CHAPTER I

INTRODUCTION

1.1Background of the Study

Family planning is a program, which makes family happy and satisfying by the use of appropriate management and mobilization of income and resource. Family planning is very important component to maintain the reproductive health of male and female. The main aim of family planning program should be to enable couple and individual to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods.

The international conference on population and development (ICPD) held in Cairo in 1994 defined reproductive health as A state of complete physical mental and social well being in all matters relating to the reproductive system and to its function and process. It implies that people have the capability to reproduce and freedom to decide it when and how often to do so. Implicit in this is the right of men and women to be informed and to have access to learnt, effective, affordable and acceptable method of family planning of their choices as well as other methods of their choice for regulation of fertility. Which are not against the law and the right of access to health care services that will enable women to go safely through pregnancy and childbirth. The conference further recognizes that family planning has an important role to prevent unwanted pregnancies and reduce the high – risk pregnancies . To improve the quality advice on family planning IEC has an important role. Conference also called for Governments to provide a climate that is favorable to good quality public and private family planning and RH information services through all possible channels (ICPD, 1994).

Family planning is the major component of reproductive health it can save human lives, controlling unwanted pregnancies , limiting the number of births, limiting birth to the healthiest age , avoid unsafe abortion , preventing transmission of sexually

transmitted diseases (STDs), consequently reducing infant and child mortality in one hand , on the other hand it directly controls fertility and population growth. So the utilization of the family planning has been increasing day by day, as a means of birth control recognized early in the development process and has been viewed as reproductive health and right after the international conference on population and development (ICPD) held in Cairo in 1994. The conference put human right human development and individual well-being become the center of program policies as it was recognized that individual health and well-being are a pre-requisite for women and men to want to have a small family size. The new thinking endorsed in Cairo was also that population growth can be stabilized and development efforts can be enhanced particularly by the development of women and improving the reproductive health (Thapa, 2001).

Family planning program was introduced in 1959 by a group of medical doctors under Nepal Medical Association in Nepal. In the same year family Planning Association of Nepal (FPAN) was established. FPAN remain one of the major agencies to provide family planning services in the private sector. Information, education and family planning services were subsequently provided by this agency. Government of Nepal started providing family planning services from 1965. The government started providing family planning and maternal and child health service in Nepal (MOHP, 2011).

Knowledge of family planning is virtually universal in Nepal. The prevalence of contraceptive uses increased from 3 percent in 1976 to 8 percent in 1981 to 15 percent in 1986 to 24 percent in 1991 to 39 percent in 2001. There are many factors that affect the use of family planning services. Among them, education is the important factor that determines the use of family planning services. Educated women more frequently use family planning outlet than uneducated women because they have better knowledge and information about it.

Among married women, female sterilization is the most commonly used method (15%) , followed by injectable (9%), male sterilization (6%) , the pill (5%) , male condoms (4%) , implants (3%), and IUDS (1%) . Although 86% of currently married women and 82% of currently married men have heard about IUDs, only 1% of currently married women use them . The contraceptive prevalence rate varies with age, From 23% among currently married women age 15-19 to a high of 69% among women age 35-44. Modern contraceptive use peaks at 58% among currently married women age 40-44 and then declines slightly to 56% among women age 45-49. Fifteen percent of currently married women age 15-19 have use modern contraceptive methods . (MoHP, 2016).

To achieve good family planning and better reproductive health of couple and individual male and female equal participation in family planning is needed. Both male and female centered methods are found but programs have traditionally focused primarily on women than men. The male method of contraception are only condom and vasectomy for the effective family planning men should not be neglected because men play a major role in reproductive health and family planning (UNFPA, 2011).

1.2Statement of the Problem

Today world is facing a crucial problem of population growth. The rapid population growth has become a problem for the socio-economic development of the nation as a whole. So, it has become a serious concern to each and every-body concerned with the welfare of humankind.

Nepal is a developing country with poor socio-economic condition. Nepal has facing the problem of population growth due to the lack of industrialization, low production and unemployment. In order to control population growth government of Nepal has systematically introduced many population programs since the third Five year plan.

The status of Nepalese women is very low. The society makes it imperative for girls to get married as soon as they enter into puberty. Family planning it the spread of negative rumors, exaggerated truth of service providers and lack of adequate follow up care. Most people are out of accessibility, availability and affordability of family planning methods, Unmet need of family planning , side effect, low involvement of male in family planning, weak government programs, religious and traditional believes, lack of skilled manpower are some obstacles in family planning services. Because of low use of family planning method much more women are facing unintended pregnancy, abortion and related complication of pregnancy .

The family planning program still could not help people completely people are not fully safe and satisfying life. Various programs are lunched in order to provide family planning services to people since long time and to manage the over extending fertility of people but not succeeded in their aim because of various barriers and weak programs. The services of family planning are not uniform through the country and thus even today a big gap exists about the knowledge and practice of family planning in Nepal. Thus this research is directed to understand knowledge and practice of family planning among married women of fertility age of Bhumlu Gaunpalika-5 , Kavre District.

The study area is Bhumlu Gaunpalika -5 , Kavre District. This Gaunpalika has formed after federal system of Nepal Government. It has 10 wards including former Bhumlu Salle VDC. Bhumlu Salle VDC is ward no 5 of Bhumlu Gaunpalika.

The study area is 45 KM far from district headquarter Dhulikhel. It is situated north east location from Kathmandu, the capital city of Nepal. It is 70 KM north east from Kathmanndu. Agricultural road has been connected to the study area joining by Araniko Highway from Dolalghat. From Araniko Highway it is only 15 KM to study area. It is hilly region with some forest as natural resources . No any such type of study has been conducted in this area before.

1.3Objectives of the Study

The general objective of the study is

- To analyze the knowledge and practice of family planning methods among married women of Bhumlu Gaunpalika-5, Kavre District.

The specific objectives of this study are :

- To identify the reasons for use and non use of family planning services.
- To study the socio-economic (education , family income, occupation) status of people who are currently married and practice of family planning method.

1.4Significance of the Study

Knowledge and practice of family planning services in any area are affected by the education, occupation and place of residence. Use of family planning also varies from one cast to other , one region to other , also varies from one age group to another . Family planning program works best when women are fully involved in the design provision, management and evaluation of services. Women empowerment and changing social tradition and norms may increase the rate of contraceptive users.

This research provides the specific information on related topic , which also helps policy makers, planners, administrators and demographers. In addition this thesis may help to programmers and policy makers to formulate and implement specific programs and provide guideline for similar types of study.

1.5Limitations of the Study

Each and every research study has their own limitation that determines the purpose of the study, time and cost.

- The study is based on primary data, which has been collected through questionnaire and interview based on selected sample from Bhumlu Gaupalika-5, Salle.
- This study has covered knowledge and practices with reproductive age group of women with family planning methods.
- The study would not be represented the other parts of country as well as community.

1.6Organization of the Study

The study is divided into six chapters . The first chapter deals with the background, statement of the problem, objectives of the study , significance and limitation of the study and organization of the study.

Chapter two includes literature review, which is an important tool for the research study.

chapter three includes methodology . Methodology deals with selection of study area, sources of data collection, sampling procedure , questionnaire design, data collection techniques and tools and data analysis of the study.

Chapter four includes data presentation, analysis and interpretation of data regarding socio-economic and demographic characteristics of the respondents of study area . It includes religion, education , age of the respondents, age at marriage, age at birth of first child, number of living children, occupation, income, household facilities and their relation with family planning method in married women of reproductive age .

Chapter five includes knowledge and practice of family planning among married women of reproductive age. Knowledge includes respondent's knowledge on

family planning , source of information, place for family planning methods availability and differential in knowledge of family planning by age, educational attainment, family income. Practice includes practice in terms of education, income, occupation, type of contraceptive ever used, accuracy of the method , side effect of the method , reason for use or non use of family planning method , the more using method and availability of the method.

Chapter six includes summary of main finding, conclusion and recommendations.

CHAPTER II

REVIEW OF LITERATURE

This chapter presents the review of literature related to Family Planning. Some facts, opinion and study reports related to the knowledge and practice of Family Planning has been reviewed.

2.1 Conceptual Review

Family Planning as defined by the Dictionary of Demography is: Conscious effort of couples or individuals to control the number and spacing of birth. Family planning is used synonymously with many terms- birth planning, birth control, fertility regulation, Planned Parenthood and many others. The term implies a general reproductive strategy, however and should not be used to mean just contraception. Since it comprises practices aimed both at preventing births at certain times and at inducing them at other (Wilson, 1985).

Social and cultural factors including gender norms, condition women's reproductive intentions- that is the number of children they want and how they want their birth spaced. If women could have only the number of children they wanted, the total fertility rate in many countries would fall by one child per

women. The fewer children women want the more time they spend in need of contraception and they more services are required (UNEPA, 2000).

New strategy of Reproductive Health adopted in 1996 by the government has clearly defined the need of quality of services and also made a path to provide counseling of family planning to all individuals and couples by the year 2015 as has been stated by ICPD, 1994.

In order to provide succeed family planning services should provide in the communities where they live and work. Programs need to provide services that are convenient of low cast and high quality and culturally acceptable programs should tailor their approaches to various types of clients. The needs of young women who want to delay her second child are very different from the need and older women who wants no more children.

Different sub group need different contraceptive methods, different IEC message, different service locations and sometimes different services providers. To meet the need of these groups, programs must offer several contraceptive methods. The program must provide alternative choices for various subgroups and take strategies as IEC programs, social marketing programs, to increase contraceptive users.

