

CHAPTER I

INTRODUCTION

1.1 Background of the Study

Nepal is a landlocked country with an area of 1,47,181 Sq. km. It lies between two Asian giants, India and China. This is a rectangle of 885 km. long and an average of 160 km. from north to south. Nepal is a country of amazing extremes. It is small in size but huge in terms of diversity from the highest peaks of the north to the steaming jungles. Though it is a small country, it contains the greatest altitude variation on earth from the lowland of Terai-barely 65m. above the sea level to the highest point on earth, Mt. Everest at 8848 m with 150 km. of aerial distance. Nepal is popularly known as a vertical world; the steepest country has been well accepted as one of the most fascinating countries in the world.

The world is divided into two parts according to the rate of population growth. One is developing countries, where population growth rate is very high and above 2 percent. Developed countries where population rate is low and below 1 percent. Although most of the developed countries do not adopt such programs of population control due to their economic progress, higher living standard, highly developed technology, mostly non-agricultural profession, high level of literacy help them to maintain low population growth rate. According to demographic transition, all the highly industrialized countries have entered into the fourth stage where there is a low rate of infant mortality and fertility.

Nepalese society is divided into different cultural and religious groups so; social discrimination is one of the main problems of Nepal. It has so many ethnic groups. Among all the ethnic groups of Nepal, Brahmins are considered as forward and development castes. But majority of Brahmin women are out of education, health facilities and other development techniques. So, the general fertility rate of Brahminism was high and maternal and child mortality and morbidity are also high because they are not aware of family planning devices.

Family planning programs were started since 1950 through the non-government sector in Nepal. The Family Planning Association of Nepal was established in 1959 and it has

launched in formative and educational program within Kathmandu valley. From 1968, family planning service was extended all over the country. In Nepal population policy was introduced from the third five year plan. From ninth five year plan raising contraceptive prevalence rate (CPR) was emphasized.

Almost all the country of the world has held the population census in regular interval. In ancient period, due to the lack of evidence of the given date, which was only based on estimation, Before Neolithic revolution the size of population was sound very small when the population increased rapidly in the prevailing there stage. And it the first lasted in 17th century. During this period, population was only 0.25 billion 1665 A.D. The world's population become 0.54 billion and population growth rate was 0.05 percent. The second stage began in 1650 A.D. and lasted in 1950 A.D. During this stage, population growth rate was 2 percent but now population growth rate of the world has declined slightly and has lowered to 1.7 percent. In 1992 A.D. the world's population was 5.42 billion (Census Report, 2001) and the total population in 2011 was 26,629,809 in which 12,027,431 are male and 13,693,378 are female and the growth rate was 1.35% per annual (CBS, 2011).

Nepal is facing a number of problems because of high population growth rate. Due to its rapid population growth cities and village are getting popular day by day. According to preliminary census report of 2001. Total population of Nepal is 23,151,423 (male-11,563,921 and female-11,587,502), where female population accounts for more than 50 percent with the high growth rate (2.2%). In this context family planning program has occupied a vital role. Family planning directly related with population increment and decrement. This family planning is a key of life style condition of any society. In other hand, the contraceptive device helps to reduce high mother and child mortality rate. In ancient time, population growth was not considered as serious problem but now population explosion is a global issue all over the world. Population growth has multidimensional effect on health condition, environmental pollution and housing problem for certain. So, it is necessary and importance to understand and analyze the population process in the present situation (CBS, 2009).

1.2 Statement of the Problem

Nepal is one of the high population growth rate (1.35%) in Asia, where more than 50% population is women characterized with 4 percent literate woman against the 65 percent male (CBS 2011). Employment status of women seems to be half of the male counterparts (28%). Similarly, the decisions making role of household is very low (13%) in female population, but female infant and child mortality rate are higher than male (HDR, 1989) woman is participants on political activities are less than 8 percent (Acharya, 1997). But women work (11Hrs) (ILO, 2000). Similarly, the report of IFDA, 1992 shows that 56 percent rural woman is under the poverty line, while they have only 4.4 percent land ownership (LACC, 2058 B.C.). Majority of woman are involved in the trafficking and victimize of rap, family violence, economic rights and being woman (INSEC, 95/2001).

Most of the people live in rural and remote village in Nepal. The people are deprived from the light of education and health facilities. In the context of Nepal, especially women are compelled to deprive from education opportunities and social justices and area of working for women are limited inside households work, illiteracy and lack of opportunity many mothers lose their health and sometime life also. Also nutritional status and the health of child depend on the health status and health practices of mother. Therefore, there is deep relation between nutritional status of children and their knowledge of mothers.

There is no doubt the population of many developing countries is growing. In this matter our country Nepal has also entangled. Nepal is facing the problem of attaining sustainable declination level of fertility remained very low during the five successive development plan even the investment was very high in this field. Continuous population growth in our country is threatening to cover the developmental achievement of the country and to overcome such a situation.

To be precise, the population of the country gets increasing either by high birth rate or by high immigrants. The principal causes of increment in population in Nepal is natural phenomenon i.e. birth the total fertility rate is 4.5 percent woman. And it is 2.6 in 2011 censuses. Which is quite excessive excluding some African countries. Early

marriage, early conception and lack of knowledge regarding family planning have been regarding the causes of high fertility in Nepal (CBS, 2011).

Above condition shows that the population growth of Nepal is considered as explosive in relation to its economy and environmental situation to catch explosive population. It is most necessary to control the growth rate by reducing fertility level through effective implementation of family planning program in rural areas. The effectiveness of family planning depends on education of husband and wife co-operation of wife by husband economic status of family members of living sons and children etc. So this study is conducted under the Knowledge and Practice of Family planning devices in Chaudhary community of Itahari-9, fulbari tole, Sunsari district.

1.3 Objective of the Study

A number of studies on family planning and family planning devices in different communities has conducted by different scholars and researchers. But this study is has been concerned with family planning and it's relation on family health. The objectives of the study is listed below:

- 1.3.1 To find out the demographic, socio –economic and educational Status of the Chaudhary community.
- 1.3.2 To identify the knowledge and practice on family planning devices of married woman in the community.
- 1.3.3 To find out the causes and problems for not using family planning devices.

1.4 Signification of the Study

In this present context, family planning program has occupied a vital role. This programs was at first introduced 42 years ago. Even though, it has not been implemented effectively. The use of family planning helps to reduce high mother and child mortality. The rationale of this study is to find out the knowledge and practices in use of family planning. This study was much more useful effective implementation of family planning program in given area as well as helpful to formulate the effective

population policy and to evaluate the family planning program and its relation to family health in country . The result of this study can assist as a basis to the other researcher of this field in future. Among all the ethnic group of Nepal Chaudhary is identical as backward and undeveloped caste. Minority of Chaudhary are educated even though family planning and family health become highly. This study is intended to devices used by Chaudhary community. This study hoped to be significant in the following ways:

- 1.4.1 The result of this study is useful for providing guidance to NGOs and INGOs to find out the attitude of people towards family planning and its importance to birth spacing.
- 1.4.2 The result of this study would be helpful for National Planning Commission to plan the program to control child mortality, high fertility and population growth in the country.
- 1.4.3 The study would be helpful for the novice research scholars to undertaken further research to the related field in the coming days.
- 1.4.4 It would be support the policy makers and program planners about practices of family planning and birth spacing for designing and developing the policies related to the birth control.
- 1.4.5 The study would be helpful to find out the reason for not using family planning by the woman of reproductive age15-49.
- 1.4.6 It was providing a clear-cut guideline to the concerned agency, department and organization to plan run the programs related to family planning in different rural communities.

1.5 Delimitations of the Study

Every study has made its own delimitation due to limited time and budget the study was delimited in the following areas.

- 1.5.1 The study was delimited within the Chaudhary community of Itahari-9, fulbari tole, Sunsari district.

- 1.5.2 The study was covered only one ward no.9 where most of Chaudhary lives.
- 1.5.3 The study was accounted knowledge and practices in the use of family Planning.
- 1.5.4 The respondents were the only married woman of Chaudhary women's aged 15-49 years.
- 1.5.5 Only permanent resident were included in this study.

1.6 Definition of term Used

Birth control: The practices of controlling the number of children one has especially by family planning.

Chaudhary community: A Chaudhary community is a social group within the same degree of social conference and living in same area.

Contraception: Contraception means preventing the union of the sperm and ovum or interfering with implantation of the fertilized ovum in the uterus.

