3
No	1	14.3	1	2.0	2	3.5	1	4.8	5	3.7
Total	**7**	**100**	**50**	**100**	**57**	**100**	**21**	**100**	**135**	**100**

Source: Field Survey, 2017.

Table 4.5 shows that the majority of respondent (96.3%) have heard about family planning. Only 3.7 percent have not heard about family planning. The table further shows that the knowledge level is higher among old aged women compared to those who are in the age group of 15-25 year. About 85% of women of age 15-25 years, 98% of 25-35 years old women, 97% of 35-45 years, and 95% of women of age 45-49 years had knowledge of family planning. The highest level of knowledge age-group was that of 25-35 years of age.

As the district health office is situated in the same ward, people have access to different health services provided by the same. In addition, the information provided by media are also in easy access to the people through FM-radio, television, and newspapers.

The Table 4.6 shows that majority of women have heard about more than one method of family planning. By specific method Depo-Provera (90.0%) appears to be the best known family planning method. Followed by pills (77.7%), condom (63.8%), Norplant (47.7%) and male sterilization (49.2%), Depo-Provera has been gaining popularity in this study area. This was also reflected in the relatively high proportion of married women of reproductive age having heard about it.

Table No. 4.6: Distribution of the Respondents by Source of Knowledge

Source	No. of Respondents	Percent
Newspaper	31	23.8
Radio	94	72.3
Television	64	49.2
Health workers	38	29.2
Husband	13	10.0
Friend	42	32.3

*Total is not included because of multiple responses.

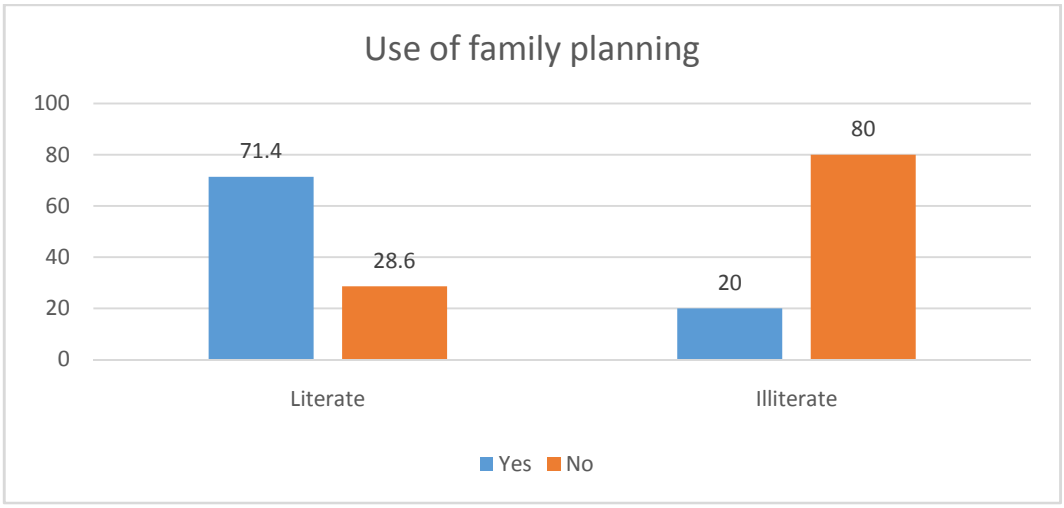
Source: Field Survey, 2017.

Respondents were also asked to mention the source of their family planning information. Table 4.10 indicates that the most commonly mentioned source of family planning information was radio (72.3%), followed by TV (49.2%) and health worker (29.2%). Husband as a sources of family planning information accounted for 10 percent. This data reveals that married women of reproductive age had easy access to radio which is readily available in mobile handsets or newspaper.