Win H, (1993) revealed that educated women, who marry later show more responsibility for the welfare of children, discuss problems more freely and equally get her husband than uneducated women. Therefore educated women will start bearing children later, space births more and have fewer children. It is expected that educated wives will have longer duration of contraceptive use than uneducated wives.

It is important to use evaluation to learn from last mistake and improve the program. Larger scale family planning programs have been operating in some countries for over 25 years the challenge now is to learn from their experience whose at the same time developing new approaches in new settings (John, et.al., 1998).

It is estimated that contraceptive prevalence rate for the proportion of women in reproductive age currently using contraception was 62 percent at the world level in 1997. The average level of use was 70 percent in more developed regions and 60 percent in less developed regions. In more developed regions, seven out of every ten couples, on average, are using family planning. Among contraceptive methods female sterilization, IUDs and the pills are there commonly used methods (Thapa, 2001).

The use of family planning has been steadily increasing. More than 60 percent of couples residing in the less developed world use family planning today compare with about 10 percent in 1960s. The rapid raise in family planning use has caused fertility to decline much faster in less developed regions. From a total fertility of about 6 children per women in early 1960s decrease and in late 1990s it is about 3 children per women.

Despite the various facilities about one fifth of the currently married women in less developed world have an unmet need for family planning. There have been considerable reductions in the average number of children desired by women over the past 30 years. The growing availability of modern contraceptive method and organized family planning program has been responsible for rise in family planning use and the related decline in fertility in less developed countries, Where the overall level of contraceptive use has long been at a relatively high level, the introduction of modern method has also had an impact by allowing couples and individual to diversity their choice of specific contraceptive methods (UN, 2004).

In several Asian countries are sex preference and preference of son as major determinants of family size. Nepalese couple generally believed that family planning should begin only after they achieve their family size. Nepalese parent prefer son to daughter because of their cultural and various role that sons play in their family lives.

It is only one who can perform death and post death rituals to ensure that the gate of heaven will be opened for parents. In additional son keeps continuous family name and support in old age. This kind of belief helps to increase population and decrease in the use of family planning (John, 1998).

Unmet need for family planning remained one of major issues in Nepalese family planning program. Nepal's population policy has always given strong emphasis on meeting the unmet need but not much improvement so far. It might be due to the accessibility and supply factors, service quality, lack of adequate information and counseling about the use of family planning and lack of quality of reproductive health services. The higher percentage of rural women has unmet need than urban women (Acharya, 2002)

The main thrust of Nation Health Policy 1991 was related to the National Reproductive health and Family Planning Program to expand and sustain adequate quality family planning services to the community level through all health facilities. The policies also aim to encourage NGO's, INGO's and private sector to help in government programs. The target related to family planning is to reduce TFR from 4.1 to 3.5 per women at the end of 10th plan and to 3.05 by the year 2017. The plans also aim to raise the contraceptive prevalence rate to 47 percent by the end of the 10th plan and 58.2 percent by 2017 (MoHP , 2005).

Nepal family planning program face various challenges, among them low involvement of male in family planning program. To achieve the goal of family planning services equal participation of male in family planning is needed. There is a great need to propagate message for males in Nepal to share the family planning responsibility (Pathak, 2002).

Gage A.J (1995) highlighted the importance of women's employment to their contraceptive behavior. Their findings indicated that after controlling for other factors, women who were self employed and those who were employees had significantly higher predicted probabilities of using any method of contraception than those who were not employed, the like hood of contraceptive use greatest for employees.

Rahaman et al. (1992) found that Hindu and Muslim have different patterns of fertility behavior. Contraceptive prevalence rate may very between the two religious groups. In the sample, acceptance of contraception is 21 percent higher among the Hindu than among Muslim.

Thapa, S (1989) studied a decade of Nepal's family planning program, Achievement and prospects. He concludes that those engaged in non farm employment used contraceptive nearly five times more than those who worked on farms.

Laing J.E (1985) found that geographic variations are often thought to affect contraceptive practice through differential exposure to F.P communication and differential access to services. The most important geographic determinants are likely to be those reflect variation in the degree of urbanization or exposure to program services. Continuation of contraceptive use was substantially lower and failure rate (pregnancy rates) higher among rural respondents than among urban respondents.

Phillips J. F (1978) concluded that it is expected that the husband's support for contraceptive practice is the most important predictor of continuation. If the husband's support is lacking continuation was poor or worse than those of the husband's approval of use. Therefore it is indicated that continuation rates might improve if the program placed a greater emphasis upon husband's concerns as well as on programs oriented towards couples.

2.2 Conceptual Framework

Figure I : Conceptual Framework

This study tried to evaluate the knowledge of married women on family planning method and practice of family planning method among them. In this study two aspects of family planning method has been studied. General and specific knowledge of family planning method has been evaluated among the sampled respondents i.e. married women of reproductive age. Knowledge of family planning, name of contraceptives, type of contraceptives, source of contraceptive has been evaluated in relation of education, occupation and income.

Marriage age of women, child bearing age of women, use of contraception has been examined. Cause of use and non-use of contraception has been evaluated in the relation of source of contraceptives, education of respondents and her husband, occupation and education .

2.2 Empirical Studies

Ministry of Heath (1993) studied of 14334 currently married women of reproductive age. An overwhelming majority of the currently married women (93%) reported of at least one method of family planning. Among them 18 percent had ever used a method of family planning. Among them 18 percent had ever used a method of family planning at some time in the past. This survey also recorded that 25 percent of country married non-pregnant women were using contraception.

Ministry of Heath (1997) studied near about 8,000 eligible women form 34 urban area and 219 rural areas. This study found that knowledge of Family Planning is virtually universal in Nepal, with 99 percent of currently married women having heard of at least one of method of family planning. This study found the CRP among the currently married woman is 29 percent with the majority of women using modern methods.

The data on family planning and reproductive health was started to collect from 1976. The fertility survey 1976 is the first survey and after this survey such type of surveys were conducted in Nepal in every five-year. According to the Nepal fertility survey 1976 overall knowledge of at least one method of family planning among currently married women aged 15-49 years was 21.3% (MoHP, 2006). This survey also shows that 4.9% were ever users of family planning, among that 2.9 percent of women of reproductive age group 15-49 were currently using any modern contraceptive method (MoH, 1987).

Total demand for family planning has increased and unmet need has declined somewhat since 1996. However, the percentage of demand satisfied by modern methods (56%) has not changed since 2011. This latter result indicated that no progress has been made in reaching the target set by the National Health Sector Strategy 2016-2021 of increasing the percentage of demand satisfied by modern methods to 71% by 2020 (MoHP, 2016).

There has been a steady increase in the level of ever use of modern family planning method over the past 20 years. The level of ever use of modern contraceptives among currently married women increased from 4 percent in 1976 to 27 percent in 1991 and reached 35 percent in 1996 . During the last 20 years the percentage increase in female sterilization is higher than any other method . 29 percent of currently married women in Nepal are currently using a contraceptive method , 26 percent women using modern contraceptive whereas only 3 percent use traditional method. Female sterilization is the most widely used method , 12 percent women use it and it was followed by male sterilization and injectable (5% each). Two percent of currently married women reported using condoms, while about 1 percent rely on pill. The level of modern contraceptive use in Nepal has increased steadily over last two decades. Current use of modern contraceptive among currently married non-pregnant women has increased from 3 percent in 1976 to 15 percent in 1986 to 29 percent in 1996 (NFFHS, 1996).

Data from four DHS surveys conducted in Nepal over the past 15 years show an impressive increase in the use of modern contraceptive methods from 26 percent in 1996 to 43 percent in 2011. The increase in the use of modern contraceptive is due mainly to increased use of female sterilization, injectable, the pill, and condoms between 1996 and 2006. However, as a result of several possible factors, the increase in contraceptive use has not been sustained in the past five years, There has been a decline in the use of female sterilization and injectable, while the use of male sterilization has increased slightly, It is also notable that the use of temporary methods such implants and IUDs has been increasing over the past few years, providing options for women drift away from permanent methods such as

sterilization. Use of traditional methods has also increased over the years (MoHP, 2011).

Only 25 percent of all women correctly reported the most fertile time as being halfway between two menstrual periods. Among users of the rhythm method, 52 percent were able to correctly identify a woman's monthly cycle; 46 percent incorrectly reported that a woman's most fertile period is directly after menstruation has ended. Knowledge of the fertile period among Nepalese women is limited; 16 percent of all women and 17 percent of those not using the rhythm method did not know about the fertile period. These results indicate a continued need for education about women's physiology of reproduction and effective use of contraceptive methods. (Pathak, 2011).

In the context of Nepal using of family planning services is increasing over the year, however still one half of the current user have to travel for more than two hours to obtain the contraceptive . The demand for family planning services particularly remains high. The overall total unmet need for family planning has increased form 28 percent in 1991 to 31 percent in 1996. While the total met need has increased from about 23 percent of 29 percent during the same five year period. Thus demand for family planning has increased substantially. The total demand for family planning has increased from 51 percent in 1991 to 60 percent in 1996 (K.C., et al., 2002).

UN (1999) found that highest CPR in North America (77%) followed by Europe (71%), Latin America and Caribbean (68%), Asia (60%) and lowest Africa (24%). UN also found that among the SAARC countries highest CPR in Sri Lanka (66%) followed by Bangladesh (49%), India (25%), Nepal (25%), Pakistan and Maldives (18%) and lowest for Bhutan (8%).

In south Asia, Nepal is one of the first countries to disseminate information family planning through Family planning Association of Nepal since 1985. Particularly, since late 1960s the government has been actively involved in providing family planning

services and it has become an integral part of the country's health services. Nonetheless the contraception use remains low (MoPE, 2000).