Community Health: As a system of deliver of comprehensive health care to the people by a term a medical person to improve the health of community. Community includes preventive and social medicine also curative and health promoting services in an attempt to promote a state of positive health in the community.

Community: Community is a social group within the same degree of social conference and living in given area.

Family planning: A way of thing and living that is adopted voluntary upon the basis of knowledge, attitude and responsible decision by individual's couple in order to promote the health and welfare of family and thus contribute affectively to the social development of a country.

Fertility: The actual bearing of children by a mother during net reproductive period of age (15-49) is called fertility.

Family planning devices: A program to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control.

Health: Health is state of complete physical, mental and social well being not merely an absence of disease or infirmity.

Maternal mortality: A maternal death is defined on the death of a woman which pregnant or within 2 days of termination of the pregnancy from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

CHAPTER II

REVIEW OF LITERATURE

Some available related books, report and studies should be reviewed in order to provide guideline for the present study. The literature review consists of the lack of education, cultural and family planning devices. Some of the facts, opinion, and principle and study reports directly or indirectly related to this study reviewed and presented in the following way.

2.1 Theoretical Literature

Tulahdar, (1989) in his research on theoretical concepts and various studies carried out on the effect of infant and child death on fertility have been to some extent proved that mortality reduction would lead to fertility reduction. The relation between fertility and mortality decline may be an issue in mortality controls as well as fertility control programs .high fertility rates are found in those countries which experience the highest infant mortality rates by virtue of socio-economic status or any other reason, indicating a recognize, Ronald freedman (1982) developed a model for the sociological framework of fertility. This model is based on devise and Blake freedman has envisages environmental factor and socio-economic statured influencing on fertility though a series of intermediated variable as (age at marriage and practices on contraception). He introduces two types of norm about fertility. Which norm about intermediate variable. The norm which is influenced by socio-economic conditions and varying life style related to passion in a status hierarchy in norms about family size and other some status indicators. Such as education, occupation, income wealth, power postage, castes and there are also general class indicators that many jointly influences the desired number of children. People have different life style and they may influence norms. About family size .family planning programs is considered as one of the social programs that have a goal to reduce fertility hat may influence the norms about intermediated variable which in turn affect fertility behavior.

UNO, (1994) reported that the husband's education had positive influences on the rate of contractive use than that of the female education in all countries. Nepal family planning and maternal child health project conducted a survey in 1986 entitled "Nepal fertility and family planning survey" mentioned that knowledge of contractive and practices has strong and positive relationship with level of education of women and

level of education of husband but the effect of the level of husband education is less important than her own education. This is highest knowledge and practice of family planning method of urban women than the rural women.

CBS, (2003) Education is one of the factor which on age at marriage. Therefore, the literati mean age at marriage than their counterparts. This relationship is more propounded among female than male for men the singular mean age at marriage is 21.2 for illiterate and 23.6 for the literate. The corresponding for woman are 17.6 and 20.8 respectively.

ICPD, (2006) states that indigenous people general have higher infant and child mortality rates than the national norm. Poverty malnutrition, decline in breast feeding and inadequacy or lack of sanitation and of health facilities are all factor associated with high infant and child mortality. The conference as a solution to this highlights the breast feeding a key role to receive the best nutrition and specific protection against a range of disease. It further states that by means of legal ,economic practical and emotional support mother should be enable to breast feed their infants exclusively for four or six month without food or drink supplementation and to continue Brest feeding infant with appropriate and adequate complementary food up to the age or the two year or beyond.

UNFPA, (2010) has found in Ethiopia inject able(37.9 %) followed by pills (28.9%) where as the least ever used family planning method was sterilization (0.37%) only (38.3%) of the respondent's were using family planning method at the time of survey and the majority (61.7%) were non users among the list of family planning method inject able was the most Frequently used (55.45%) followed by pills (26.06%), condom (71%), IUD(5.21%) and Norplant (0.91%) while the remaining (5.21%) of the respondents used other types of family planning methods.

2.2 Empirical Review of the Literature

Kadel, (2004) in his study “Effectiveness of male temporary contraceptives devices in Baluwa VDC, Kavre”. The objectives of the study were to find out the factors those influence the use of condom, to study the contribution of male temporary contraceptive device with fertility, to identify existing male temporary contraceptive devices (MTCD) practices in different castes. The researcher has used descriptive

method , population of the study were 50 percent old women of ward no.6, 9 sampling procedure is random, where the researcher had identified the 30 marriage people having fewer than 50 years old women of different castes. The finding of the study is out of 150 respondents 86.67% found as MTCD users, most of the respondents 122 (74.66%) said that they had proffered of the son, in this study 73.3% respondents had accepted Hindu religions, there were 72.67% respondents used had used Condom among them 12% were failed in the application of Condom.

Sharma, (2005) in his research on “Knowledge of fertility behavior of Muslim community of Tribhuvannagar Municipality of the Dang district.” The main objective of the study were to identify the demographic and socio-economic status of Muslim community, to explore the different factors that influence the fertility behavior of Muslim people, to assess the fertility differential to Muslim by socio- economic and demographic variable. The study area of Dang district and its population of Muslim is 3,547. In the study area population sample sizes 55 house hold out of the population 666 which is 18.77 percent of total population of Muslim. The random sampling method is use for the study interview schedule was used to the tools of data collection. In this way the major finding was there were 11 respondents who were married at the age group 10-13 years. The highest number of married respondents was in the age group 14-17 years and total respondent 35 respondents were well known of family planning. There were the highest pregnancies 28.5 percents in the age group 20-24 years and lowest 40-44 years. 7 percent of fertility level of respondent trends to decrease with increasing contraceptive practice.

Kuikel,(2006) prepared the thesis entitle “Utilization of health services of family planning provided by public health in situation in Kavre VDC, Kavre district”. The objectives of the study were to find out knowledge of family planning and its devices of community people, to identify services taking center of family planning ob community people, to find out the relationship between public health institution and community. This study was a descriptive research design, the researcher applied stratified random sampling procedure method used in this study, and the main tools of data collection were interview schedule. Finding of the study was Among the respondents there were 50 percent married women reproductive age, 35.71 were sterilization and 14.28 were MWRA but unmarried, majority of the respondents were

female that is of 120 among 140 respondents, profession of majority respondents were agriculture and agriculture with services, except unmarried.

Koirala, (2010) in this research on using ‘practice and side effects of temporary contraceptive devices among their Tharu women of Saradhanagar VDC, Chitwan district.’ The main objectives of this study was:- to find out the demographic, socio, economic and educational status of Tharu women to assess women knowledge and contraceptive devices, to identify patterns of contraceptive use among Tharu women to describe the women’s preparation about side effect of the contractive devices. The major findings of the study was that more than 50 percent were used temporary contraceptive devices for birth spacing. The family planning devices used by respondents were pills (31%), Depo (46%). The majority of 51 percent of respondents want to give continuity of contraceptive devices and 38 percent did not want to give continuity.

NDHS, (2011) shows that the knowledge of at least one modern method of family planning device. Nepal is almost universal (99.99%) among both women and men. The most widely known modern contraceptive methods among currently married women are inject able (99%), female sterilization (84%) of married women known of implants, about two in three have heard of the IUD and 7% women have heard emergency contraceptive method. The most commonly used modern methods are :- Female sterilization (18.1%), inject able (10.1%), pills (3.5 %), IUCD (0.7%) and norplant (0.8%). This shows increasing result that the proportion of women are using modern method has increased by 25 % over the past five years.

Ghimire, (2012) studied on ‘Socio-cultural factor affecting use of family planning services in Tharu community of Chitwan district’. The objectives of the study were to find out the knowledge and practice of family planning services and to examine the relationship between socio-cultural practice and family planning devices. Interview schedule was used for data collection and major finding of study were family planning devices used by respondents were male sterilization 6.25%, condom 74.11%, female sterilization 2.5% , Pills 3.57%, IUCD 1.8%, Norplant 2.5% and Depo/Sangini injection 6.27 percent.

Katwal, (2014) conducted a study on 'Knowledge and practice of Contraceptive devices in Tamang Community of Illam district.' The main objective were to assess the knowledge and practice of family planning devices among Tamang community. The study was descriptive type and interview schedule was used for data collecting and major finding of study were, 97 % respondents knows about family planning and 3 % didn't known. 58% got contraceptive devices free from sub health post, 25% got from hospital, 15 % from clinic and 2 % respondents buy contraceptive devices. 20% used for birth spacing, 20.69 % used for prevent unwanted pregnancy and 25% used for control STD.