4.3.2 Use of Family Planning Method

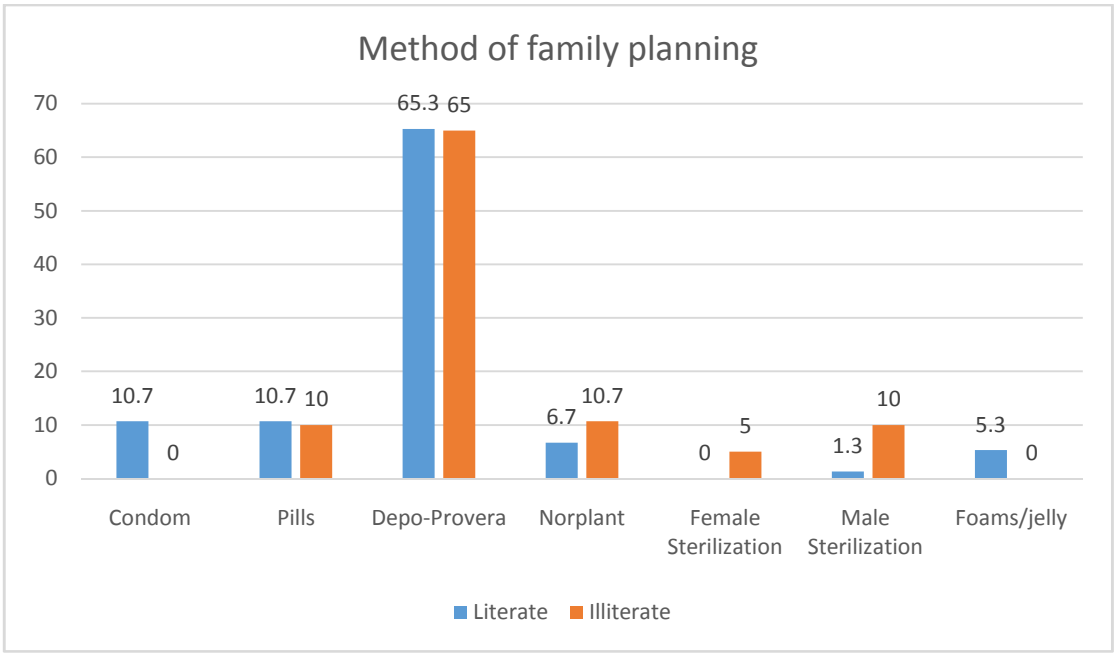
Respondents who reported to have the knowledge of any family planning method, were asked whether they have ever used any type of family planning method and also asked whether they were using any method at the time of survey.

Figure No. 4.3: Use of family planning and method



Source: Field Survey, 2017.

Figure No. 4.4: Method of family planning



Source: Field Survey, 2017.

Figure 4.3 presents distribution of married women who have ever used a family planning method by education. In total 73% of the respondents were the users of family planning services. About 71% of the literate married women were the users of family planning and only 20% of the illiterate women.

Among the users of the family planning services as provided in this table, Depo-Provera was the most commonly used method (65.5%), followed by pills (10.5%), condom (8.4%) and Norplant (7.4%) by the both literate and illiterate respondents. This finding is in conjunction with the 90% of women having knowledge about depo-Provera.

4.3.3 Current Use of Family Planning Method

In this section, the current use of family planning methods of married women is presented.

Table No. 4.7: Distribution of users of a family planning method

Currently use of FPM	Age of women								Total	
	15-20		20-30		30-40		40-49			
	No.	%	No.	%	No.	%	No.	%	**No.**	**%**
Yes	6	71.4	33	68.1	30	52.7	16	71.7	**85**	**62.3**
No	2	28.6	16	31.4	27	47.3	6	28.6	**50**	**37.7**
Total	**8**	**100.00**	**48**	**100.00**	**57**	**100.00**	**22**	**100.00**	**135**	**100.00**

Source: Field Survey, 2017.

Table 4.7 shows that observed current use of family planning method was 62.3 percent among the married women. The current use of family planning method decreases with an increase in age. For example, about 71 percent respondent in age group 15-19 years are current using and where as it was 68 percent for respondent in age group 20-29 years are current using family planning method. In this study area, CRP (62.3%) was higher than national level. As indicated by study, the most common method of contraception used in this study area was Depo-Provera.