Acquiring Knowledge of contraceptive methods is an important precondition toward gaining access to and then using a suitable contraceptive method in a timely and effective manner. According to NDHS 2001, survey the most widely known modern contraceptive methods among both ever married and currently married women are female sterilization (99%), male sterilization (98%), injectable (97%) and condom (91%).

According to DHS report 38 percent of currently married women in Nepal have an unmet need for family planning service, 11 percent for spacing and 16 percent for limiting births. All the same time, 39 percent of currently married women are currently using a contraceptive method, with 4 percent using spacing and 36 percent using for limiting. If all women with unmet need for spacing and limiting were to use family planning the CPR would increase form 39 percent of 67 percent. This implies that Nepal's family planning Programs have some way to go to meet both spacing and limiting needs of couples (MOH, 2001).

Aryal (1996) studied the knowledge and practice of contraception in Kathmandu of the 983 eligible women. This study found that overall 95 percent of currently married women recognized a method of family planning. Knowledge of family planning ranged form 68 percent among women aged 45-49 to hundred percent in the 30-24 age group. Two thirds of married of all ages had ever used a contraceptive method and almost 56 percent of them were currently using some of contraception. This study suggests that couples are interested in controlling their fertility after certain number of children. This research conclude that the impact of family planning programs at the national level is minimal , family planning programs are lowering the cost of obtaining contraceptive services in Katmandu resulting in high use of contraception .

Subedi (1997) use of data of BDC conducted by Central Department of Population Studies in 1996 conclude that current contraceptive use varied with women age, place of residence, ecological zones, Development regions and women's education. Older women (35-39), women living in urban area and women with secondary and more education were more likely to use any form of contraception. Numbers of living sons were more pronounced in determining the current use among the indicators considered.

The use of family planning services varies with the place of residence. According to 1986 Nepal fertility planning and health survey data, about 32 percent of the women in urban were using contraception compared to only 14 percent in rural area (Rijal and Shrestha, 1989).

Thapa S (1989) Concluded that women in the Terai region had higher contraceptive use than those who lived in the other two regions that is hill and mountain. Women in the Terai region had the highest level of awareness and use, which is consistent with these regions much better transportation and communication facilities and its more heterogeneous population compared to hill or mountain regions. Further the government has made special efforts in recent years to establish several village level FP centers in the Terai region. Also urban dwellers were 2/3 times likely to currently use a contraceptive than those who lived in rural areas.

Even if discussion between husband and wife about contraceptive is not a precondition for the adoption of contraception, inter spousal communication is thus an important immediate step along the path of eventual adoption and especially continuation of contraceptive use. According to NDHS over 57% of women never discussed FP with their Husband in the year preceding the survey (NDHS, 2006).

Currently married Nepalese women report an ideal family size of 2.4 children, while married men report 2.6 children as the ideal number. The mean ideal family size has dropped slightly over the last five years, form 2.6 among ever married women and

2.8 among ever married men in 2001. This most educated and wealthiest married men and women report wanting the smallest families (NDHS, 2006).

Gage A.J (1995) showed that fewer than 40 percent currently married women ever discussed FP with their husbands. Husband-wife communication is significantly more prevalent among women who exercised independence in choice of spouse than among those in arranged marriages. Furthermore the younger the women's age at first marriage the lower the prevalence of spousal communication about family planning. About half of all educated women have discussed family planning with their husbands, compared with less than a third of uneducated women.

Charoenloet V (1976) presented that continuation rates to rise with the number of living children. The continuation rate is higher and relatively stable among pills users with 2 to 5 living children. The rate drops off when the number of living children reached 6 or more. Again the IUDs acceptors with 6 or more living children exhibit an extraordinary high continuation rate. The direct relationship age and the number of living children with continuation rates may employ that younger women with relatively few children gave to adopt contraception for purpose of spacing rather than limiting their families. On the other hand there is a relatively low rate of contraception among young.

Stash S (1996) studied ideal family size and sex composition and preferences among wives and husbands in Nepal. She concluded that in situation where husband's preferences for son are stronger than his wife, husband's may be more willing to accept larger family sizes to achieve their desired number of sons where husband's preferences are likely to prevail over his wife, they may result in lower level of contraceptive use and higher levels of fertility than would have been predicted by observing women's attitudes alone.

Karki, Y.B (1998) studied sex preference and the value of sons and daughters in Nepal. He concluded that preference for sons over daughters is slightly stronger

among rural respondents, but the mean number of daughters desired is about one and the mean number of sons desired in both groups is about two.

CHAPTER III

METHODOLOGY

Methodology is the process applied to data collection, processing, tabulating and analyzing. It is a way of systematically solving the research problem. It helps to know the research problem and to find out the logic behind them.

3.1 Rational for the Selection of the Study Area

To obtain the relevant information for the study Bhumlu Gaunpalika-5 Salle is selected purposively. This study area was selected because no one has conducted such type of research to till. The area almost covers all socio-economic characteristics.

3.2 Research Design

There are various types of research design employed in social science studies. Among them descriptive and exploratory research design has been carried out in this research. Descriptive research design has explained occupation, family type, education level, income status, likewise exploratory research design has explored knowledge and practice of family planning methods.

3.3 Nature and Source of Data

The primary and secondary data have been used in this study. All the required information was collected from field survey. Similarly, secondary data was collected from different types of related reports , journals, books articles, newspapers, related websites, as well as other supplementary data was consulted for this study.

3.4 Population, Sample Size and Sampling Procedure

There were 489 households in Bhumlu Gaunpalika-5. This Bhumlu Gaunpalika ward no 5 was the Bhumlu Salle VDC before federal system of Nepal Government. For the convenient of sampling process this former VDC has been divided in three cluster according to the ward no of previous ward system. Ward no 1, 2 and 3 named as cluster 1, Ward no 4, 5, and 6 named as cluster 2 and ward no 7, 8, and 9 named as cluster 3. Taking help from key informant of health post of study area, made 3 piece of paper with the secret marking of cluster numbers 1, 2, 3 and selected cluster no 2 from the lottery method.

Then the households of cluster number two has been made a list with serial number including the name of household of ward no 4, 5 and 6 separately from the help of local staffs of health post. Ward no 4 had 56 households, ward no 5 had 43 households and ward no 6 had 47 households. Altogether 146 households was in cluster no 2 and it was the universe of this study. For the study 50% of households was selected as respondents from each ward 4, 5 and 6. There was made pieces of papers marking the total serial numbers of listed

households of each ward and taken 28 pieces of paper from ward no 4, 22 pieces of paper form ward no 5 and 23 pieces of paper from ward no 6. Altogether 73 households has been taken as sample respondent for this study. Among the households 60 households had married women of reproductive age and all the 60 women has been selected for the study as sample.

Figure II : Sampling Procedure

<table>
<tr><td colspan="9">Former Bhumlu Salle VDC</td></tr>
<tr><td>Ward 1</td><td>Ward 2</td><td>Ward 3</td><td>ward 4</td><td>ward 5</td><td>ward 6</td><td>ward 7</td><td>ward 8</td><td>ward 9</td></tr>
<tr><td colspan="3">Cluster 1</td><td colspan="3">cluster 2</td><td colspan="3" rowspan="5">cluster 3</td></tr>
<tr><td colspan="3" rowspan="4"></td><td>56 HH</td><td>43 HH</td><td>47 HH</td></tr>
<tr><td>50% sample</td><td>50% sample</td><td>50% sample</td></tr>
<tr><td>28 HH</td><td>22 HH</td><td>23 HH</td></tr>
<tr><td colspan="3">73 HH</td></tr>
<tr><td colspan="5">60 HH has married women of reproductive age</td><td colspan="4">13 HH has not married women of reproductive age</td></tr>
</table>

3.5 Data Collection Technique and Tools

Household survey and individual interview by female interviewer has been conducted for the generation of primary data using structured and unstructured questionnaire. In this study two female interviewer has been managed for the collection of data and information from respondents with structured questionnaire form for interview as attached in annex I.

3.6 Method of Data Analysis and Interpretation

Data analysis is the main part of the research study. We can get the raw data from field then it should be manipulated in suitable way of analysis, first the collected

data was edited to ensure their accuracy and completeness. Frequency table, percentage distribution, graphs and other method also has been used to present the edited data.

3.7 Ethical Issue for the Research

The subject of study i.e. knowledge and practice of family planning method is sensitive issue in the context of Nepalese society. So for the self-respect of female respondents there was used simple, moral, relevant words and respected language in questionnaire and interaction process. For the convenient of female respondents female interviewer was managed for data and information collection from respondents.

CHAPTER IV

DATA PRESENTATION AND ANALYSIS

This chapter presents the result of the survey conduct on 60 married women of reproductive age of Bhumlu Gaunpalika-5, Kavre District. This study mainly deals with the socio- economic and demographic characteristics of respondents and knowledge, practice, factors responsible for use and non use of family planning methods.

4.1 General Background of the Study Area

Bhumlu Gaunpalika-5 is situated in Kavre District in province three. Health post is situated almost middle part of the village. It takes about an hour to visit health post by the people of this village. Any past studies had not been carried out before this study. Geographically it is located between 27°61"10' N and 85°76"36' E. The total area of the Bhumlu Gaunpalika is 91km square. It is located at almost eastern side of the district from east to west direction. It is almost 45 Km far form district headquarter, Dhulikhel.

4.1.1 Natural Resources

The village has dense forest in its northern and western part. The main tree of the forest are Salla , Sal (Sorea robusta) , Chilaune (Schima wallichi) etc. Among them salla is the dominant species in the forest. The village has scarce of water resource for irrigation and drinking water.