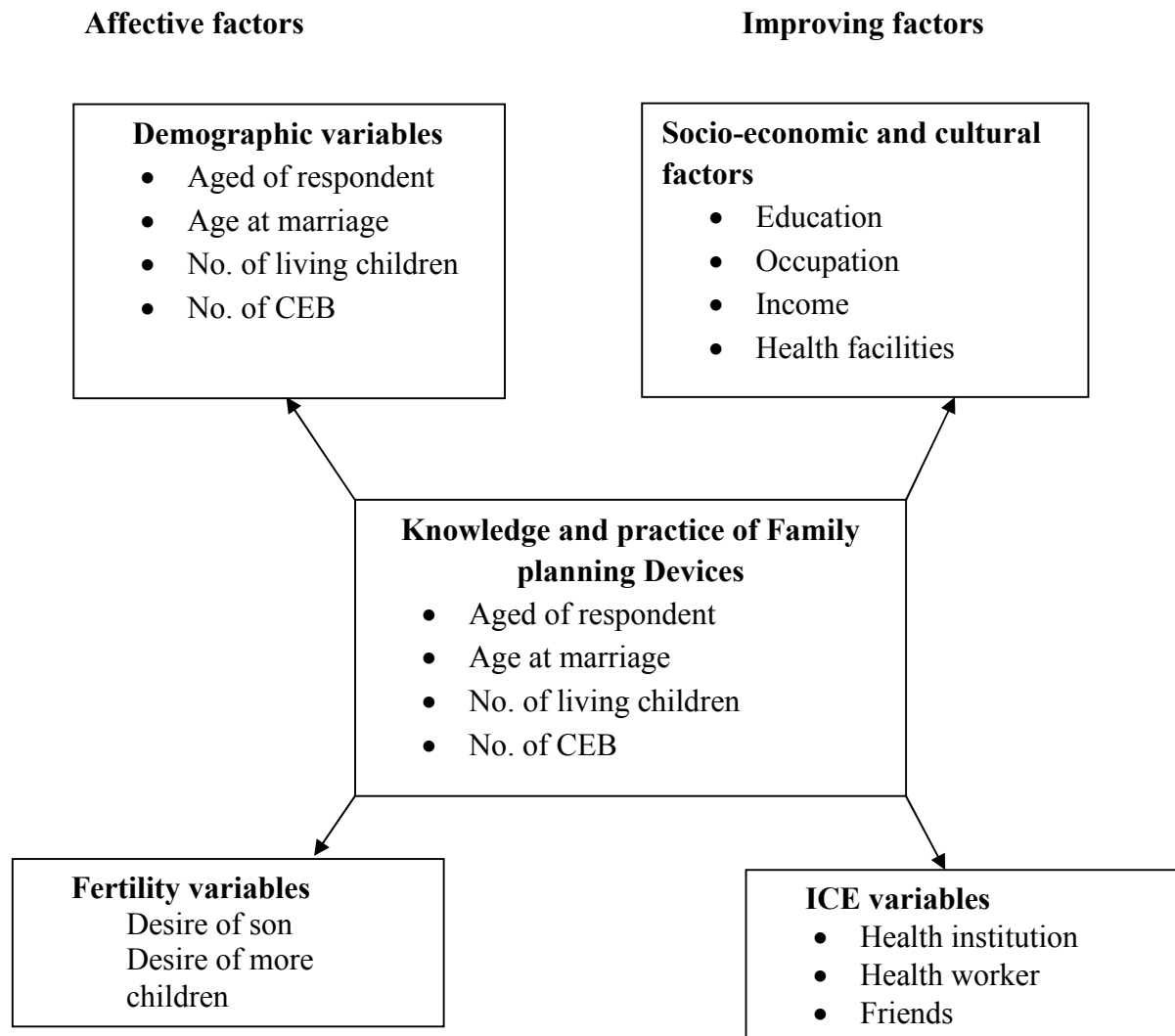
Literature review above is similar to the content and methodology of present study, which are considered to provide basic guidelines. Most of the study tried to find out women's awareness and practices on family planning. There are more studies in Magar, Gurung, Tamang and Tharu community in family planning but no study on knowledge and practice of family planning devices in Brahmin community. Therefore, the present study aims to bridge this gap in the field of health education study of Nepal.

2.3 Implication of the Review for the Study

The review of literature present relevant and factual information related to the present study based on literature cited on the basis of opinion, principle and concept. It review to finding of the previous history by either researchers related to this study. It was also helpful about selection of problem, background of the study, objective of the study, significant of the study, delimitation of the study and research methodology more respectively. From the above literature review the researcher get significant idea on both theoretical and empirical aspect and facilitated about the frame of the study.

2.4 Conceptual Framework of the Study

The conceptual framework attempts to show the relationship between knowledge and practice of family planning devices among Chaudhary community and demographic factors, socio-economic factor and cultural factor. Family planning services and the dependent variables are the knowledge and practice of contraceptive method.



The most important factors for fertility regulation are contraceptive knowledge and practice. Demographic variables like, age of respondents, age at marriage, number of living children and number of CEB, socio-economic and cultural factor like, education, occupation, income, health facilities, fertility variables are desire for son, desire for more children. ICE variables are health institution, health worker, friends, mass media etc. affect contraceptive knowledge and practice.

CHAPTER III

RESEARCH METHODOLOGY

This chapter included various details about the process through which this research was conducted. It included various procedures and types of data collection. It also presented the short description of research design, nature and source of data, population of the study, tools of data collection and validation of tools, data collection procedures, sampling procedures and data analysis and interpretation.

3.1 Research Design

Research design is the blue print for any research study. The study is concerned to find out of knowledge and practices of family planning devices. The study is followed on descriptive method.

3.2 Population of the Study

The study was conducted in Chaudhary community of Itahari- 9, Sunsari District. There were around 717 household and only 113 households of Chaudhary in ward no. 9 of the district According to Itahari sub metro polity profile 2011. The population of the study is 15-49 age group.

3.3 Sampling Procedure and Sample Size

The study was conducted in Itahari Sub-Metropolitan ward no. 9. This study area was selected purposively because majority of Chaudhary were lived in this ward. There was around 113 married women who belongs to Chaudhary community they were selected for the study. So, the sample size is 113 of the study. Each respondents from (15-49) age group was select by using census method.

3.4 Tools of Data Collection

To meet the objective, the information is collected by using interview schedule. Interview schedule was dividing into two parts. First part was related to general information and second parts was concerned with knowledge and practices of family planning devices as given in the appendix section.

3.5 Data Collection Procedure

After finding the letter from the college, the researcher was visited the responsible people of the study area such as motivates groups, Itahari sub-metropolitan secretary and other leader of the community. The researcher was visited male and female respondents. So, the researcher was used face to face interview to get the require data for the study. After reporting to the respondents the researchers look verbal consent to the respondents about the confidently and privacy of their responses and used for the academic purpose only. The researcher was visited the health post and was collected the family planning relate data and other useful information.

3.6 Method of Data Analysis and Interpretation

After completion of the data collection it was classified and tabulate then it was present in different groups. The data and descriptive information was be analyzed according to the percentage. Mainly tables and figure was be used to process and analyze the data. Descriptive and simple mathematical interpretation procedure was be adopted in this study.

CHAPTER-IV

ANALYSIS AND INTERPRATATION OF RESULTS

This chapter related to the analysis and interpretation of data, which were collected from the Chaudhary respondents of Itahari-9 Sunsari district. This study has been presented in three parts. The first part deals with demographic and socio-economic characteristics of the respondents. Likewise, second part deals with knowledge and practices of family planning devices and third part deals with use and non use of family planning devices.

4.1 Demographic and Socio-Economic Characteristics

4.1.1 Age Group of the Respondents

Age sex structure of study population of any places helps to determine various factors. It helps to find out the distribution of number of the people, so that the planning and develop any work may be easy to implement. The distribution is shown in the following table.

Table No. 1: Distribution of the Respondents their Age group

Age group	No. of the Respondents	Percent
15-19	31	27.43
20-24	34	30.08
25-29	10	8.84
30-34	16	14.15
35-39	11	9.73
40-44	7	6.19
45-49	4	3.53
Total	113	100.0

The Table 1 indicates that 30.08 percent of respondents belong to were found age of 20-24 age groups. Likewise, 27.43 percent was under the age group of 15-19 and 8.84 percent was under the age group of 25-29 in this way, 14.15 percent were age of 30-34 years and 9.73 percent of 35-39 similarly, 6.19 percent 3.53 percent were of the

age group maximum number respondents were 20-24 age group and minimum number of respondents were of 45-49 years.