Table No. 4.8: Distribution of Respondents Using one of Family Planning Methods

Family planning method	Current use of contraceptive among respondents	Percent
Condom	5	6.2
Pills	12	13.6
Depo-Provera	53	64.3
Norplant	3	3.7
Female Sterilization	4	4.9
Male Sterilization	4	4.9
Foam/jelly	2	1.2
Natural Methods	2	1.2
Total	**85**	**100.00**
Non-users	**50**	
Grand Total	**135**	

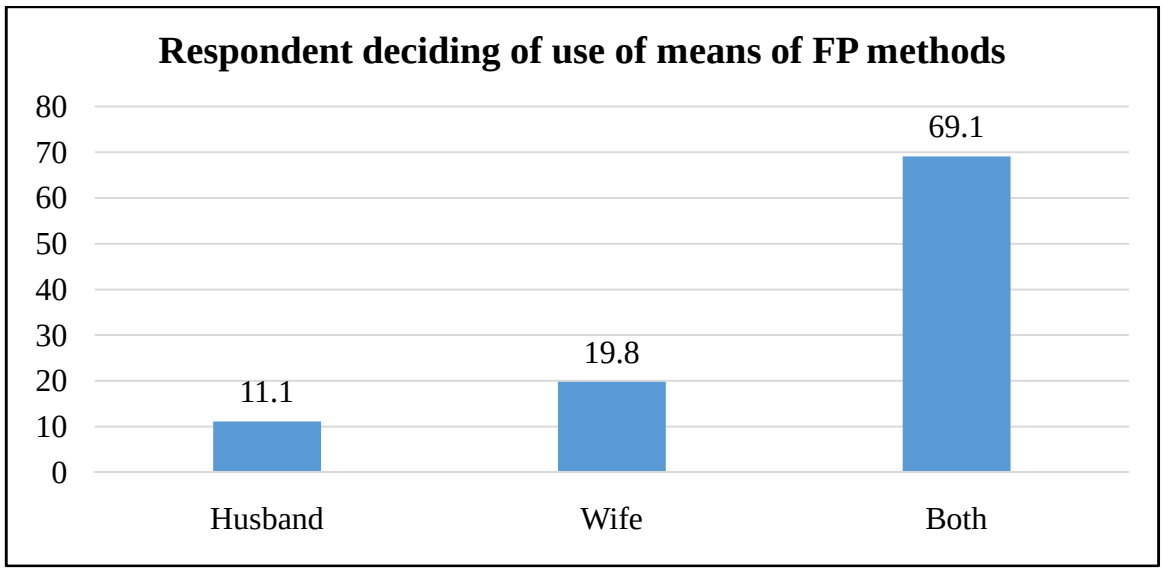
Source: Field Survey, 2017.

As indicated by Table 4.8, the most common method of contraception used in this study area was Depo-Provera, which accounted for 64.3 percent of total contraceptive use. The second highest proportions of women were currently using oral pills (13.6%), and condom accounted for 6.2 percent. In this area, female sterilization accounted for 4.9 percent and male sterilization accounted for 4.9 percent. There is less use of male and female sterilization. In this figure the most used in Depo- Provera of the women. Natural method is family planning method of birth control that involves abstention from sexual intercourse during the period of ovulation which is determined through observation and measurement of bodily signs.

4.3.4 Decision on Use of Family Planning Method

Husband/wife communication is often considered to be major determinant of use of family planning method. A question was asked whether the respondents usually discussed with her husband about family planning. The responses are presented in figure 4.5.

Figure No. 4.5: Distribution of the Respondents Deciding on Use of FP Method



Source: Field Survey. 2017

Figure 4.5 show that 69.1 percent women reported of current use of family planning method on the decision of both husband and wife. About 20 percent women reported that it was their own decision to use of family planning method and 11.1 percent women reported the husband decided to use family planning method.