4.1.2 Climate

The climate condition of the village is of mild type. The annual average maximum and minimum recorded temperature are 28°C and 10°C respectively and the annual average recorded rainfall is 2156 mm (CBS, 2015).

4.1.3 Population by Caste/Ethnicity

The total number of the population of the Bhumlu Salle is 1763. Among them Chhetri were 339, Brahman 261, Tamang 721, Newar 231, Kami 97, Damai 25, Sanyasi 15, Pahari 60 and others were 23 . (CBS 2011)

4.1.4 Number of Households and Population by Sex

The total households of the Bhumlu Salle were 489 and total number of population of the Bhumlu Salle was 1763 and out of them 792 was male and 971 was female . For the study the then Bhumlu Salle VDC has been divided in three clusters. Out of the total households of the Bhumlu Salle 146 households exists in cluster two (previous Salle vdc ward no 4,5, and 6) . Out of the total population of the cluster two 209 were male and 279 were female. (CBS, 2015).

4.1.5 Health and Sanitation

Bhumlu Gaunpalika – 5, Salle has a health post in its Central part, which is almost one hour walking distance from their home. Most of the households have toilet for their private use. But there is no public toilet. One pharmacy is available in the study area.

4.1.6 Population by Religion

Among the total population of the Village 981 were Hindu, 712 were Buddhist, 47 were Christian and 23 was not stated (CBS, 2011).

4.1.7 Population by Mother Tongue

Among the total population of Bhumlu Salle 1,051 used Nepali language as mother language. 712 used Tamang language as mother language. But all respondents replied in

Nepali language at the time of interview. It means all the people could speak Nepali language as primary as well as secondary language. (CBS, 2011)

4.1.8 Communication Facilities

The Salle village has very few number of telephones set. For the communication people have used cellular mobile phone and internet. Besides this radio and television are the means of information of the study area.

4.1.9 Transportation Facilities

Bhumlu Gaunpalika is linked with Araniko highway from Dolalghat. Salle village is linked graveled rural road from Dolalghat. This road linked with Ramechhap and Sindhupalchok. Agricultural road has been accessed to the village by the initiation of Gaunpalika.

4.1.10 Electrification Facilities

Bhumlu Salle village had been electrified through rural electrification project in 2064 B.S. The study area was also electrified through the project. The local NGO Bhumlu Salle Samaj Kalyan Samiti has been taken initiation for the electrification. In the study area, 450 households were electrified.

CHAPTER V

KNOWLEDGE AND PRACTICE OF FAMILY PLANNING METHOD

The main objective of this chapter is to examine knowledge and practice of family planning methods. This chapter consists of six sections. The first section deals with the knowledge of family planning methods of sampled women who are in reproductive age of 15 to 49 years. The second section deals with practice pattern of family planning method of sampled respondents. The Third section deals with failure of family planning method. The fourth section describes with side effects of family planning methods. Fifth section deals with promotion of family planning use and sixth section deals with reason for non use of family planning methods.

5.1 Socio - Economic Status of Study Area Households

The socio-economic characteristics of the sampled households includes population composition, Family type, age sex composition, cast and ethnicity, educational status, economic characteristics, household income, occupation, marital status, sufficiency of agricultural production for livelihood , health facility , hygiene and sanitation status etc.

5.1.1 Population Composition of the Sampled Households

The total population of the surveyed households was 260. The average size of family in household was 3.61 in which the proportion of female was higher than male, which resembles with National census 2011. The population was divided into four strata of age groups like up to 4 years, 5 to 14 years, 15 to 49 years and above 50 years. The age and sex wise population composition is presented in the following table 5.1.

Table 5.1 : Population Composition by Age Group and Sex

Age in Years	No of persons					
	Male		Female		Total	
	No	%	No	%	No	%
Upto 4	6	2.30	11	4.23	17	6.54
5-14	38	14.61	43	16.54	81	31.15

15-49	30	11.54	73	28.08	103	39.62
Above 50	22	8.46	37	14.24	59	22.69
Total	**96**	**36.91**	**164**	**63.09**	**260**	**100**

Source : Field Survey,2019

The table 5.1 shows that 2.30% of male and 4.23% of female were below 5 years. Females are higher than male in each age group. In 5 to 14 age group 14.61% is male and 16.54% is female. During survey significant number of earning age group of people either they have gone in abroad or in city i.e. Kathmandu for earning.

5.1.2 Family Type

The type of the family in the study area was joint and nuclear. Nuclear family means the family consisted of father , mother and their children only whereas joint family means the family consisted grandparents, parents, uncle and aunts, brothers and sisters, daughter in law. The family type of surveyed households is illustrated in table 5.2.

Table 5.2: Family Type of the Sampled Households

Family Type	No. of households	%
Nuclear	18	30
Joint	42	70
Total	**60**	**100**

Source : Field Survey, 2019

The table 5.2 shows that 30 % family lived in nuclear family where as 70 % family lived in joint family. In the study area average family size of the sampled households was 3.61 where as the national average family size of Nepal was 5.8 (CBS, 2011) . The average family size of the study area was smaller than national average family size of Nepal.

5.1.3 Caste and Ethnicity

Different Caste / Ethnic groups inhabited in the study area. The total population of the study area including all selected ethnic group was 488. Out of them Number of male was 209 . Where as number of female was 279. The population of surveyed household by caste / Ethnic group is illustrated in the Table 5.3.

Table 5.3: Population of Sampled Households by Caste / Ethnicity

Caste / Ethnic	**Population**					
	Male	%	Female	%	Total	%
Tamang	30	11.54	64	24.62	94	36.15
Bramhan	19	7.30	31	11.92	50	19.23
Chhetri	20	7.69	28	10.76	48	18.46
Newar	19	7.30	26	10.05	45	17.31
Dalit	8	3.07	15	5.77	23	8.85
Total	**96**	**36.91**	**164**	**63.09**	**260**	**100**

Source : Field Survey, 2019

The Table 5.3 shows that Tamang is the largest proportion of the population i.e. 36.15% , the second largest proportion of the population were Brahamin 19.23%, chhetri 18.46% . The least proportion of population is Dalit i.e. 8.85% and Newar occupies 17.31% population. In all cast group female population is higher than male .

5.1.4 Education Status

The educational level of the study area was classified into illiterate, literate, primary level, Secondary level, Higher Secondary level and Above higher secondary level . Literate means

those who can read and write the letter or can drop their signature and illiterate means those people who are not able to write their name and read the letter.

The total populations of the sampled households were 260.

Table 5.4: The Educational Status of Sampled Households

Education Level		Male		Female		Total	
		No.	**%**	**No.**	**%**	**No.**	**%**
Not going school below 5 yrs		6	2.30	11	4.23	17	6.54
Illiterate		7	2.70	24	9.23	31	11.92
Literate	Informal education	20	7.69	32	12.30	52	20.00
	Primary level	14	5.38	27	10.38	41	15.77
	Lower Secondary Level	12	4.62	24	9.23	36	13.85
	Secondary Level	23	8.85	38	14.63	61	23.46
	Higher Secondary Level	11	4.23	8	3.08	19	7.31
	Above Higher Secondary Level	3	1.15	-	-	3	1.15
	Total	**96**	**36.92**	**164**	**63.08**	**260**	**100**

Source: Field survey, 2019

The Table shows that out of the population 11.92% illiterate, 20.00 % had informal education. Similarly 15.77% were primary level educated and 13.85% were lower secondary

level educated, likewise 23.46% were secondary level educated and 7.31% were college level educated. Only three person had above higher level education.

5.1.5 Marital Status

Marital status of the total population was categorized into married, unmarried, widow and widower. There were 260 people of the different age and sex in this study area.

Table 5.5: Marital Status of the Population of Sampled Households

Marital Status	Male		Female		Total	
	No	%	No	%	No	%
Married	68	26.15	73	28.08	141	54.23
Unmarried	44	16.92	47	18.08	91	35.00
widow/widower	10	3.85	18	6.92	28	10.77
Total	**122**	**46.92**	**138**	**53.08**	**260**	**100**

Source : Field Survey, 2019

The Table 5.5 Shows that , out of the total population of the study area, 54.23% is married. Among 54.23 % of the total married population 26.15% are male and 28.08 % are female. The percentage of unmarried population is 35.00%. Out of them 16.92% are male and 18.08 % are female. Likewise 3.85% was widow and 6.92% were widower.

5.1.6 Age at Marriage

Age at marriage is one of the major indicator of marital status and family size. It determines the reproductive age of women and reproduction number of child. Below table 5.6 describes the age of marriage of women in study area.

Table 5.6: Distribution of Respondents at Age of Marriage of Women in Sampled Households

Age in year	Number	%
15 to 19 years	23	38.33
20 to 24 years	25	41.67
25 to 29 years	10	16.67
30 to 34 years	2	3.33
above 35 years	-	0
Total	**60**	**100**

Source : Field Survey, 2019

Table 5.6 shows out of 60 married women under age of 15 to 49 years which is the age of reproduction has married 38.33 % are within 15 to 19 years of age. Likewise 41.67 in the age of 20 to 24, 16.67 in the age of 25 to 29 years and 3.33% in the age of 30 to 34 . No one had married after 35 among sampled respondents.

5.1.7 Economic Status of Sampled Households

Economic characteristics such as occupation of the sampled households, business and agricultural production were studied from the collected information. Those properties were directly related to the livelihood of the people in the study area.

5.1.8 Occupational Status

The main occupation of the sampled households was agriculture farming. Besides this Business, Job/Service, Labor were the other occupation of the study area. Agriculture means

involved in cereal crops production. Business means selling daily used goods (kirana shop) , Job/ Service refers teaching working in governmental and semi governmental office, Labor means seasonal labor such as agricultural labor and construction work . The details of occupation of the people of sampled households is presented in table 5.7.