4.1.2 Age at Marriage by Respondents

The proportion of marriage couples up to the age of 18 years indicates that the marriage occurs below the legal age. The proportion of marriage female is more than that of males in all ages, It indicates that majority of female are married earlier than male. The studies of marriage of respondents are show in table. The cause behind it may be the lack of education as the study found the low level of the education among the female respondents.

Table No.2: Distribution of Respondents by Age at Marriage

Age of group	Respondents	Percent
10-14	3	2.65
15-19	64	56.63
20-24	36	31.85
24 above	10	0.88
Total	113	100.0

The Table 2 shows that 56.63 percent respondents get married at 15-19 years. Likewise 31.85 percent of respondents get it within 24 above years and, 2.65 percent of respondents get within 10-14 years which is least number observed. It was concluded that the early marriage practices is very high in the community which might be because of lack of information regarding demerits of early marriage, lack of education and poverty.

4.1.3 Religion of the Respondents

According to population census report 2001, there are 86.62 percent people following Hindu and 13.38 percent people belong to other religion. People in this, study, 80 percent respondents were found with Hindu religion. The religion status of the respondents in the study area is presented in the following table.

Table No.3: Distribution of Respondents by Religion

Religion	Respondents	Percent
Hindu	64	56.63
Christian	36	31.85
Buddha	11	9.73
Muslim	2	1.76
Total	113	100.0

The above table 3 shows that 56 percent respondents has Hindu, 31 percent respondents are Christian, 9 percent respondents are Buddha and only 1 percent respondents are Muslim. It shows that in Brahmin community maximum numbers of respondents are Hindu. In Hindu culture there are no support Family Planning Devices.

4.1.4 Types of Family

Mainly the study is two types of family. Especially nuclear and joint family exists in community. The size of family also plays a vital role to achieving a quality of life. Specially, the developed countries which have nuclear family are achieving the quality of life, which are shown in following table:

Table No.4: Types of family

Types of Family	No of Respondents	Percent
Joint family	51	45.13
Nuclear family	62	54.86
Total	113	100.0

In the above table 4 shows that in the study area 55 percent are nuclear family and only 45 percent are joint family. It shows that nuclear family are increasing day by day.

4.1.5 Occupation of the Respondents

Nepal is an agricultural country. So, that it can be presumed that the majority of Nepalese people are engaged in agricultural activities. There are different types of

occupation among hold heads. Occupation status of spousal and reproductive health are closely inter related to each other. The occupation status of the respondents was given in the following table:

Table No.5: Occupation of Respondents

Occupation	NO. of the Respondents	Percent
Agriculture	64	56.63
Services	16	14.15
Business	20	17.69
Labor(Wages)	13	11.50
Total	113	100.0

The above table 5 shows that all the respondents were following four types of working sectors. Agriculture is found to be the major occupations of household survey. The household involved in agriculture are found to be 56 percent. 17 percent and 14 percent of respondents are involved in business and service respectively. There are 11 percent respondents are household population was found working as labor. The data proved that agriculture is the main occupation in the study area.

4.1.6 Total Income of the Respondents

Generally economic status of Nepali people is very poor. Many people are under poverty line. The economic conditions of the people of study are also poor. Annual income of respondents is presented in following table.

Table No. 6: Annual Income of Respondents

Annual Income(Rs)	No. of the Respondents	Percent
Less than Rs 20,000	65	57.52
Rs 20000-50,000	35	30.97
Re 50,000 and above	13	11.50
Total	113	100.0

Table 6 show that among 113 households 57 percent respondents annual income of less than 20 thousand and income of 30.97 percent household was reported between

20-50 thousand. This data and information show that the majority of people are facing the problem of poverty and also they have poor socio-economic condition.

4.1.7 Land for Agriculture

The demographic behavior is affected by social-economic status of population. The data regarding to socio-economic of respondents are present below.

Table No.7: Distribution of Land of Respondents

Quantity of Land (In Dhur)	No. of Respondents	Percent
Less than 1 Dhur	3	2.65
1-5	2	1.76
6-10	53	46.90
11-20	30	26.54
21-30	20	17.85
30 and above	5	4.42
Total	113	100.0

Table 7 show that among 113 household, the highest 46.90 percent of household has 6-10 Dhur of land followed by respondents.26.54 percent having 11-20 Dhur, 17.85 percent household of 21-30 Dhur, above 30 Dhur while 4.42 percent household's have. Similarly, less than 5 Dhur land has only 2 percent of respondents

4.1.8 Educational status of respondents

Literacy means the ability reading and writing, those who can read and write are called literacy. Literacy is perhaps the most importance single means of attaining social and economical development and opening the individual the door of innovative ideas and action, Education always plays a vital role for around development of a nation. Generally, educated person prater late marriage and they are aware of big family size and use of family planning method. The population aged 6 years and above sex and literacy status and educational attainment of the study area of the respondents are present below.

Table No. 8: Literacy Status and Educational Status

Educational Status	No. of Respondents	Percent
Illiterate	43	38.05
Literate	37	32.74
Primary level	15	13.27
Lower secondary level	6	5.31
Secondary level	5	4.42
Higher level	7	6.19
Total	113	100.0

Table 8 shows that, illiterate percent of respondents 38.05 which is very high in this area. Similarly, 32.74 percent respondents were literate, 13.27 percent were primary level 4.42 percent secondary education and 6.19 percent respondents were higher education status.

4.2 Knowledge and Practices of Family Planning Devices

Acquiring knowledge about contraceptive devices is an important matter for all married partners. Without knowledge of family planning devices no any family manage properly there married life. So, it is necessary to gain about it.

4.2.1 Knowledge of Family Planning devices

Better education women may have good status in the household and therefore, have greater authority to speak openly with their husband, about their family planning preference. Family planning devices use is the proximate determinant that has the greatest impact on fertility levels of modern societies (Bonged and potter). In this study all the respondents (113) were asked about the family planning method with assumptions that they might have knows. The respondents are given below.

Table No.9: Knowledge on Family Planning Devices

Family Planning Devices	Yes		No	
	Number	Percent	Number	Percent
Condom/Dhal	85	75.22	15	13.27
Pills	95	84.07	5	4.42
Norplant	22	19.46	78	69.02
Copter-‘T’/IUD	66	58.40	34	30.08
Depo-Provera/Sangini	57	50.44	43	38.05
Male Sterilization	90	79.64	10	8.84
Female Sterilization	83	73.45	17	15.04
With drawl	7	6.19	93	82.30
Calendar method	22	19.46	78	69.02

The table 9 shows that, 75.22 percent respondents have knowledge of Condom/Dhal but 13.27 percent have not, 50.44 percent have knowledge on Depo-Provera/Sangini but 38.05 percent have not. 73.45 percent of respondents knew about female sterilization but 15.04 respondents have not. 79.64 percent respondents have the knowledge of male sterilization but 8.84 percent have not. Similarly, 6.19 percent of respondents are known about with drawl but 82.30 percent have not. And only 19.46 percent have knowledge about calendar method but 69.02 percent have not. Furthermore, there is lack of knowledge about family planning methods though there are various governmental and non-governmental agencies involved in disseminating knowledge and promotion of use of different family planning method. The causes behind it may be lack of education and participation.

4.2.2 Sources of Information Regarding Family Planning

There is still lack of knowledge about contraceptive devices, although there are various government and non-government agencies involved in dissemination knowledge about contraceptive devices. The mass media play vital role for use of contraceptive method. Now days the family planning programs are being widely increased with health programs and mass media etc. Sources of information about contraceptives devices are different. Main sources are as follows:

Table No. 10: Sources of Information Regarding Family Planning

Sources of Information	No. of Respondents	Percent
Radio/TV	47	40.51
Family	16	14.15
Health worker	11	9.73
Friends	29	25.66
Neighbors	10	8.84
Total	113	100.0

The table 10 shows that the main sources of information about Family Planning are Radio/TV 40.51 percent and friends 25.66 percent followed by family 14.15 percent by health worker 9.73 percent and Neighbors 8.84 percent. It means Radio/TV followed by peer approach become the most powerful sources of information to disseminate the information regarding family planning.