The data reveals that majority of the decision regarding the use of family planning is being taken with the mutual consent and understanding of the couples. This forms the basis for the successful and healthy family planning. The higher literacy rate (about 80%) of the study area indicates that married women and their family are aware about their health and needs.

4.3.5 Using Contraceptive Method

Contractive prevents regency by interfering with the normal process of ovulation, fertilization, and implementation. There are different types of use of contraceptive method.

Table No. 4.9: Use of contraceptive method

Using contraceptive method	No. of Respondents	Percent
Yes	50	37.04
No	85	62.96
Total	135	100.00

Source: Field Survey, 2017.

By the field survey 2017 it was found that the no. of respondents who uses contraceptive method were 50 and their percentage is 37.04 and the no. of respondent who do not uses the contraceptive method were eighty-five and their percentage is 62.96. The table show that mostly people do not use contraceptive method only less people uses contraceptive method. Such type of method does not have good work out.

4.4 Factors Affecting Family Planning Services

All respondents who were not using any form of family planning method were. Further asked the reason for not using family planning method. The reason is presented in Table 4.10.

Table No. 4.10: Distribution of Respondents who were not Using FPM by Reason

Reason for non-using	Total cases	Percent
Not needed	40	81.6
Health condition	4	8.2
Husband don't like	1	2.0
Expensive	2	4.1
Don't know	3	6.0
Total	**50**	**100.00**

Source: Field Survey, 2017.

Table 4.10 shows that 81.6 percent of respondents stated that not needed was their principle reason for not using any family planning method. Other reported major reason was health condition (82. %), expensive (4.1%) and husband don't like (2.0%).

This reveals that among the non-users of the family planning they believe that there is no need for them to plan their birth spacing and number of children to bear. There is still the need to addressing primitive social beliefs in the society that children are the gifts of god and we should not toy with it.

4.4.1 Side Effects of Family Planning Methods

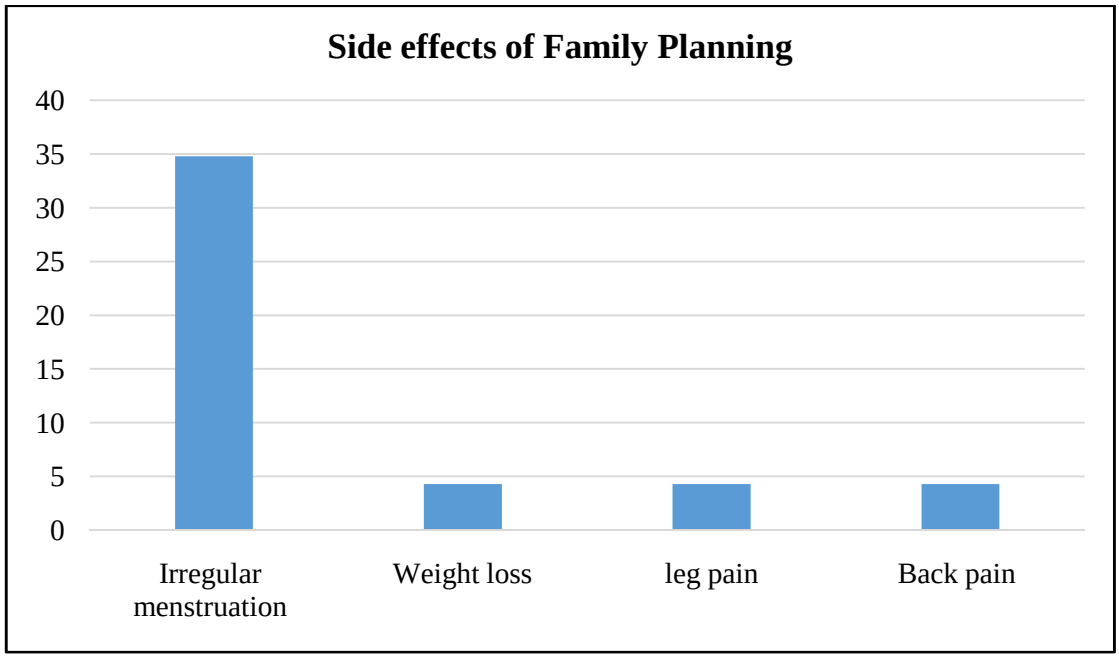
Respondents who were ever using and currently using a modern contraceptive method were also asked whether they have had any side effects from the methods used. The responses are presented in Table 4.11.