Table 5.7: Occupation of the Sampled Household Population

Occupation	No	%
Agriculture	81	31.15
Job/ Service	17	6.54
Business	26	10.00
Labor	39	15.00
Students	67	25.78
Unable to work	14	5.38
others	16	6.15
Total	260	100

Source : Field survey , 2019

The table 5.7 reveals that 31.15% population engaged in agriculture , 6.54% in job/ service , 10.00% in business , 15% involved in labor. Likewise 25.78% are student , 5.38% are unable to work because of physical condition and 6.15% are children below 4 years. From this table it is known that 37.31% of the total population are depended upon 62.69% of active population who earn for living.

5.1.9 Food Sufficiency of the Sampled Households in the Study Area

Among 60 households of the study area some households could produce the sufficient amount of food for them . Some household could not produce the sufficient amount . The food sufficiency were categorized into 12 months, 6- 9 moths and 3-6 month duration. The food sufficiency of the sampled households is tabulated in Table no 5.8.

Table 5.8: Food Sufficiency of Sampled Households in Study Area

Duration	No. of Households	%
Upto 3 months	12	20.00
3 to 6 months	14	23.33
6 to 9 months	16	26.67
9 to 12 months	10	16.67
Surplus production	8	13.33
Total	**60**	**100**

Source : Field survey , 2019

The Table shows that the settlement of the Bhumlu Salle is not sufficient for food production. Because of irrigation problem they can cultivate only one or two crops per year. So Most of household have to depend upon labor , business or job service for feeding to family. Only 13.33% households has sufficient agricultural production for 12 months and surplus . 16.67% can feed upto 12 months and 26.67% can feed upto 9 months. Likewise 23.33% households is only 3-6 months sufficient for food production and 20% households can feed only upto 3month for their family from the agriculture production. Distribution of land is not proper for irrigation and fertile for agriculture production. So they are facing problem for agriculture production for livelihood.

5.1.10 Household Facility

Households facility is one of the most important variables for socio- economic status of the society. It determines the cultural practice and general knowledge of household members in many aspects. Communication and information facility indicates the update of contemporary phenomena and water, sanitation and electricity facility indicates the living standard of the society.

Table 5.9: Distribution of Households According to Facility

Facilities	Yes	%	No	%
Radio	48	80.00	12	20.00
Television	45	75.00	15	25.00
Telephone	13	21.67	47	78.00
Mobile phone	54	90.00	6	10.00
Electricity	60	100.00	0	0
Computer	10	16.67	50	83.33
Tap water	24	40.00	36	60.00
Toilet	60	100.00	0	0

Source : Field survey , 2019

The table 5.9 shows that 80% households have radio facility, 75 % households have Television, 21.67 have land line telephone, 90% households have mobile phone, 100% households have electricity, 16.67% have computer in their home, 40% households have tap water facility and 100% households have toilet in their home. One household has neither

radio nor television, rest of all has either radio or television for information. 36 households have both radio and television in their home.

5.1.11 Household Income

The level of income of households determines the level of living standard and other activities of family. below table describes the distribution of income level of sampled household of study area.

Table 5.10: Distribution of Households Yearly Income

Income in Rs	Number of households	%
Less than 60,000	12	20.00
61000 to 120,000	23	38.33
121,000 to 240,000	14	23.33
241,000 to 360,000	6	10.00
Above 361,000	5	8.34
Total	**60**	**100**

Source : Field survey , 2019

The table 5.10 shows that 20% sampled households have less than 60,000 rupees yearly income, 38.33 % households have 61,000 to 120,000 rupees yearly income. Likewise 23.33% households have 121,000 to 240,000 rupees yearly income and 10% households have 241,000 to 360,000 rupees yearly income. 8.34% households have more than 361,000 rupees yearly income.

5.2 Knowledge of Family Planning Methods

The study collected information about the family planning methods of spontaneous and proved methods currently married women of reproductive age are initially asked whether they have heard about any contraceptive methods. If they respond 'Yes' then asked the names of contraceptives for the test of knowledge of respondents about the methods. If they could not pronounce the name of methods then the name of different methods are given to the respondents. It the respondents recognized the method it was recorded as a probed response. If they have not heard of the method then they were recorded as having no knowledge of family planning method. Thus knowledge of family planning methods in the NFHS is defined as having heard of a method.

Table 5.11 : Distribution of Respondents by Knowledge about Family Planning Method

Knowledge	Number	%
Yes	60	100
No	0	0
Total	60	100

Source : Field survey , 2019

The table 5.11 shows that all sampled respondents have knowledge about one or more methods of family planning. It is almost same as the national level of the knowledge of family planning. In demographic health survey 2011, the level of knowledge of family planning among currently married women age 15-49 years was found to be 99.5%.

5.2.1 Knowledge on Specific Methods of Family Planning

To find out the knowledge about specific method who have heard the family planning method. Knowledge has substantial effect on the increase in the level of total contraceptive

knowledge especially of temporary methods and the women mentioned the knowledge of at least one modern method which can see the table below.

Table 5.12: Distribution of Married Women by Specific Knowledge of Family Planning

Family planning method	Yes	%	No	%	Total	%
Pills	57	95.00	3	5.00	60	100.00
Sangini injection	60	100.00	0	0	60	100.00
IUD	26	43.33	34	56.67	60	100.00
Condom	56	93.33	4	6.67	60	100.00
Nara plant	43	71.67	17	28.33	60	100.00
Vasectomy	27	45.00	33	55.00	60	100.00
Laparoscopy	18	30.00	42	70.00	60	100.00

Source : Field survey, 2019

The table 5.12 shows that the distribution of the married women aged 15-49 years by their knowledge on specific methods of contraception. Out of the total married women, 95% have heard about pills , 100 % women have heard about sangini injection, 43.33% women have heard about IUD, 93.33 % women have heard about condom, 71.67% women have heard about Naraplant. Likewise 45% women have heard about Vasectomy and 30% women have heard about laproscopy. Less than 10% women have not aware about condom and pills. Sangini is very much popular and 100 % women know about injection i.e. three month injection or depo provera.

5.2.2 Knowledge Source about Family Planning Methods

Nepali society is not open for sex related issues . So proper awareness system is very much important to give knowledge to public regarding family planning methods and availability stations. In this study we asked to the respondents how they have came to know about family planning methods first and who informed you about family planning methods. According to their response below is the main source of information about family planning methods.

Table 5.13: Distribution of Women Gained Knowledge about Source of Family Planning Methods

Source	Number of women	%
Radio and TV	54	90.00
News paper	20	33.33
Health worker	34	56.67
Husband	23	38.33
Friend and neighbor	11	18.33

Source : Field survey , 2019

The table 5.13 shows that Radio and TV is the most effective source of information about family planning methods. Among sampled respondents 90% respondents came to know about contraceptives from radio and television. Health worker is the second medium for family planning information i.e. 56.67 % , husband also plays important role for the information of family planning methods i.e. 38.33%. Access of news paper is low in village, so only 33.33% are came to know about family planning methods from news paper and least information they got from friend and neighbor i.e. 18.33%. This shows that still women are not much talk about family planning methods among their friend and neighbors for sharing about various means of contraceptives.

5.2.3 Knowledge of FP Methods among Married Women by Occupational Status

Occupational status of the women is often considered to major determinants of the fertility aspirations and behavior and thus have significant effect on knowledge about family planning methods.

Table 5.14: Distribution of Married Women According to Knowledge by Occupational Status

Occupation and FP Method	Agriculture	%	Service	%	Business	%	Labor	%
Pills	20	33.33	13	21.67	11	18.33	12	20.00
Injection	23	38.33	12	20.00	12	20.00	13	21.67
IUD	7	11.67	8	13.33	6	10.00	0	0
Condom	14	23.33	11	18.33	9	15.00	10	16.67
Naraplant	15	25.00	10	16.67	10	16.67	4	6.67
Vasectomy	6	10.00	10	16.67	12	20.00	0	0
Laparoscopy	0	0	6	10.00	2	3.34	0	0

Source : Field survey 2019

The table 5.14 shows that almost women having any occupation have knowledge of family planning methods. But depending upon the occupation they have different level of knowledge on family planning. Service sector and business sector women have more types of family planning method knowledge and Agriculture and labor sector women have less

type of family planning method knowledge. Labor sector women has no knowledge about IUD, vasectomy and laparoscopy. Likewise Agriculture sector women also has less knowledge about IUD, vasectomy and laparoscopy.

5.2.4 Knowledge of FP Methods among Married Women According to Educational Status

The most important factor is education to determine the living standard and other thing of households. The following table shows that the knowledge of family planning methods varies with education of sampled women for study.

Table 5.15:Distribution of Married Women 's Knowledge of FP Method by Educational Status

Education and FP method	Illiterate	%	Informal education	%	School level	%	College level	%
Pills	4	6.67	18	30.00	14	23.33	20	33.33
Injection	3	5.00	17	28.33	15	25.00	18	30.00
IUD	0	0	0	0	6	10.00	15	25.00
Condom	4	6.67	19	31.67	20	33.33	20	33.33
Naraplant	0	0	14	23.33	7	11.67	17	28.33
Vasectomy	2	3.33	5	8.33	4	6.67	15	25.00
Laparoscopy	0	0	0	0	1	1.67	12	20.00

Source : Field survey 2019

Above table 5.15 shows that Illiterate and only literate women has less knowledge abut various type of family planning methods and school level or college level educated women has more knowledge about different types of family planning methods. Only school level and college level educated women has knowledge about IUD and Laparoscopy methods.