4.2.3 Sources of obtaining of Family Planning Devices

Family Planning program and health program are integrated program for the welfare of family health. So, the most of family planning methods are provided by health centre. Similarly, the government of Nepal has also made free for distribution of family planning devices to reduce fertility rate in Nepal. It has also managed to give service from health post in rural community level to make easy to the villagers people. The following table is presented the sources obtaining contraceptive devices in the study area.

Table No.11: Sources of Family Planning as Exposed by Respondents

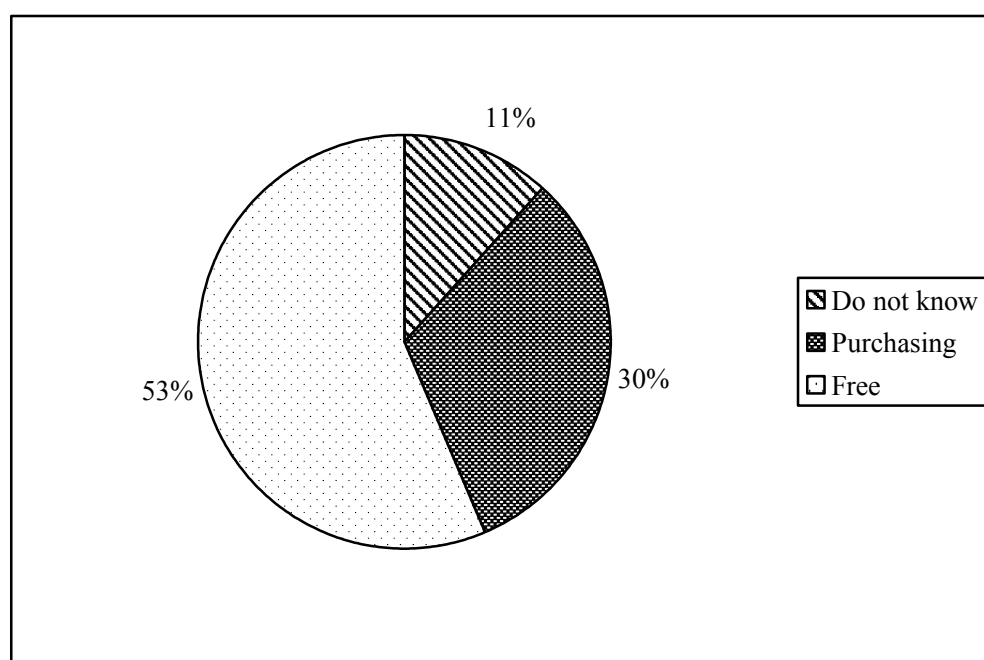
Sources of Family Planning	No. of Respondents	Percent
Hospital	35	30.97
Pharmacy	13	11.50
Health post	60	53.09
Nepal family planning office	5	4.42
Total	113	100.0

Table 11 show that respondents could get family planning from health post (53.09%), Hospital (30.97%), pharmacy (11.50%) and 4.42 percent Nepal family health office if we compare this finding with the NFH, we can describe that the result both of the study is approximately.

4.2.4 Means of Getting Family Planning devices

Family planning devices can be availed free of cost in Hospital, Health post and Nepal family planning association office and same place where it should be purchased. It is shown in figure 1.

Figure 1: Means of getting family planning

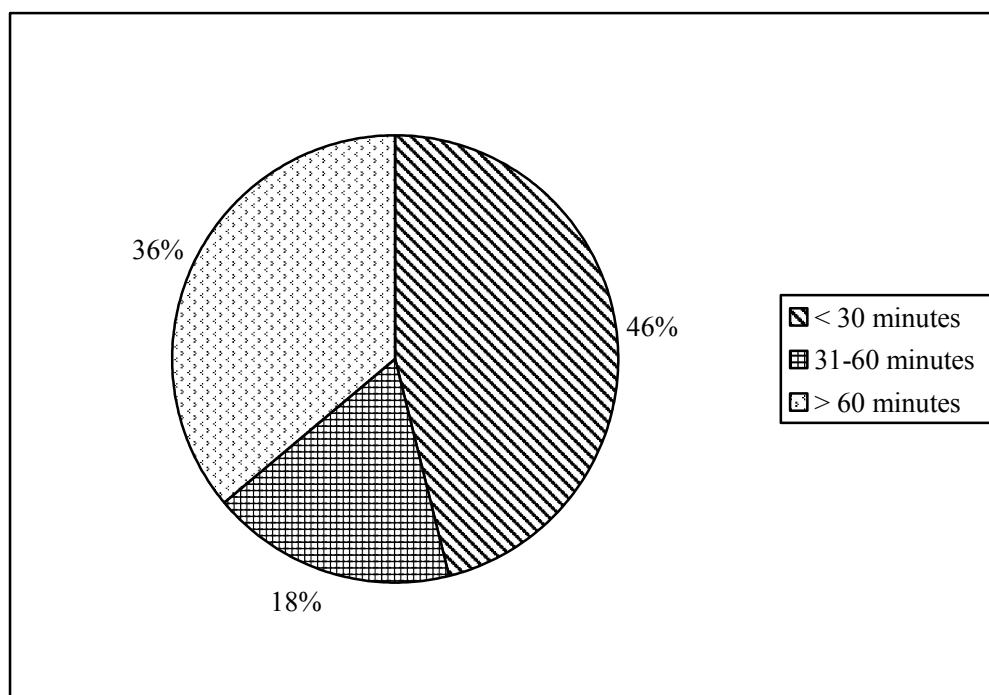


From the above figure 1 shows that 30 percent Brahmin respondents have purchased family planning Devices. But 53 percent respondents that they got it free while 11 percent respondents did not know how they can get it. Lots of non-government organization and government have been distributing the family in free due to which it might be possible that the high majority of the respondents have got family planning in free.

4.2.5 Access to Sources of Family Planning

Family planning is still not accessible to large number of people. Previous survey's finding has show that improvement inaccessibility can have a positive effect on family planning prevalence rate. According to the birth, death and family planning survey 2016, Family planning devices users need more than two hour to get modern method in rural Nepal and for the urban areas it is 5 to 7 minute.

Figure 2: Time taken to get family planning



In the above Figure 2 shows that 46 percent users required 30 minutes travel to get family planning where as 18 percent respondents need 31-60 minutes and 36 percent of users required more than an hour travel from the respondent's house to reach the place of sources of supply of family planning.

4.2.6 Advantage of Family Planning devices

All the respondents were asked about the percentage of family planning method .The percent of respondents on their attitude towards advantage of Family Planning Devices is presented in table no. 12.

Table No.12: Advantage of Family Planning as Expressed by the Respondents

Advantage of Family Planning	No. of the Respondents	Percent
Making better economic condition of family	36	31.85
To make child and mother health better	45	39.82
To make happy family life	11	9.73
Making good education facility for children	15	13.27
Don't know	6	5.30
Total	113	100.0

The above table 12 shows that 39.82 percent respondents have said that the principal advantage of family planning is to make child and mother health better, while 31.85 percent respondents said that it is necessary to better economic condition of family, 9.73 percent respondents said that it's advantage is to make happy family life, 13.27 percent respondents said that it's make good education facility for children and only 5.30 percent women said that they don't know about the advantage of family planning Devices, which might be due to various interests and the exposure with different family planning method.

4.2.7 View of Appropriate child Spacing

Nepal government and many media emphasis to make 2-5 years birth spacing which makes mothers and child health better but the condition of study area is different which show in table no.13 is

Table No.13: View of Appropriate child Spacing

Birth Spacing	No. of Respondents	Percent
One year	19	16.81
Two year	42	37.16
Three year	38	33.62
Four and above	11	9.73
Don't know	3	2.65
Total	113	100.0

The above table 13 shows that 37.16 percent have said view of appropriate child spacing in 2 years, 33.62 percent have 3 year, 16.81 percent have 1 year and 9.73 percent have 4 year but 2.65 percent respondents don't have any idea about child spacing.

4.2.8 Practices of Family Planning devices

All people should use family planning for prevention of unwanted pregnancy family planning devices use is the one of the most importance pro limited determinants of the aggregate level of fertility.

The family planning prevalence rate is estimate 10-49 percent among currently married women of Chaudhary community reproductive age group in the study area. The uses of different family planning by respondents are shown in table 14.

