

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Nepal is a land locked country inhibited by multi linguistic, multi religious and multi ethnic. Population of Nepal is 2,315,1423. Among them 1,156,3921 are males and 1,158,7502 are females. The population growth rate is 2.25 percent per annum. The sex ratio is 99.8, and population density is 157.3 people per square kilometer. The total household number is 4,253,220. If the population increases in the same ratio it will double within 31 years. The main cause to increase the population growth is continuous decline in death rate and low level of contraceptive use. The contraceptive prevalent rate was 39.9 percent among currently married women aged 15-49 years in 2001 (CBS, 2003).

The Cairo conference, 1994 argued that the aim of family planning programs must be to enable couples and individuals to decide fairly and responsibly the number and spacing their children and to have the information and means to do so and to ensure informed choice and make available of full range of safe and effective methods. The success of population and family planning programs in variety of setting demonstrates that informed individuals everywhere. Can and will at responsibly in the light of their own needs and those of their families and communities. The principle of free choice is essential to the long-term success of family planning programs. (ICPD, 1994, New York, UNFPA).

The government of Nepal had adopted family planning as official policy in 1959. Then Family Planning Association of Nepal (FPAN) was established in 1959 that focused on advocacy. When FP/MCH board was established family planning service were provided through static and mobile clinics and camps. Expansion continued till 1975 and 75 districts were covered. Family planning was integrated with others public health program in all 75 districts in 1988 and family planning was integrated in total health system in 1994. All these governments action shows that family planning had been considered as one of the special program for the country.

Despite the government determination, Nepal's family planning program operates under a number of handicaps. Transportation is difficult because of the rugged terrain, high illiteracy

rates hamper getting the message to potential family planning acceptors, and scarcity of doctor and other trained personal may make family planning techniques unavailable in certain areas. Nevertheless, organized program is being made (World Population Growth and Response, Washington D.C.; Population Reference Bureau).

The Ministry of Population and Environment (MOPE) was established during the fourth year of eight plan keeping in view the need of the nation, commitment of the nation in this sector, the objective of taking a head of population program in an integrated manner as stipulated in the international of population education ant the school level and at the university level (CBS, 1995). Currently, this ministry is ceded to ministry of health.

Family planning program has made modest program with contraceptive prevalence rate having increased from three percent of married women aged in 1976 to 29 percent in 1996 and 39.3 percent in 2001 and knowledge of contraceptive reached from 21 percent to 98 percent among those women during the same period. The ninth plan aims to increase the contraceptive prevalence rate 30.1 (1996/97) to 37 in the year 2001/2002 where the tenth five-year plan (2002-2007) aims to increase contraceptive prevalence rate to 47 in the year 2007. (CBS, 2001).

NDHS, 2006 shows that the knowledge of at least one modern method of family planning in Nepal is almost universal (99.9 percent) among both women and men. The most widely known modern contraceptive methods among currently married women are: injectables (99 percent); female sterilization (99.0 percent); Condom (97 percent); Male sterilization (96 percent); and contraceptive (95 percent), Eighty-four percent of married women know of implants, about two in three have heard of the IUD, and 7 percent of women have heard emergency contraception. About 44 percent of currently married women of age 15-49 are using modern contraceptive methods. The most commonly used modern methods are: female sterilization (18 percent), injectables (10.1 percent), male sterilization (6.3 percent), Condom (4.8 percent), Pill (3.5 percent), IUD (0.7 percent) and Implants (0.8 percent). This shows interesting result that the proportion of women who are using a modern method has increased by 25 percent over the past five years from the 35 percent reported in the 2001 NDHS to the current level of 44 percent. (NDHS, 2006).

Tharu is one of the smallest cast groups that is culturally neglected and disseminated. They are also called the touchable ethnic group in Nepal. It is now remarkable essential to study the

factors that play important role in adoption of family planning method in this community.

1.2 Statement of the problem

Population growth is serious problem for every developing country. Nepal is also facing this problem due to lack of industrialization, low productivity, education and unemployment. Economically active population of Nepal is facing problem of unemployment because of application of traditional agricultural methods. Thus, only way to balance the ratio of total population-to-population growth is to control the population.