Table No. 4.11: Distribution of Respondents Who Reported Side Effects

Response	No. of Respondents	Percent
Yes	23	17.7
No	112	82.3
Total	**135**	**100.00**

If yes, these side effects were prompted; Irregular menstruation, weight loss, leg pain or back pain.

Figure No. 4.6: Side effects of using family planning services



Source: Field Survey, 2017.

Figure 4.6 shows that in total respondent 17.7 percent women who used family planning method experienced side effects. Among them weakness (52.3%) and irregular menstruation (34.8%) are the major problems reported by highest percent of women. The least percentage of women reported experiencing weight loss, leg pain

and back pain which accounts (4.3%) each. Those women who had lost their weight were anxious for their weight and who gained weight was happy saying that respective method suited them.

4.4.2 Method Failure

Use of contraception is a proximate determinant of fertility. This research study aims to know efficiency of the used method. The method failure question 'have you ever got pregnant while you were using family planning methods' was asked. The responses of respondents are presented in Table 4.12.

Table No. 4.12: Distribution of Contraceptive Users Who Reported Method Failure

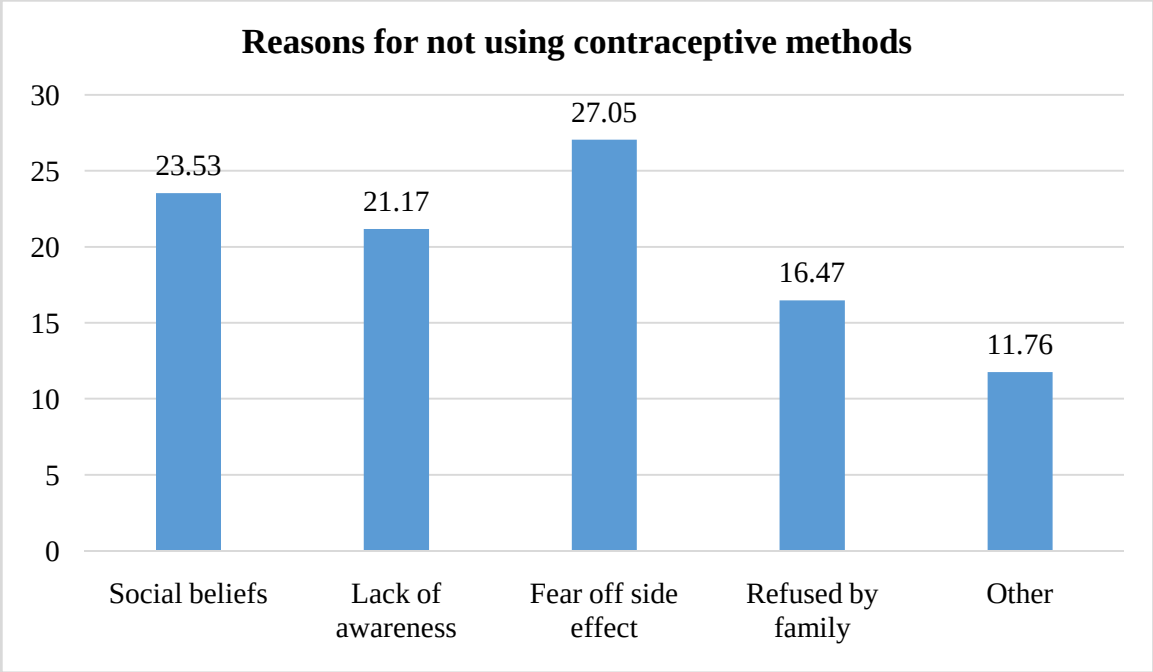
Method failure	No. of Respondents	Percent
Yes	5	3.8
No	130	96.2
Total	135	100.00

Source: Field Survey, 2017.