Table No.14: Distribution of Respondents use of Family Planning Devices

Family planning devices	No. of Respondents	Percent
Condom	38	33.62
Depo-Provera	12	10.61
Norplant	15	13.27
Pills	35	30.97
Male Sterilization	11	9.73
Female Sterilization	2	1.76
Total	113	100.0

The table 14 shows that for 33.62 percent is used by Condom which is also a popular method in this area. The modern method such as female sterilization (1.76%), pills (30.97%). Norplant (13.27%), Depo-Provera (10.61%) and male sterilization (9.73%) also commonly used method. The cause behind it may be that use of condom, pills and Depo-Provera is easy than other devices.

4.2.9 Use of Family Planning by Age Group of the Respondents

Age is the most importance factor in demographic analysis here; use of family planning by age group of sampled married women in the study area is analyzed. The following table provides the percentage distribution of respondents who have used each of the family planning method by age group.

Table No.15: Family Planning use by Age Group of the Respondents

Age group	No of Users	Percent	Non users	Percent	Total
15-19	10	8.84	5	4.42	13.26
20-24	23	20.35	10	8.84	29.19
25-29	17	15.04	2	1.76	16.80
30-34	12	10.61	2	1.76	12.37
35-39	9	7.96	7	6.19	14.15
40-44	8	7.07	3	2.65	9.72
45-49	5	4.42	0	0	4.42
Total	84	84.25	29	16.75	100

The table no.15 show that people with 45 and above age were found using family planning least, the possible cause behind it is that respondents have knowledge regarding the anatomical state this period. The fertility period, the people of age group 15-19 were found less sensitive about use of the family planning in one hand, on the family on the other hand, respondents with age group (20-24) were found highly sensitive than other it might be because of either they did not have any child or only give major priority n sexuality.

4.2.10 Education of Women and use of Family Planning

Education play vital role in the adoption of family planning methods. The position of use of family planning by education level of the users in the study area is described below.

Table No.16: Education Level of Respondents and use it

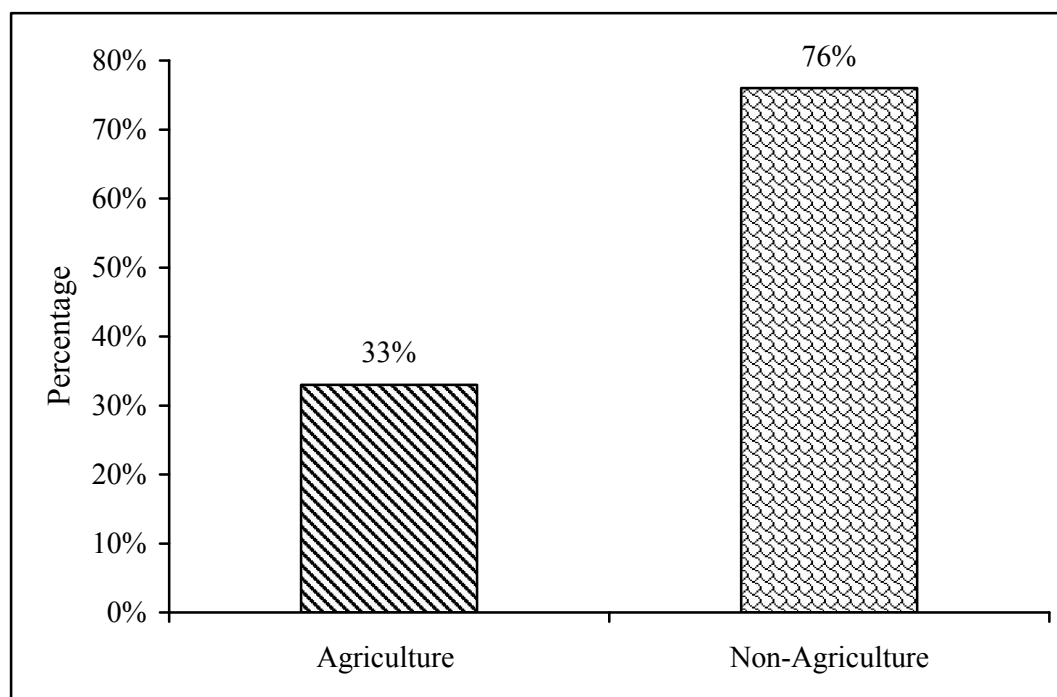
Education Level	User		Non-user No.	Percent	Total number
	No.	Percent			
Illiterate	36	31.85	6	5.30	42
Literate	30	26.54	8	7.07	38
Primary Level	10	8.84	6	5.30	16
Lower secondary	5	4.42	7	6.19	12
Secondary level	3	2.65	2	1.76	5
Total	84	74.38	29	26.62	113

The data in table no.16 indicates that lower percentage of women with education attainment of secondary level use more family planning as compared to women who have education. Above 31.85 percent of women with no education were found using family planning, the corresponding figure is 5.30 percent for women with primary level. Likewise 26.54 percent literate use and 4.42 percent lower secondary women were found using family planning.

4.2.11 Occupation of Women and use of family Planning Devices

The works status of women is often considered to be one of the major determinants of their fertility behaviors. Family planning prevalence rate are generally higher for women involved in non-agriculture.

Figure 3: Occupation of Respondents and Use of Family Planning



On the basis of primary data in figure no.3, it is found that 79.24 percent respondents amount currently, married women who engaged in non-agriculture occupation use of family planning but 33.24 percent of women involved in agriculture occupation use family planning. From the result we can say that women engaged in an agricultural occupation are likely to use family planning more as compared to agricultural. It might be possible because of women engaged in non-agriculture field may have more opportunity to get information about h about family planning as they become exposed. With different field from where they can collect the information about family planning.

4.2.12 Side Effect of Family Planning devices

Almost all chemical in allopathic medicine have side-effect on human body. Family planning devices have side effect on either physical or mental health. The respondents who are currently using modern method of family planning were asked if they have side effects during the period. Result is presented in table below.

Table No.17: Side effects of family planning devices

Side Effect	No. of Respondents	Percent
Irregular menstruation	14	24.60
Weakness	7	12.30
Bleeding	4	7.00
Back pain	11	19.30
Headache	12	21.10
Vomiting	9	15.80
Total	57	100

The table no.17 shows that 57 percent respondents have side effect contraceptives devices. Among them, 24.60 percent respondents complained that they were facing the problem irregular menstruation, 21.10 percent respondents said they had headache, 19.30 percent respondents facing back pain, 15.80 percent complained vomiting, 12.30 percent respondents complained weakness and 7 percent respondents complained bleeding in the study area.

The data indicated that the majority of the respondents were facing the problem of irregular menstruation after using contractive devices. The contractive devices were not free from any side effect so there is need conducted health and family planning awareness program to avoid negative effects.

4.3 Reason for use and non use of Family Planning Devices

Basically people use the contractive devices for various purpose like, birth control, personal health, prevent of STIs and STD etc. similarly, people who are not using such devices due to fear of various side effects occurs in health.

4.3.1 The reason for use of family Planning Devices

The respondents from (15- 49) age groups are included in the study. So, the reasons for the use of contractive devices were asked. The following table is presented for reason of current use of contraceptive devices in the study area.

Table No.18 Main Reason for Using Family Planning Devices

Reason of Using	No. of Respondents	Percent
To birth space	78	69.02
To prevent for HIV/AIDS	10	8.84
Personal Health	3	2.65
To Prevent unwanted pregnancy	22	19.46
Total	113	100

The table no. 18 shows that 69.02 percent of respondents stated their principle reason for using a family planning method was that they want to birth space. Similarly, 19.46 percent for prevent unwanted pregnancy. Likewise 8.84 percent respondents for prevent HIV/AIDS and other 2.65 percent for personal health.

The data shows that cause of using contractive devices like same with the comparison of sub metropolitan profile. Sub metropolitan profile also indicate that most of the people are using such devices to make birth space.

4.3.2 Reason for Non-use of Family Planning Devices

All married women from (15-49) years age groups have been asked about the reason that why they are not using of family planning devices at the time of survey.

Table No.19 Respondents by Reason of Non use of family Planning Devices

Reason of non-Using	No. of Respondents	Percent
Not available	8	8.24
Husband dislike	4	4.12
Stop menstruation	12	12.37
Health problem	25	25.77
Unsatisfied	13	13.14
Husband absent	40	39.21
Total	102	100

The table 19 shows that the reason of non use of contractive devices is shown 39.21 percent that there were their husband. Similarly, 25.77 percent complain health

problem, 13.14 percent complain unsatisfied, 12.37 percent respondents complain stop menstruation, 8.24 percent complain not available and 4.12 percent respondents complained that their husband dislike to use of contractive devices.