5.2.5 Knowledge of FP Methods among Married Women According to Educational Status of Their Husband

The following table shows that the knowledge of family planning methods varies with the married women according to the level of education and occupation of their husband.

Table 5.16: Distribution of Married Women 's Knowledge of FP Method by Education Status of Their Husband

Education and FP method	Informal education	%	School level	%	college level	%
Pills	16	26.67	20	33.33	21	35.00
Injection	15	25.00	23	38.33	20	33.00

IUD	4	6.67	5	8.33	16	26.67
Condom	17	28.33	19	31.67	17	28.33
Naraplant	10	16.67	12	20.00	16	26.67
Vasectomy	2	3.33	9	15.00	15	25.00
Laparoscopy	0	0	2	3.33	16	26.66

Source : Field survey 2019

Above table 5.16 shows that the women who has only literate husband has less knowledge about various type of family planning methods and who has husband with school level or college level educated they have more knowledge about different types of family planning methods.

5.2.6 Knowledge of FP Sources among Married Women

For the effective use of contraceptive, it is not sufficient only knowledge on family planning methods. It is necessary to know about the source of family planning methods and access to the source for every individual. Below table describes the knowledge of sampled respondents on the source of family planning methods.

Table 5.17: Distribution of Married Women's Knowledge on Source of Family Planning Methods

Source of FP methods	Number	%
Health post	58	96.67
Hospital	45	75.00
Health Center	27	45.00
Family planning clinic	45	75.00
Private clinic	19	31.67
Pharmacy	27	45.00

Grocery shop	0	0

Source : Field survey 2019

The table 5.17 shows that the respondents have knowledge of family planning methods resources is significant. 96.67 % women known health post as source of family planning method, 75 % known health post and family planning clinic also the source of family planning method. Likewise 45% women known health center as source of family planning method and 31.67% women known pharmacy also source of family planning methods. None of respondents recognize grocery shop as the source of family planning method .

5.3 Practice of Family Planning Methods

Knowledge is the basic requirement of family planning methods of reproductive age of women and practice or use of family planning methods is very important requirement to control birth rate of women.

5.3.1 Ever Use of Family Planning Methods

The study , the information of contraceptive use has been taken from the respodents were asked whether they have ever used any method of family planning. They asked if they had ever used it.

Table 5.18: Distribution of Married Women Ever Use of Family Planning Method

Use of Family Planning Method	Number	%
Ever use of Family planning method	58	96.67
Never use of Family planning method	2	3.33
Total	60	100

Source : Field Survey 2019

Table 5.18 shows that the married women who have ever used of family planning methods. Here out of total women about 96.67 % have ever used of family planning methods. Only 3.33% women have never used any method of family planning method at all.

Table 5.19: Distribution of Married Couple Who have Ever Used of Family Planning by Specific Method

Family Planning Method	Number	%
Pills	14	23.33
3 months injection	27	45.00
IUD	0	0
Condom	15	25.00
Naraplant	11	18.33
Vasectomy	2	3.33
Laparoscopy	0	0

Source : Field Survey 2019

Table 5.19 shows that 45% married women have ever used three months injection, 25% have ever used condom, 23.33 % have ever used pills, 18.33% have ever used naraplant and 3.33% have done vasectomy for control the birth.

5.3.2 Currently Using Family Planning Method

The following table describes the currently use of family planning method for the control of birth.

Table 5.20: Distribution of Married Couple Who have Currently Using Family Planning Methods

Family planning method	Number	%
Currently using family planning method	46	76.67
Currently not Using family planning method	14	23.33
Total	60	100

Source : Field Survey, 2019

The table 5.20 shows that 76.67% couple are using family planning methods and 23.33% are not using family planning methods currently.

Table 5.21: Distribution of Married Couple Who have Currently Using Family Planning by Specific Methods

Family Planning Method	**Number**	**%**
Pills	12	20.00
3 months injection	21	35.00
IUD	0	0
Condom	4	6.67
Naraplant	13	21.67
Vasectomy	0	0
Laparoscopy	0	0

Source : Field Survey 2019

The table 5.21 shows that about 35% married women using depo provera injection for family planning method, 20% are using pills, 21.67% using naraplant and only 6.67 % are using condom for family planning method.

5.3.3 Encouragement to Use Family Planning Methods for the First Time

It is important that motivation and encouragement plays vital role to use family planning method for the first time. Below table describes that respondents of study area are motivated to use family planning methods.

Table 5.22: Distribution of Married Women Encouraged to Use Family Planning Method for the First Time.

Encouraged by	Number	%
Health worker	26	43.33
Friend and neighbor	11	18.33
Husband	35	58.33
Family planning clinic	3	5.00

Source : Field survey 2019

The table 5.22 shows that more than 58.33 % women are encouraged by their husband to use family planning method for the first time, 43.33% are encouraged by health worker, 18.33% are encouraged by friend and neighbor and 5% are encouraged by family planning clinic to use family planning method for the first time.

5.3.4 Source of Family Planning Method

Encouraging and motivating factor for using family planning method is easily access of the source of family planning.

Table 5.23: Distribution of Married Women to have Family Planning Method by Present Source

Source of FP method	Number	%
Health post	54	90.00
Hospital	21	35.00
Health Center	6	10.00
Health worker	9	15.00
Family planning clinic	20	33.34

Source : Field survey 2019

Table 5.23 shows that more than 90 % married women get family planning method service from nearby health post, 35% get service from nearby hospital, 33.34% get service from family planning clinic, 15% get service from health worker and 10% get service for health center.

5.3.5 Cause of Using Family Planning Method

There are different cause of using family planning method in married couple. Here are some causes to using family planning methods in sampled married women in study area.

Table 5.24: Distribution of Married Women by Cause of Using Family Planning Methods.

Cause of using FP method	Number	%
For the interval of birth (birth spacing)	57	95.00
To have limit baby	8	13.33
To prevent from STD and HIV	0	0

Source : Field survey 2019

Table 5.24 shows that more than 95% married women want to use family planning methods for the interval of birth or birth spacing and 13.33% women want to use family planning methods for having limit baby birth. Among sampled married women no one responded

that they want to use family planning method to protect from sexually transmitted disease and HIV .

5.3.6 Family Planning Method Failure

Among the sampled respondents there was no any response of failure using family planning methods at all.

5.3.7 Side Effect of Using Family Planning Method

Most of the family planning methods are preparation of different hormones and chemicals so it may cause side effects to individuals.

Table 5.25: Distribution of Married Women had Side Effect of Family Planning Method

Side effect of FP method	Number	%
Yes	33	55.00
No	27	45.00
Total	**60**	**100**

Source : Field survey 2019

According to above table of study area response about 50% women may have side effect of family planning methods. Out of total respondents 55% of them had experience of side effects of family planning method and 45% have no experience of side effect of family planning method.

5.3.8 Side Effect of Using Family Planning Method by Specific Effects

Side effect of family planning method may be depends on individuals physical conditions. Below table explains that the type of side5 effects of family planning method in study area's married women.

Table 5.26: Distribution of Family Planning Users Who Reported many Types of Side Effects

Types of side effects	Number	%
Headache	12	20.00
Irregular menstruation	27	45.00
Backache	3	5.00
Over bleeding during menstruation	2	3.33
Weakness	4	6.67
Insufficient flow of breast milk	3	5.00

Source : Field survey, 2019

The table 5.26 shows the side effects of family planning methods that 45% have irregular menstruation period, 20% have headache, 6.67 % felt weakness during use of family planning method. Likewise 5% felt backache and 3.33 % faced over bleeding during menstruation period.

5.3.9 Reason for Non Use of Family Planning Method

Married women who were not using family planning method during the survey time was asked the main cause of not using the methods.

Table 5.27: Distribution of Married Women Who are not Using Family Planning Method by Cause Specific.

Reason for non use of FP Methods	Number	%
Fertility related reason	7	11.67
Fear of side effect	3	5.00
Husband is in abroad for earning	2	3.33
less care about FP method	2	3.33

Source : Field survey, 2019

Above table 5.27 shows that only the less number of women of marriage age are not using family planning method . Among them 15% women are not using family planning method by fertility related reason i.e. wants to have another baby, pregnant, post natal status. 5 % women are not using family planning method because of side effect of the methods, 3.33 % women are not using family planning method due to their husband are out of country for earning and it is not needed for present and 3.33% women don't care about family planning method and they are not using family planning methods without any cause.

5.3.10 Suggestion Given to Use Family Planning Method to Others

At the end of interview a question has been asked to all respondents whether they have given suggestion to use family planning methods to others, more than 95 % respondents have positive response i.e they used to talk about family planning method with their colleagues and suggest them to use family planning methods for betterment of family life.

5.4 Relation between Socio-Economic Status and Family Planning Practice

Behavior of people is depends upon the socio-economic status of people in society. Family planning practice is very sensitive issue in Nepalese society. Family planning practice depends upon understanding of couple, social and economic status of people. This study tried to describe the relation of education, occupation and income in the practice of family planning method .

5.4.1 Education and Family Planning Practice

Education gives knowledge and information of every essential things to people. Knowledge and information of family planning methods is related on education of the people whether they understand of family planning method or not. Belo table shows the relation of family planning practice and education of respondents.

Table 5.28 Relation between Education and Family Planning Practice

Education	Family Planning Practice					
	Use No.	%	Non Use No.	%	Total	%
Illiterate	6	10.00	9	15.00	15	25.00
Literate	40	66.66	5	8.33	45	75.00
Total	46	76.66	14	23.33	60	100.00

Souce : Field Survey , 2019

Table 5.28 shows that 10 % of illiterate women were using family planning method and 66.66 % women were using family planning method. Like wise 15% illiterate women were not using family planning method and 8.33% of literate women were not using family planning method. It can be illustrate that more literacy rate influence to more use of family planning methods.