Table 4.12 show that 3.8 percent users reported that they became pregnant while they were using contraceptive method, among them, 2 women were using pills and 3 women were using Depo-Provera. Method failure might be due to lack of information, carelessness from the user, lack of follow-up, etc. This shows that there is still some room for improvement to maximize the efficiency of these contraceptive methods.

4.4.3 Reasons for not using contraceptive methods

Figure No. 4.7: Reasons for not using contraceptive methods



. *Source: Field Survey, 2017*

By the study of above table, we know that why the mostly people do not use contraceptive method are as followed. 20 respondents do not use contraceptive method because of social beliefs and their percentage is 23.53. 18 respondents do not use contraceptive method because of lack of awareness and their percentage is 21.17. 23 respondents do not use contraceptive method because they are fear of side effect, there percentage is 27.05. 14 respondents do not use contraceptive method because they are refused by family and their percentage is 16.47. 10 respondents do not use contraceptive method because of other reasons and their percentage is 11.76.

4.4.4 Findings from Key Informants Interview

The affecting factors of family planning services are as follows; availability of family planning services, educational level, support of partner, family and friends, public and private sectors offering health services, son preference, religion and culture. No single factor can be considered as a major but the effect is collectively shown. Improvements in these factors can be brought by the empowerment of women and health workers, encouraging inter spousal communication, economic reform, etc.

In-accessibility of the services, socio economic condition, cultural beliefs, psychologically poor or negative attitude, lack of contraceptive and high cost of product are the major challenges of family planning services.

Family planning is the practice of controlling number of children in family and intervals between their birth. It helps to control the timing of reproduction, sexually transmitted diseases, child mortality, abortion, etc. so we need to promote educational level of family planning services, awareness building programme, expandcounselling programme, make family planning services easily accessible, and expansion of information and communication materials.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

This study of the married women of reproductive age in the Badimalika municipality about their knowledge of family planning services and uses was the main focus. The objectives undertaken were to analyze the use of means of family planning services and knowledge among reproductive age married women in research area, and to analyze the major affecting factors of family planning services.

Data were collected from ward no. ,8Badimalika Municipality of Bajura district. In total 4182 households in the study area. Among them 135 households were respondents of reproductive age group were successfully interviewed.From the research 27 percent women are aged 20-24 years only 4.5percent are under age 19 years. In this study area overall 96.3 percent women are Hindu and 2.2 percent are Buddhist. Overall literacy rate is found about 80 percent in the BadimalikaMuncipality of the study area, which is higher than the national average figure based on census.

The study has been carried out on the use of means of family planning services among reproductive age married women at Badimalika Municipality ward no. 8 ofBajura district. The study deals with the knowledge and use of family planning methods, differential in current use, accessibility of family planning methods, side effect of the method, future intention to use family planning method, reason having and not having future intention to use family planning method and attitude towards sterilization.

From the research 70 percent women are engaged in household activities, 9.6 percent women are engaged in small and cottage industries, 7.4 percent women are engaged in business.About 11.8 percent have monthly income less than 5,000 rupees, 37.8 percent households have average monthly income is 10,000-20,000 rupees and 17.8 percent have above 20,000 rupees.

From the research report 96.3 percent of respondents of reproductive age group are familiar with of least one method family planning. While the national average was 99.7 percent in 2000. Among the individual method, injectable (90.0percent), pills

(77.7percent) and condom (63.8 percent) appears to be the best known family planning methods. Seventy-two percent of respondents of reproductive age group reported their source of knowledge was radio, followed by 32.6 percent friends and health workers 29.2 percent and 49.2 percent women reported television source of family planning knowledge. 82 percent literate women are discussing about family planning her husband. In their 83.8 percent literate women are discuss about family planning with her husband and 72 percent illiterate women discuss about family planning. 18.5 percent women reported they did not discuss about family planning with her husband.