The data shows that around half of the respondents was not using contractive devices due to the various negative impact of such devices.

4.3.3 Suggestion of Family Planning

Many people wanted to use contraceptive device but they were afraid of side effect. Without any objection, the respondents of the study took use of family planning device in positive way. Respondents found same of the problem and difficulties about use of family planning devices. They had given some suggestion about the use of family planning.

Table No.19: Distribution of Respondents by their Suggestion about Family Planning

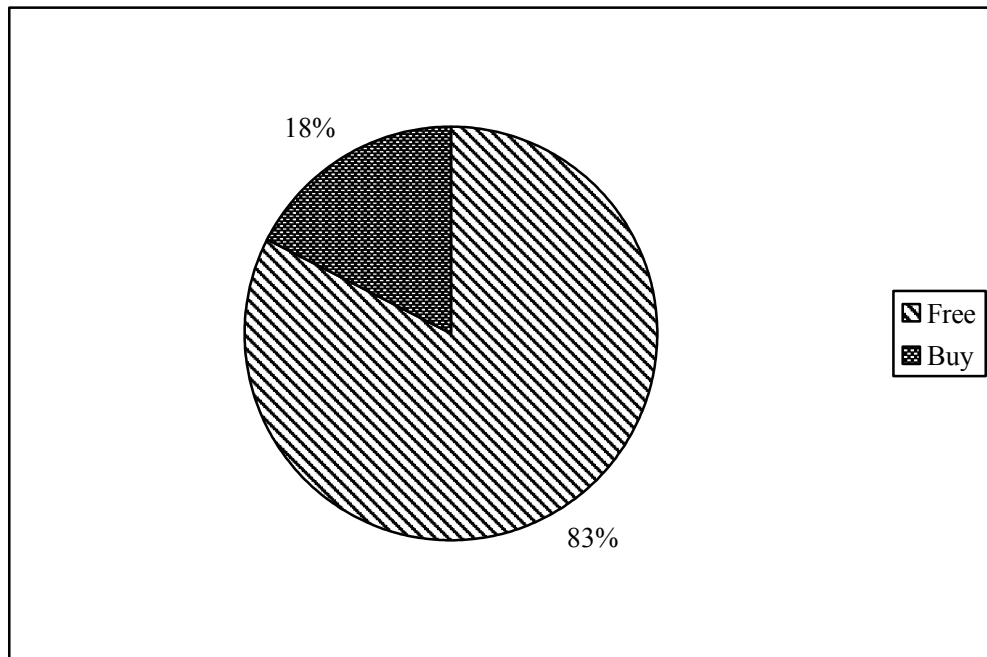
Suggestion	No. of Respondents	Percent
Should be available easily	56	49.55
Strong family planning Education	16	14.15
Side effect should be reduced	8	07.07
Female health worker in family planning program should be increase	33	29.20
Total	113	100

The above table 19 shows that 49.55 percent respondents suggested to make the availability of devices easily, 29.20 percent women suggested increasing female Health worker in family planning program, 14.15 percent said suggested strong family planning education and strong family planning education and 7.07 percent respondents suggested that side effect of the devices should be reduced.

4.3.4 Getting contractive devices in Free of cost

Nepal government and some NGOs and INGOs have been supplying contractive devices to people in free. Therefore, it is higher possibility that community people can get family planning devices in free.

Figure 4: Getting family planning device in free cost



Above figure 4 shows that 83 percent respondents were used contraceptive devices free from health post and clinic. While 18 percent respondents buy contraceptive device.

4.4 Summary

This study on Knowledge and practices on use of family planning among Chaudhary married women community in the study area of the district. It has been conducted to identify the factors affecting the use of family planning devices among married women at reproductive age group (15-49). The main objectives were, to find out the demographic, socio-economic and educational status of the Chaudhary community, to identify the knowledge and practice on family planning devices on married women in Chaudhary community and to find out use and nonuse of family planning devices. It was carried out using primary data collected by using interview schedule from 113

married women at reproductive age 15-49 years. Collected data were analyzed systematically and interpreted in simple random method using interview schedule. The study revealed that 50 percent was familiar with Depo-Provera, 75 percent was familiar with Condom, 84 percent were Pills, 73 percent was familiar with female sterilization, 19 percent was familiar with Norplant and 79 percent was familiar with male sterilization. It was accounted that 52.54 percent respondents were marriage at 15-19 years but 3.38 percent respondents were married at above 24 years.

It was also found that the respondent had faced different side effects after using contraceptive devices such as weakness, irregular menstruation, bleeding, and headache so on. It was also found that the respondents who are facing the side effects after using contractive devices did not consult the doctors. This carelessness might be caused the problem in uterus. So, it should be taken care by the users that prevention is always better than care.

4.5 Major Findings

The major findings of this study are as follows:

- 4.5.1 The Chaudhary women married respondents expressed aged (15-19) years as appropriate age for marriage.
- 4.5.2 It was found that there were 56 percent respondents were farmer and 14 percent were services holder.
- 4.5.3 It was found that there were 54 percent nuclear family and 45 percent joint family.
- 4.5.4 There were 43 percent respondents were marriage at 15-19 years but 3.38 percent respondents were marriage at above 24 years.
- 4.5.5 It was found 57 percent of the respondent's annual income was less Rs 20, 000, 30 percent annual income was 20-50 thousand and only 11 percent respondent's income was above Rs.50, 000.
- 4.5.6 It was found 3 percent respondent's size of land holding was found 6-10 Dhur followed by 2.65 percent dons were found less than on 1 Dhur.
- 4.5.7 There was 32 percent respondent were literate and 38 percent respondents was illiterate.

- 4.5.8 It was found 40 percent respondent's main source of information about contraceptive devices by Radio but 8 percent respondents were information about contraceptive devices by neighbors.
- 4.5.9 It was found that 14 percent respondents had stated that the advantage of family planning was to make better child and mother.
- 4.5.10. It was found that 37.16 percent have said view of appropriate child spacing in 2 years, 33.62 percent have 3 year, 16.81 percent have 1 year and 9.73 percent have 4 year but 2.65 percent respondents don't have any idea about child spacing.
- 4.5.10 It was found that 50 percent people were using Depo-Provera, condom (75%), Pills (84%), female sterilization (73%), Norplant (19%) and male sterilization (79%).
- 4.5.11 It was found that the 44 percent user involved in non-agriculture occupation and only 56 percent respondents involved in agriculture.
- 4.5.12 Among family planning devices users 24.60 percent had reported irregular menstruation.
- 4.5.13 It was found that 72 percent respondents had planned to make use family planning devices in future but 28.6 percent people do not use in future also.
- 4.5.14 Shows that 69.02 percent of respondents stated their principle reason for using a family planning method was that they want to birth space. Similarly, 19.46 percent for prevent unwanted pregnancy. Likewise 8.84 percent respondents for prevent HIV/AIDS and other 2.65 percent for personal health.
- 4.5.15 Percent respondents have side effect contraceptives devices. Among them, 24.60 percent respondents complained that they were facing the problem irregular menstruation, 21.10 percent respondents said they had headache, 19.30 percent respondents facing back pain, 15.80 percent complained vomiting, 12.30 percent respondents complained weakness and 7 percent respondents complained bleeding in the study area. .

CHAPTER- V

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

Family planning programmers have been in operation for nearly four decades to try and the rapid rise in population still have little access to respondent's health and family planning services to take family planning services to the most need people. The total demand for family planning has been increase sing over the years. The health policy also aims at mobilizing NGOs, social marketing organization and private practitioners to complement and supplement the efforts of the government. The government ha at family planning programmers' have trained and fielded community.

The research entitle “Knowledge and Practices of Family Planning Devices in Chaudhary Community of Itahari 9, Fulbari tole Sunsari District” was based on primary data, women which was collected from 113 respondents of the total household wards of 2 the study area. The objectives of the study were to find out the demographic, socio economic and education status of Chaudhary families, to identify the practices of family planning devices among married women, to find out the use and non use of family planning devices of Chaudhary community. To carry out the study effectively interview schedule was implemented, by adopting the random sampling method, the interview schedule was conducted in the face to face situation for the purpose of gathering demographic and socio economic characteristic knowledge and practices in the use family planning among the respondents.