Almost all currently married women (99.9 percent) of reproductive age are familiar with at least one method of contraceptives (NFHS, 2006) where as CPR is 44.2 percent in 2006. There is a fundamental question why the knowledge of at least one method of contraceptive is high and why the CPR is so low.

Nepal is multi-linguistic, multi-religious and multi-ethnic country. Among them Tharu is one ethnic group. Their population is 15,33,879 in 2001 (CBS, 2003).

Most of the Tharu are in the rural areas. They are very laborious and especially dependent on agriculture for subsistence and influenced by Hindu religion. They reproduce more children for agricultural manpower. This community is also known as backward community in Nepal.

In general, majority of women in this community are familiar with at least one modern family planning method, but the practice of using it is low. It is because of low socio-economic status of women, high economic value of children, high infant mortality rate (IMR), favoring of sons, low literacy rate of the women and prevalence of contraceptive methods.

1.3 Objective of the study

The general objective of this study is to collect and analyze the knowledge, attitude and practice of contraceptives among Tharu community (specially women).

The specific objectives of the study are as follows:

- a) To obtain the knowledge attitude and practice of contraceptive among currently married women aged 15-49 years.
- b) To examine the relationship between women's education and occupation towards the use of contraception.
- c) To find out the reason for adoption and non-adoption of contraceptives by currently married women.

1.4 Significance of the study

The research study is based at the Saudiyar VDC, Dang of the Tharu ethnic group. So the findings of these study does characterize the study area. The main purpose of this study is to find out the various socio-economic and demographic aspects of fertility of Tharu community are selected area. This study attempts to provide knowledge attitude and practice of contraceptives use in Tharu community. Policymakers, planners, administrators and demographers are always seeking more detail information not only in the national level but also at the grass root level. This study will provide little but essential information to this community as well as government that will be helpful in changing attitude towards use of contraceptive methods and implement in the effective family planning program in the related sectors.

1.5 Limitation of the study

This study is based on a small sample data collection from Saudiyar VDC Ward No. 4, Dang so the findings may not be generalized for other group of population on the other part of the country.

-) This study covers the knowledge, attitude and practice of contraceptive methods.
-) The study is mostly limited to the currently married women aged 15-49.
-) These study is based on a case study of selected data therefore, the findings cannot be generalized to the whole nation.

1.6 Organization of the study

This study is divided into six chapters. The first chapter deals with background of the study, statement of the problem, significant of the study, objective of the study, organization of the study and limitation of the study respectively. Chapter two deals with review of the relevant literature. Chapter three provides methodology, which includes research design, population of the study area, selection of the study area and source of data collection, selection of dependent and independent variables and method of analysis. Chapter four provides background characteristic of household population, which includes demographic and socio economic of the population. Chapter five deals with contraceptive knowledge, use and attitude in Tharu community. This chapter deals with the respondent's knowledge of contraceptive use of contraceptives, differentials in current use and reason for non-use of contraceptives. Accessibility of contraceptives, side effect of contraceptives, attitude towards contraceptives are also included in this chapter. Finally in chapter six, summary, conclusion and recommendations are presented.

CHAPTER TWO

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Review of literature

The aim of family planning program must be enable an 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 choice and make available to full range of safe and effective methods. The success of population education and family planning programmed in a variety of setting demonstrates that informed individuals every where can and will act responsibility in the light of their own needs and those families and communities. The principle of unformed free choice is essential to the long-term success of family planning programmed (Cairo Conference, 1994).

According to research in family planning (1962), the Japanese birth rate (number of birth per thousand per annum) fell from 34 in 1947 to 33 in 1949 then sharply to 23 in 1991, 22 in 1953, 19 in 1955, and 17 in 1957. This fall of the birth rate by 17 points in ten years has been accounted for as due to two causes, viz. the growing use of contraceptive appliance and surgical abortions carried out in the public hospitals can the contribution made by each of the two causative factors be separately assesses and thus their relative important in the process of having the birth rate is determined? It seems possible to do this first by computing the “surgical abortion rates”, and then adding it to birth rate to arrive at the “pregnancy rate”, when is done, it is found that 34 pregnancies occurs per thousand people in Japan during the year 1949. In that year only one out of 34 pregnancies ended in surgical abortion. There was 33-child birth during the year. In 1949, this drop of five points is clearly attributable to the growing use of contraceptives appliance. In the same year (1949) 12 out of the 29 pregnancies were terminated by surgical abortion, there by reducing the number of child to 17. Thus a drop of 12 points had accrued as a result of surgical abortion.