Chart 5.1: Relation between Education and Family Planning Practice

5.4.2 Occupation and Family Planning Practice

Human Behavior also depends upon occupation of individual and family. Interaction with outside community and facility determines the practice of family planning. Below table tried to describe the practice of family planning with their occupation.

Table 5.29 Relation between Occupation and Family Planning Practice

Occupation	Family Planning Practice					
	Use No.	%	Non Use No.	%	Total	%
Service	12	20.00	1	1.67	13	21.67
Business	10	16.67	1	1.67	11	18.33
Agriculture	18	30.00	5	8.33	23	38.33
Labor	6	10.00	7	11.67	13	21.67
Total	46	76.67	14	23.33	60	100

Souce : Field Survey , 2019

Above table 5.29 shows that service sector and business sector women were using family planning method more than agriculture sector and labor sector women. In total number 13 service sector women 12 are using family planning method and only one is not using it . Like wise in total 11 business sector women 10 were using family planning method and 1 was not using it. Among 13 labor sector women 6 were using family planning method and 7 were not using family planning method. Among 23 agriculture sector women 18 were using family planning method and 5 were not using it. In this study service sector and business sector women were more aware to use family planning methods.

Chart 5.2: Relation between Occupation and Family Planning Practice

5.4.3 Income and Family Planning Practice

Individual and family income is one of main factor to affect behavior of people. Income and facility availability determines the practice of family planning. Below table tried to describe the practice of family planning with their income.

Table 5.30 Relation between Income and Family Planning Practice

HH yearly income in Rs.	Family Planning Practice					
	Use No.	%	Non Use No.	%	Total	%
Less than 60,000	2	3.33	6	10.00	8	13,33
61,000 to 120,000	8	13,33	5	8.33	13	21.67
121,000 to 240,000	16	26.67	3	5.00	19	31.67
241,000 to 360,000	13	21.67	0	0	13	21.67
Above 361,000	7	11.67	0	0	7	11.67
Total	46	76.67	14	23.33	60	100

Souce : Field Survey , 2019

Above table 5.30 shows that less income people were using less family planning method and high income people were using family planning method in high proportion. Less income people were in high proportion for not using family planning method. So the above table shows that income and use of family planning method were directly proportional.

Chart 5.3: Relation between Income and Family Planning Practice

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter presents the summary, conclusions and recommendations of finding which has been carried out among 60 married women of reproductive age of Bhumlu Gaunpalika-5, Kavre District.

6.1 Summary of the Main Findings

This study " Knowledge and Practice of Family Planning Methods in reproductive age (15 to 49 years) of married women " is conducted in Bhumlu Gaunpalika -5 , ,Kavrepalanchok. The major findings were as follows :

489 households were there in study area i.e. Bhumlu Gaunpalika-5. The total population were 1763. Among them 892 were male and 971 were female. Brahman, Chhetri, Tamang, Newar, Sanyasi, Kami, Damai and Pahari were inhabitants of this village. There were 146 households in study area and 50% of them were taken for study. Among 50% households 60 respondents were taken for the study. Hindu and Buddhist were major religion and Nepali , Tamang and Newari were the major language spoken in study area. Communication, Transportation and Electricity facility was good in study area.30% family lived in nuclear family and 70 % lived in joint family in study area. Among the surveyed population 12.76% were Illiterate, 21.40% had informal education, 16.87% were primary level education, 14.81% were lower secondary level education, 25.10% were secondary level education, 7.83% were higher secondary level education and 1.23% were above higher secondary level educated people.

54.23% population were married , 35% population were unmarried and 10.77% population were widow and widower. About 80% people married within the age 15 to 25 and below 20% population married after the age of 25 years.Main occupation of the surveyed

households was agriculture, some of households have multiple occupation i.e. they do business, job service, labor along with agriculture.

About 50% population have below agricultural production only sufficient for less than 6 months.

Household facility was almost good except drinking water facility. Electricity was in 100% households. 90% household has mobile phone facility, 75% have television and 80% have radio facility. Only 16.76% household have computer and drinking water i.e. piped water facility have only in 40% population. About 60% households have less than 120,000 rupees yearly income and about 40% households have more than 120,000 rupees yearly income.

Among sampled 60 married women all the respondents have knowledge at least one family planning method. Among married women 95% have knowledge about pills, 100% have knowledge about Sangini injection, 93% know about condom, 43% know about IUD, 71.67% have heard about Naraplant, 45% have heard about Vasectomy and 30% have heard about laparoscopy . 90% respondents got information about family planning method from Radio and TV, 56.67% have heard from health worker, 38% have known from their husband and 33.33% read in newspaper about family planning method.

Occupation also determines that the knowledge of family planning methods. Service sector and business sector respondents have more knowledge about types of family planning methods and agriculture and labor sector respondents have less knowledge about the types of family planning methods. According to the level of education respondents have knowledge about the types of family planning methods. College level educated women have knowledge almost types of family planning methods, School level educated women have many types of family planning methods, Literate and Illiterate women have knowledge of a few type of family planning methods.

Same pattern of knowledge about family planning method in married women according to the education level of their husband.

Almost married women known about the source of family planning method at least two source they know. 96.67% recognize the health post as source of family planning, 75% recognize hospital and family planning clinic, 45% recognize to health center, 31.67%

recognize to private clinic and 45% recognize to pharmacy as the source of family planning methods. 96.67% of married women of study area had used family planning method in the past and 3.33% women had not used family planning method never. Among the family planning method user married couple 23.33% had used pills, 45% had used depo provera injection, 25% had used condom, 18.33% had used naraplant, 3.33% have done vasectomy and no one had used IUD.76.67% of married women were currently using family planning methods and 23.33% women were not currently using family planning method.Among currently family planning method using couple , 20% were using pills, 35% were using depo provera injection, 6.67% using condom, 21.67% using naraplant and no one using IUD, Vasectomy and Laparoscopy method. Among the married women who practiced family planning methods had encouraged first time by their husband 58.33%, encouraged by health worker 43.33% , encouraged by friends and neighbor 18.33% and encouraged by family planning clinic 5% .90% currently users of family planning method were getting this from health post, 35% were getting from hospital, 10% were getting from health center , 15% were getting from health worker and 33.34% were getting family planning method service from family planning clinic.

Cause of family planning method using was 95% for birth spacing and rest was for limit the birth. Among surveyed respondents there was no any cases regarding failure of family planning methods55% women had faced some kind of side effects of family planning methods and 45% women had not faced any side effect of it. Among side effect of family planning methods 20% had headache, 45% had irregular menstruation period, 5% had backache, 3.33% had over bleeding during menstruation period, 6.67% had feeling of weakness.11.67% married women were not using family planning method with fertility related reason, 5% were not using due to fear of side effect, 3.33% were not using because of absent of husband who had gone abroad for earning, 3.33% were not using due to less care about family planning methods. About 95% married women used to talk about family planning method with their colleagues and suggested them to use for happy family life.

6.2 Conclusion

The study concluded that the married women of reproductive age group 15-49 years of Bhumlu Gaunpalika -5 has good level of knowledge of family planning methods. They have easy access to family planning method source from health post in their village. Knowledge level of women is directly proportional to education level of women and their husband. Higher the education has higher knowledge of family planning method and lower the education level has lower level of knowledge of family planning method. Almost the women of study area has knowledge about at least one method of family planning. Most of the married women are encouraged to use family planning methods by their husband. Initiation of health worker towards promoting family planning method is significant in study area. Significant number of respondents appreciated health worker service regarding family planning methods . Very few number of married women were out of touch of family planning method due to not caring about family planning and birth related issues and some of them were scared from the side effect of family planning method. In this study almost married women were positive towards use of family planning method and using family planning method for their happy family life and also encouraging to their friends and neighbors to use family planning methods.

6.3 Recommendations

Family planning is one of the main tools to control birth and planning to have happy family. Number of child is depends on proper planning of birth in proper interval. It helps to have good health status of mother and child as well as to have good education and maintain other facility in the family. Nepalese society is not very much open regarding sex related issues. So it is sensitive issue to promote and talk about family planning methods among female group.

The following recommendations are made on the basis of the finding of the study:

- It is a continuous process to have new baby in the society as well as new married women of reproductive age group. So continue awareness program and information about family planning methods is necessary to give proper knowledge and concept of using it.
- Knowledge and practice of contraceptives is dependent upon level of women's education. To raise knowledge of contraceptive, more formal and non formal educational program should be carried out.
- Government as well as GOs, NGOs, INGOs, Family Planning Project should explore the cause, factors affecting use and non use of FP.
- Motivation campaign could be conducted in community to create awareness about FP through NGOs, CBOs, Civil Organization and other agencies.
- There should be proper counselling to those who have side effects of family planning method. There should be confidential area for the counselling to women in health facility i.e health post , hospital and family planning clinic.
- This study has covered limited area and small number of population. Further study is necessary in micro level to examine the various aspects of family planning methods in periodic basis throughout the country and have to implement the programs and activities according to the finding of study to achieve the goal of national family planning program.

REFFERENCES

Acharya, S.K. (2002). *Family Planning Program in Nepal: Achievement and Constraints*. Bal Kumar K.C. (ed.), Population and development in Nepal vol.9 (Central Department of Population Studies)

Aryal, R.H (1996). *The Innovation and Diffusion of Contraception in Kathmandu*. (Central Department of Population , T.U)

Charoenloet V, and Loeparapai (1976). *Report on Contraceptive Continuation Rates and Use Effectiveness in Bankok Metropolis*.