After collecting the information the data were illustrated with the help of table, figure and descriptive make presentation and analysis more effective and meaningful.

Health is one of the most important factors for his fulfillment of human needs and improvement of the quality of life. A healthy person is always cheerful and can do work full days. Even a poor men having good health can improve his life standard, the health of the people is considered to be the wealth of the nation.

The family is the most fundamental unit of society and family health means all the family members will be healthy though all the ways in a family .Health is a multi dimensional entity depending on various factors is one which plays a vital role in the determination of health of individual.

This study examines the knowledge and practices on use of family planning devices in Chaudhary women of the study area. Knowledge about different family planning method was high. Among them Depo-Provera, male sterilization, and female sterilization, condom were well knowledge among the respondents. This was mainly due to the mass media advocacy and teacher's role in disseminating knowledge on family planning matter.

The rapid population growth is burning issues of Nepal. Similarly, number of burning issues are related to family planning is Chaudhary as whole nation. Although in the study area also respondents are facing various health problems due to lack of proper knowledge and contraceptive devices. Many respondents have joint family due to lack of knowledge of contraceptive devices.

5.2 Recommendation

According to finding of this study following recommendation are made regarding various improvement, managerial measure, policy level and for future research.

5.2.1 Recommendation for Improvement

- a. Formal and non formal education program should be carried out emphasizing family planning method at the different level of women and husband in Chaudhary community.
- b. Most of married women of this study use family planning devices, when they attain desire number of children. Therefore, the birth spacing devices should be made available and simple method among them through the effective counseling and educational program.
- c. Trends of married under 20 years should be deterred by government and NGOs.
- d. Literacy rate is poor; therefore literacy programme should be conducted effectively.

- e. Alternative employment opportunity should be increased.
- f. In remote area respondents should spent more than 2 hours to get contraceptive. Therefore they should be distributed in wards effectively.
- g. The state should be family planning easily available in all parts of the b nation free of cost.
- h. Women play a vital role in effective family planning program as long as women remain illiterate, unemployed and largely ignorant family's planning can never achieve its goal. Therefore women empowerment in necessary by improving their education health status and employment opportunities.

5.2.2 Recommendation for National Policy

- a) Government should be provided health services, nutrition and other health facilities for mothers and children according to their needs.
- b) To control high fertility rate the age of marriage should be followed strictly from local government.
- c) A strong national policy should be formulated to improve the situation of the contraceptive devices.

5.2.3 Recommendation for Further Study

- a. The study can be conducted in a large population covering from Terai and Hilly region.
- b. This study on knowledge and practices can be done in rural and urban community.
- c. This study on men's attitude and practices on family planning method and birth spacing can be done with taking the large sample size.
- d. This study was effected of family planning methods.
- e. This study was to find out the use and nonuse of family planning devices.
- f. This study was about educational status, economic status and its impact on the use of contraceptive devices.
- g. The study was completed only on contraceptive knowledge and use in Chaudhary community. Further study may be carried out in other specific communities.

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Appendix - A Questionnaire

1. INTRODUCTION

Date of Interview District Name VDC Name.....

ward no..... Tole..... Age..... Name of Respondent

..... Caste.....

Mother tongue..... Name of Head of Household

Age.....

Type of House 1. Concrete 2 .Stone and Mud 3. Bamboo

Number of family members male () Female () Total ()

Type of Family Single () Nuclear () Joint ()

2. Family Background

S.N.	Name	Relati on of HHs	Sex	Age	Literacy	Education	Marital Status	Source of Livelihood	Religi on
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

3. Household Background

S. N.	Question	answer
1	How much land is being cultivated by your family?	a. Bigha b. Ropani c. Anna d. Dhur
2	What is the total income of your family?	a. Below 20000 b. 20001- 50000 c. 50000- 100000 d. Above 1,00000

3	How many children have you now?
4.	How many members are there in your family?
5.	Do you have following facilities in your families?	a. Radio b. Telephone c. Electricity d. Television e. Others

Individual Questionnaire (married women aged 15-49)

4. Respondent Background

S. N.	Question	answer
1	What is your complete current age?	
2	Can you read and write? a. If yes, what is the highest grade you complete?	Yes No a.
3	What is your source of livelihood?	
4	How old were you when you got married?	
5	Who is headed of your household?	a. Own b. Husband c. Mother d. Father e. Other
6	Do you have own private poverty?	Yes No

5. Knowledge and practice of Contraceptive Devices related Question.

S. N.	Question	answer
1	Have you heard about Family Planning method? i) If yes, from where did you get information about Family Planning?	Yes No a. Radio b. Television c. Neighbors d. Health personal e. Others

2	Do you know of the family planning method? i) If yes, what are these?	Yes No a. Condom b. Pills c. IUD d. Depo e. Norplant f. Female sterilization g. Male Sterilization.
3	What do you mean by Family Planning?	a. Means to maintain Birth pacing? b. To use Family Planning Device. c. Having only two children. d. Improvement of Health condition of Family. e. To bring about wanted birth. f. To avoid unwanted birth.
4	Do you know the sources of contraceptive supplies?	Yes No
5	If yes what are they?	a. Health post b. Hospital c. Private clinic d. Health worker e. Mobile clinic
6	What are the first sources of information about the FP method?	a. Fiends b. Family c. Neighbors d. Teachers e. Radio/TV e. Health worker
7	Do you want to use any contraceptive devices? i) If yes which contraceptives do you prefer to use?	Yes No a. Depo b. Condom c. Pills d. Norplant e. Copper -T f. Others
	ii) If no, why?	a. Fear of side effect. b. Not easily available c. illiteracy and Ignorance d. Religious and culture cause e. Desire for Son f. Desire for daughter

8	<p>Are you ever use contraceptive method?</p> <p>i) If yes, which method do you use?</p>	<p>Yes</p> <p>No</p> <p>a. Depo</p> <p>b. Pills</p> <p>c. Condom</p> <p>d. Norplant</p> <p>e. Copper T</p>
9	<p>Have you or your husband using any Contraceptive Device?</p> <p>i) If yes, what are they?</p>	<p>Yes</p> <p>No</p> <p>a. Pills</p> <p>b. Depo</p> <p>c. Condom</p> <p>d. Norplant</p> <p>e. Copper- T</p> <p>f. Vasectomy</p>
	<p>ii) If no, why don't use any Method?</p>	<p>a. Against Religion</p> <p>b. Desire for Son</p> <p>c. Desire for daughter</p> <p>d. Fear for side effect</p> <p>e. Others</p>
10	<p>Are you satisfied it?</p>	<p>Yes</p> <p>No</p>
11	<p>What is the main reason of the use contraceptive devices you are currently using?</p>	<p>a. Cheap</p> <p>b. Allowed by religion</p> <p>c. Available in the community</p> <p>d. Easy to use</p> <p>e. Having no side effect</p>
12	<p>What is the main reason for not using contraceptive devices?</p>	<p>a. Difficulty to get devices</p> <p>b. Against religion</p> <p>c. Desire for son</p> <p>d. Desire for daughter</p> <p>e. Free from side effect</p> <p>f. Others</p>
13	<p>Who advised you first to choose these contraceptive devices?</p>	<p>a. Health worker</p> <p>b. Husband</p> <p>c. Self aware</p> <p>d. Relative/friends</p> <p>e. Others</p>
14	<p>Where do you go to get these devices?</p>	<p>a. Hospital</p> <p>b. Health post</p> <p>c. Private clinic</p> <p>d. Mobile clinic</p>

		e. Shop f. Friends
15	Did you feel any side effect? i) If yes, what are they?	Yes No a. Headache b. Loss of lactation c. Back ache d. Weakness f. Excessive bleeding g. Irregular menstruation
16	Did you get any treatment?	Yes No
17	What is the main cause of contraceptive use?	a. Birth control b. Birth spacing c. Limiting birth
18	Did you become pregnant while use of contraceptive devices? a. If yes, which contraceptive were using?	Yes No a.
19	Which of the ideal time of birth spacing is better for Health of Mother and Child in your opinion?	a. 1- 2 years b. 2 - 2 years c. 3- 4 years d. 4 years above
20	In your opinion Family Planning helps to improve Family Health Status?	Yes No Don't know
21	Is there any traditional restriction against the use of Contraceptive?	Yes No Don't know
22	If your opinion which contraceptive devices is good?