This study shows that the rate of ever use of contraception by respondents were 73.1 percent. There negative association between the literacy level of women and ever use of contraception was observed. The most common method of contraception ever used was Depo-Provera (65.5 percent) followed by pills (10.5percent) condom (8.4 percent) and Norplant (7.4 percent). Ever use of foams/jelly is 4.2 percent

Current use of contraception among respondents were found 62.3 percent. In age 20-29 years of women current use of contraception was 68.1 percent and 37.7 percent women did not use any family planning methods.

The most common method of contraception among current users was Depo-Provera (64.3percent), followed by pills (13.2 percent), condom (6.2percent and female and male sterilization (4.9percent and 4.9 percent) varies with women's age occupation and literacy status of women. Current use of family planning method increased with up to age 20-29 years and then declined with increasing age of women. In age group 20-29 years of women currently use Depo-Provera (75.0 percent) followed by age group 30-39 years' current use.

Level of current use also differs with respect to occupation of women. Current use of family planning method for those women who are engaged in non-farming activities was found higher as compared to those who are engaged in farming activities. Temporary methods were much popular among women who are engaged in both non-farming and non-farming activities.

Contraceptive prevalence rate is highest among those women who are literate (80.0 percent) than illiterate women (58.2 percent) 69.1 percent women reported that both husband and wife decided to use family planning method. About 20 percent women decided to use family planning method herself and 11.1 percent women are reported the husband decided to use of family planning method.

From the research 81.6 percent of the respondent state that their principal reason for non-using any family planning method is that non –needed, followed by health condition (8.2 percent,), husband don't like (2.0 percent), expensive (4.1 percent) and 6.0 percent women reported they don't know about why they non using family planning method.

In this study 17.7 percent women are reported some form of side effects by particular methods of the total users. Weakness reported the main problem (52.3 percent), followed by irregular menstruation (34.8 percent), weight gain (4.3 percent) and leg pain and back pain (4.3 percent). And 82.3 percent women did not feel any side effects.

An overwhelming majority of current users reported to have received any forms of modern contraceptive from hospital. Nearly 51 percent of current users obtained these methods forms hospital. Other users reported source of supply were NGOs Clinic (46.2 percent) and outreach clinic (1.5 percent)

5.2 Conclusions

According to this study, most of everyrespondentwas aware of the family planning. They use the radio, television, and follow the health workers to get the knowledge about family planning. The result shows that, the family planning knowledge and awareness are widely spreading in the study area.

Almost the third quarter of respondents indicated having used family planning. Among the several methods, use of Depo-Provera was dominant among both the literate and illiterate women and sterilization was at the merely used. In the majority, the decision on using family planning was being taken with mutual understanding between the couples. In the study area positive attitude was found towards family planning and services were also available to the people.

The main reason for notusing family planning method was found to be not needed. They want more children so that they do not use family planning methods. Birth spacing is the main reason for having future intention to use of family planning methods. And' not needed ' is the main reason for not having future intention to use of family planning method. Some respondents also reported side effects of using family planning services. The majority of side effects included weakness and weight loss with others being leg pain and back pain. The risk of method failure of contractive was very minimal in the study area. And the major reasons affecting the use of contraceptive measures were fear of side effects, social beliefs, lack of awareness, and refused by family.

5.3 Recommendations

The rapid population growth and poor economic condition have become a serious problem for Nepal at the present time. Effective population control programme as one of the best solution to attain our objectives of security, low growth rate of population. The recommendation of this study will not serve our national purposes but it will help to generate the effective family planning programme for the welfare of Badimalika Municipality and other similar Municipal area of Nepal. This study has following recommendation

1. Literacy status of women has a profound effect on the use of contraception. There is considerable difference found in contraceptive use between literate and illiterate women. Therefore, adult education programme should be conducted for female in the Badimalika Municipality more population education and education of reproductive health should also be given.
2. Although the proportion of respondents that expressed regret over sterilization was high, extra efforts are need in counseling.
3. Higher percentage of women intended to use family planning methods in future. Therefore, it is necessary to make easy availability of contraception and give effective counseling programme.
4. Expansion of information, education and communication (IEC) network in the study area is essential to educate people about the benefits of a small family size, birth spacing and use of family planning methods.