The ILO/University of Nairobi household survey of 1974 throws some light of what kind of people are using family planning services. It indicates that young, urban and better-educated women are more likely to visit the clinic than older, rural and less educated women. These

differences are significant. For example only 6 percent of the women in the sample who had no formal education reported visiting a clinic in 1973 or 1974, whereas about 35 percent of women which were graduated reported doing so. In addition better-educated women are much likely to revisit (Population and Development in Kenya, 1974).

The population and family study center of the ministry of public health and family has conducted a national survey of fecundity and fertility in Belgium in 1996, covering a sample 2,372 married women, less than 41 years. This survey has shown the knowledge, practice and effectiveness of contraceptive prevailing in Belgium. According to the study, 98 percent of the respondents have been able to use at least one contraceptive method; Calendar (rhythm) method and oral contraceptive methods are the best-known methods. More than 70 percent of the respondents know about them. IUD was almost unknown in 1976. Cliquit, R.L. (1977:190-191).

Similarly, Rahul Sing study in Sri Lanka indicates that, a variety of factors contributed to Sri Lanka's successive family planning program. It was a legacy of Buddhism, the religion of vast majority of people, where by every body has access to learning- not just one particular caste as in India and a tradition that revered the healers. Hence even before the problem of excessive population growth came to attention of the country's policy planner, the essential infrastructure to tackle it in terms of health care and literacy was already in place. NGOs like the Family Planning Association of Sri Lanka and Sri Lanka association for voluntary surgical contraception stepped in at a time that the government preferred to stay in the wings, testing the public reaction, when the government finally came out more forcefully with a population policy, there was close cooperation between government authorities and the NGOs volunteers that play a vital role in the program. The result was that the contraceptive prevalence rate rose to 66 percent. The total fertility rate dropped to 2.6 children per women of reproductive age and the annual population growth rate 1.4 percent (Family Planning Success Stories, 1194).

Furthermore, John et al (1992:1) study showed that paralleling the fertility decline had been an equal revolutionary change in the use of contraception. There were about 38-40 percent contraception users in developing countries in 1980 among married women of reproductive age (MWRA). By 1990, this rate reached about 51 percent of MWRA. Among the contraceptive methods, sterilization is the most prevalent method. More than 20 percent of all contraceptive rely upon it in 27 countries. IUD is the second prevalent method, which is used by 20 percent or

more of all contraceptive users in ten countries mostly famous in China. The Pill rank third it is used by 20 percent or more of all contraceptive users in 20 countries. This study indicates that contraceptive use varies among the regions. About 70 percent of all MWRA use contraceptive in East Asia, and 60 percent do so in Latin America. South and South East Asia have contraceptive prevalent rate of 40. North Africa and Middle East have a moderate rate of 36 percent, but Sub-Saharan Africa has very low rate of 9 percent. It is also noted that actual number of users is of course target in East Asia due to China's large population and contraceptive prevalence. South Asia including India; Indonesia and Bangladesh came next, followed by the other regions with much smaller numbers.

A study of currently married women in Philippines shows that a total of 69 percent of married women had practiced contraception; the Pill and Condom were the method reported by the largest proportion of women (63 percent and 14 percent respectively). At the time of survey, 28 percent of women were using modern method and 18 percent using a traditional one. The most widely used methods were female sterilization and the Pill (each mentioned by 10 percent of women) followed by withdrawal and natural family planning (9 percent). No other method was relied on by more than 4 percent of women. Focusing on these perspectives, Sadik (1999: 70), found (72 percent) contraceptive prevalence in Europe followed by North America (71 percent), Latin America and Caribbean (60 percent), Asia (59 percent) and Africa (19 percent) which is the lowest rate. (UNFPA, 2005 cited in Guragai).