Gage A. J. (1995). *Women's Socio-Economic Position and Contraceptive behavior in Tango. Studies in Family planning*.

GoN (2011), *National population census 2011*, Central Bureau of Statistics

GoN (2015*). Nepal in figure,* Kathmandu: Central Bureau of Statics

Karki Y. B. (1998). *Sex Preference and The Value of Sons and Daughter in Nepal*. Studies in Family Planning.

Laing J.E. (1985). *Continuation and Effectiveness of Contraceptive Practice*. A Cross Sectional Approach Studies in Family Planning.

Ministry of Health (MOH) (1977). *Nepal Fertility and Family Health Survey Report 1976* (Kathmandu : MOH).

Ministry of Health (MOH) (1987). *Nepal Fertility and Family Health Survey Report 1986* (Kathmandu : MOH).

Ministry of Health (MOH), 1997. *Nepal Family Health Survey, 1996* (Kathmandu: MOH).

Ministry of Health (MOH), New Era and ORC Macro (2002). *Nepal Demographic Health Survey, 2001* (Calverton, Maryland: MOH, New Era and ORC (Macro).

Ministry of Health and Population (2005). *Nepal Report on ICPD at Ten* (Kathmandu : Ministry of Health and Population)

Ministry of Health and Population (2006). *Nepal Demographic and Health Survey , 2006 Preliminary Report* (Kathmandu: New Era, Ministry of Health and Population) .

Ministry of Health and Population (MOHP) (Nepal), New Era and ICF International inc. 2012. *Nepal Demographic and Health Survey 2011.* Kathmandu, Nepal : Ministry of Health and Population, New ERA, and ICFG International Calverton, Maryland.

Ministry of Health and Population (MOHP) (Nepal), New ERA and ICF International inc. 2017. *Nepal Demographic and Health Survey 2016*. Kathamndu, Nepal Ministry of Health and Population, New ERA and ICF International Calverton, Maryland.

Ministry of Population and Environment (2000). *The state of Nepal population,* (Kathmandu MoPE).

Nepal Demographic and Health survey (NDHS), (2006).

Pathak, R.S.(2001). "*Family Planning Saves Women Lives: The Nepalese Evidence.* in Bal Kumar K.C. (ed.) , Population and Development in Nepal Vol.8 (Kathmandu : Central Department of Population Studies).

Pandey, Y.D.(2018), *Knowledge , attitude and Practice of Family planning among Dalit and non dalit community* (A case study of Makawanpurgadhi Gaunpalika).

Phillips J.F(1978). *Continued Use of Contraception among Philippine Family Planning Acceptors.* A Multivariate Analysis Studies in Family Planning.

Rahaman M. J, Akabor J.K, Akabor, Phillips J.F, and Becker S.(1992). C*ontraceptive Use in Matlab, Bangladesh: The Role of Gender Preference*. Studies in Family Planning.

Risal R.P and Shrestha A (1989). *A Fertility and its Proximate Determinants*. South Asian Study on Population Policies and Program (Katmandu: UNFPA)

Shakya, D.V.(2002). *Evaluation of Family Planning Programs in Nepal Using Index of Contraception* , in Bal Kumar K.C. (ed.) , Population and Development in Nepal , Vol.9 (Kathmandu: Central Department f Population Studies) .

Stash S. (1996). *Ideal Family Size and Sex Composition Preferences among Wives and Husbands in Nepal*. Studies in Family Planning.

Subedi G. (1997). *Contraceptive Dynamic of Nepal*. Bal Kumar KC(ed) Population and Development in Nepal (Kathmandu: CDPS, T.U)

Thapa, A., (2001) , *Knowledge and Use of Family Planning : A case Study of Biratnagar Sub-metropolitan City* , Nepal, An Unpublished M.A. Dissertation Submitted to Central Department of Population Studies, T.U. (Kathmandu: Central Department of Population Studies).

Thapa, S. (1989). *A decade of Nepal's Family Planning Program*: A Planning Program: Achievement and Prospects Studies in Family Planning.

United Nations Fund for Population Activities (UNFPA),(2000). *The State of World Population,* (New York: UNFPA).

United Nation Fond for Populations Activities (UNFPA), (2011). *The State of world Population* (New York: UNFPA).

United Nation, 1995, *International Conference on Population and Development* (New York: UN)

United Nations (UN). (2004). *World Population Monitoring,* 2002. (New York :UN).

Wilson C. (1985), *Dictionary of Demography* (New York: Basil Blackwell Inc).

World Health Organization (WHO), (2010). *Population Bulletin 2010*. (Kathmandu: WHO).

Annex - I

Questionnaire for the Household Survey

Knowledge and Practice of Family Planning among Married Women of Reproductive Age Group (15-49)

Background Information:

1. Name :
2. A) Age :

   B) Religion :

   1) Hindu 2) Buddhist 3) Christian 4) Others

   C) Cast :

   1) Brahamin 2) Chhetri 3) Newar 4) Tamang 5) Dalit 6) Others
3. How many members are there in your family ? …….

s.n	Details of family members	Number	Age	Marital Status	Education	Occupation
1	Father					
2	Mother					
3	Son					
4	Daughter					
5	Daughter in law					
6	Grand son					
7	Grand daughter					

4. What is your education background ?

   1) Illiterate 2) Literate 3)Primary 4) Lower Secondary 5)Secondary 6) Higher Secondary 7) Above Higher Secondary

5. What is your husband'seducation ?

   1)Illiterate 2) Literate 3)Primary 4) Lower Secondary 5)Secondary 6) Higher Secondary 7) Above Higher Secondary
6. How old were you when you have married ? ……..years
7. Have you given any birth till date ? a) Yes b) No
8. If yes, How many children do you have ? a) son……b) daughter…..

9. what was your age at the birth of your first child ?.....

Socio economic information

10. What is your family's main occupation ?
    a) Agriculture b)Service c)Business d)Labor e) House wife f) other specify,…….
11. what is the per month income of your family ?.....
12. What is your family type ?
    a) Nuclear b) Joint
13. which of the below facility available in your family ?
    a) Radio b) Television c)Telephone d) mobile phone e) Electricity f) Computer g) Tap water h) Toilet

Knowledge of Family planning

14. Have you ever heard about any type of family planning method? a) yes b) No
15. If yes, what are they ?
    a) Pills b) Injectable c) IUD d)Condom e)Norplant f)Vasectomy g) Laparoscopy
16. What are the source of information for family planning methods ?
    a) Radio / TV b) Newspapersc)Health workers d) Husband e) Friends / Neighbors
17. What do you mean by family planning ?
    a) Means to maintain birth spacing
    b) To use family planning devices
    c) Having only two children
    d) Improvement of health condition of family
    e) To bring about wanted birth
    f) To avoid unwanted birth
    g) To be safe from sexually transmitted disease
18. Do you know where the family planning methods are available ? a) Yes b) No
19. If yes, where are these available ?

a) Health post b) Hospital c)Health center
d)Health worker e) Family planning clinic
f)Private clinic g) Pharmacy h) Grocery Shop

20. which of the ideal time of birth spacing is better for health of mother and child in your opinion ?
    a) 1 year b) 2 years c) 3 years d) 4 years e) above 4 years
21. In your opinion what is the best child bearing age of women ?
    a) Under 20 b) Above 20 c) don't know
22. Frequent pregnancies may lead to health problem of women ?
    a) Yes b) No c) Don't know

Practice of Family planning methods

23. Have you ever visited the center for family planning services ?
    a) Yes b) No
24. If No why ?
    a) Social cause
    b) lack of Knowledge
    c) Religious Causes
    d) Shyness
    e) Family causes
    f) Others

25. What measure do you recommend for the promotion of use of family planning method ?
    a) Strength family planning education
    b) Make family planning services easily accessible
    c) Increase incentives for both family planning workers and users
    d) Provide facility for treatment of side effects
    e) Don't know
26. have you / your husband ever use any family planning method ?
    a) Yes b)No
27. If yes which method do you prefer to use ?

a) Pills b) Injectable c) IUD d)Condom e)Norplant f)Vasectomy g) Laparoscopy h) others

28. If no , why ?

a) Fear of side effect
b) Not easily available
c) Illiteracy for and Ignorance
d) Religious and cultural cause
e) Desire for son
f) Sexual displeasure
g) Others, Specify……

29. What is the main reason you have chosen to use this method of family planning ?

a) Easily available
b) Effective method
c) Cheap
d) No side effect
e) Recommended by health worker

30. Have you/ your husband currently using any family planning method ?

a) yes b) No

31. If yes , which ?.....

32. How long have you been using this method ?.....

33. Who advised you first to use this method ?

a) Health worker b) Friend / Neighbor c) Husband d) Family planning clinic e) others

34. Have you ever been pregnant while using family planning method ?

a) Yes b) No

35. If yes, Which method was that ?.....

36. From where you get family planning methods ?

a) Health post b) Hospital c) Health Center d) Health worker e)Family planning clinic f) others

37. Why do you use Family planning method ?

a) To space the birth
b) To prevent STD / HIV
c) To limit the birth
d) Others

38. Have you experience any side effect while using family planning method ?
    a) Yes b) No
39. If yes , what are these ?
    a) Headache b) Loss of lactation c) Backache d) weakness e)Excessive bleeding f) Irregular menstruation g) Others, Specify…….
40. Did you get any treatment ?
    a) Yes b) No
41. If yes, Are you satisfied with this treatment ?
    a) Yes b) No
42. Have you even talk about family planning method and given suggestion to friends and neighbor to use family planning methods ?
    a) Yes b) No