5. This study is based on information collected from Badimalika Municipality-8. Thus further study can be carried out for other specific municipality.
6. This study covers a few demographic and socio-economic variables like cultural value and norms, geographical and other unidentified variables that might be more useful to evaluate the awareness and utilization of family planning services in Badimalika Municipality-8.

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ANNEX I

QUESTIONAIRE FOR HOUSEHOLD SURVEY

Time: **Date:**

Name of Researcher…….

(A) General Information:

1. Personal information of respondent

   A.1. Name of respondent……. A.2. Age……

   A.3. Language……. A.4. Name of Village…….

2. Which caste do you belong?

   a) Brahman b) Chettry c) Dalit e) Other

3. Are you literate or illiterate?

   a) Yes b) No

3.1. If yes, which level?

   a) Primary b) Lower secondary c) Secondary

   d) Bachelor degree and above e) Informal education

4. What is your occupation?

   a) Agriculture b) Cottage industry c) Job

   d) Business e) Daily wages f) House hold

5. What is your approximate monthly income?

   Income in R, s…….

6. Have you heard about family planning?

   a) Yes b) No

6.1. If yes, what method have you heard about?

   a) Condom b) Pills c) Depo- Provera d) IUD

e) Norplant f) Female sterilization g) Vasectomy h) Foams or jelly

7. What is the source of your information?

a) Newspaper b) Radio c) TV

d) Health worker e) Husband f) Friend

8. In your opinion what does family planning mean?

a) It controls unnecessary birth.

b) It is about family planning.

C) It is about use of family planning.

d) All of the above

9. When did you know about family planning?

a) Before marriage b) After marriage c) No remember

10. Did ever used any family planning method?

a) Yes b) No

10.1. If yes, mention the name of family planning method use.

a) Natural b) Spacing c) Permanent

11. When did you use family planning method at first?

A) Before child birth b) After having children

c) After having desired children d) Other

12. What is the main reason that you are using or intend to use contraceptive method?

a) For birth spacing b) For limiting children

c) To have better maternal health d) For children future e) Others

13. Are you currently using any contraceptive method?

a) Yes b) No

13.1. If you are not using or not intend to use modern FP method what are the reason behind it?

a) Social beliefs b) Lack of awareness c) Unnatural

d) Fear of side effect e) Sexual displeasing f) Refused by family g) Other

14. Did you experience any side effect while using contraceptive method?

a) Yes b) No

14.1. If yes, what are the side effect you experienced?

a) Irregular menstruation b) Weakness

c) Leg pain d) Back pain e) Weight loss

15. Who decide about the current use of family planning method?

a) Husband b) Wife c) Both

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

a) Not needed b) Health condition c) Husband don't like

d) Expensive e) Don't know f) Side effect g) Others

17. Where do people usually go to get family planning services?

a) Hospital b) Outreach clinic c) Pharmacy d) Private clinic e) Others

18. Is family planning method available in your place?

a) Yes b) No

19. Have you ever got pregnant while you were using family planning method?

a) Yes b) No

ANNEX II

Key Informant Interview Guideline

My name is _____ from the Tribhuvan University, Kathmandu. I am a graduate student at the Central Department of Rural Development in effort to understand the knowledge level ofuse of means of family planning services by the reproductive age married women.

I hope you will give me proper answer of my questions related to my research. You will not hide anything because of personal hesitation. This report is based on mass collection for model one, so we will not impose you personally for the data collection.

Are you willing to answer my questions? Do you have any questions before we begin?

Questions

1. What are the affecting factors of family planning?
2. What challenges you have faced to family planning services?
3. What will be your suggestions for the use of family planning services?

Thank you for your time!