Similarly, state of world's mother (2000) pleaded on increasing access to contraception information and service. Family planning program also played an essential role in reducing the incidence of abortion. In the developing world an estimated 60 percent of all pregnancy (75 million a year) are intended, and nearly 46 million in end in abortion.

In the context of Nepal, there are several studies in family planning knowledge, attitudes and practice. The major surveys are, Nepal Fertility Survey 1976, Nepal Contraceptive Prevalence Survey 1981, Nepal Fertility and Family Health Survey 1991 and Nepal Fertility and Family Health Survey 1996. (FPAN bulletin, 2001)

Nepal Fertility Survey 1976 studied 5,501 respondents of currently married women by specific method. The over all knowledge of at least a method of family planning among currently married aged 15-49 years was 22.1 percent- Survey also show that 4.9 percent were ever user of family

planning methods among current married by specific method and currently using any modern contraceptive was 2.9 percent (NFS, 1976).

Nepal Contraceptive Prevalence Survey 1981 found that 51.9 percent overall knowledge of at least one method of family planning among currently married women of aged 15-49 years and currently married non-pregnant women aged 15-49 years who were using modern contraceptive was 7.6 percent (NFHS, 1981).

According to Nepal Contraceptive Prevalence Survey 1986, overall knowledge of at least one method of family planning among currently married women of aged 15-49 years was 55.9 percent and ever use of contraception is only 15.8 percent (NFHS, 1986).

Nepal Fertility and Family Health Survey 1991 reported that knowledge of at least one family planning method was 93 percent in currently married women aged 15-49. Among them 18 percent had ever used a method of family planning at some time in the past. This survey also indicated that 25 percent of currently married non-pregnant women are using contraception.

Nepal Fertility and Family Health Survey 1996 shows that 98 percent of both ever and currently married women aged 15-49 knew at least one method of family planning. This survey indicates that 38 percent of currently married women have ever used one method and 35 percent of currently married women have used a modern method of family planning (NFHS, 1996).

Majority of the currently married women (73.5 percent) were familiar with at least one method of family planning, among the individual methods, female sterilization appears to be the best known contraceptive method followed by male sterilization, pill and injectables (KC. Et al. 1998).

Pathak (1996:75) shows that lower percent of currently married rural women are practicing sterilization compared to urban women. It is also noted that female sterilization is popular among currently married women in Terai region. And male sterilization is mountain and hill region. People believe that they can't work well if they have sterilized, may be the possible uses of it. The study also reveals that working class Nepalese are less likely to use female sterilization.

Subedi (1997: 61) study shows the relationship between current use of any modern method of living sons, the use sharply increase with increasing number of living children up to 2 less than one tenth of women with no living sons were using any modern methods of contraception and the contraception of sterilization was less pronounced to the total use in these category. While about five out of ten women with two living children were current users of any modern method at the time of survey. This indicates that a women with any number of living son is more likely to use any contraception method that of none. This is common phenomenon in Nepal considering the extent of son preference in Hindu dominated society.

Risal and Shrestha (1989:33) have reported that a strong positive relationship between contraceptive use and education of women and husbands. Their study reveals that the level of current use varies from 14.2 percent among women with no education to 39.9 percent among those with middle level of schooling.

Aryal (1999: 47,48) found that majority of the currently married women (95.6 percent) are familiar with at least one contraceptive method. Among the individual methods female sterilization appears to be the best-known method (86.1 percent), followed by male sterilization (85.6 percent) injectables (77.8 percent), condom (75 percent) and Pill (63.3 percent). Less than eight percent of the women are familiar with traditional method. The contraceptive prevalence rate has been found 25.6 percent of the currently married women in reproductive age in this community, which is figure (29 percent) based on VDC survey 1996. Almost 26 percent of the total CPR is contributed by female sterilization, injectables (5.6 percent), Pill (95.0 percent) and Condom (3.9 percent) are also used. Traditional and other methods are also used less than 3 percent. The current user of male sterilization, IUD and Norplant are not found.

Chaudhary (2002) found that majority of currently married women (about 75 percent) are familiar with at least one contraceptive method among Tharu Community in Sisahaniya VDC of Dang district. The contraceptive prevalence rate was found 44 percent in which Injectables (9.4 percent), female sterilization and condom (7.3 percent), Pill (6.0 percent).

CBS, 2003 shows that about 18 percent of both ever and currently married women aged 15-19 had used any modern methods. Similarly in the age group 20-24 over 38 percent of them had used any modern methods.

NDHS, 2006 shows that the knowledge of at least one modern method of family planning in Nepal is almost universal (99.9 percent) among both women and men. The most widely known modern contraceptive methods among currently married women are: injectables (99 percent); female sterilization (99.0 percent); Condom (97 percent); Male sterilization (96 percent); and contraceptive (95 percent), Eighty-four percent of married women know of implants, about two in three have heard of the IUD, and 7 percent of women have heard emergency contraception. About 44 percent of currently married women are using modern contraceptive methods. The most commonly used modern methods are: female sterilization (18 percent), injectables (10.1 percent), male sterilization (6.3 percent), Condom (4.8 percent), Pill (3.5 percent), IUD (0.7 percent) and Implants (0.8 percent). This shows interesting result that the proportion of women who are using a modern method has increased by 25 percent over the past five years from the 35 percent reported in the 2001 NDHS to the current level of 44 percent. (NDHS, 2006).

2.2 Conceptual framework

The main objective of this research is to study contraceptive knowledge, use and effect in Tharu Community of currently married women aged 15-49 in Saudiyar, Ward No. 4 keeping in view socio-economic, and demographic and religious norms. The knowledge and use of contraceptives are affected by availability, accessibility, side effects and effective counseling of contraceptive service.

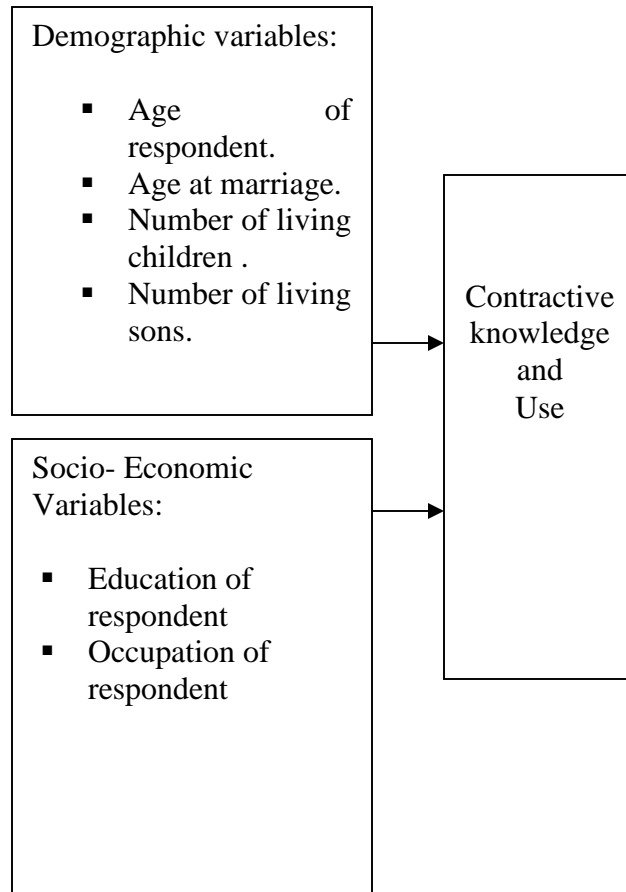


Figure 1: Contraceptive Framework

CHAPTER THREE

METHODOLOGY

This chapter deals with the research methodologies. It is used to collect quantitative and qualitative data, which is needed for the study. Especially this chapter discusses the location of the study area, research design, source of data, sample design, questioner design, method of data collection, selection of dependent and independent variables and method of analysis of data.

3.1 Location of study area

Dang is beautiful district of Middle Western region of Nepal. Among the five districts (Pyuthan, Salyan, Rolpa, Rukum) in Rapti zone, Dang is relatively developed. Topographically it is situated between the longitude $82^{\circ} 2^{\prime}$ to $82^{\circ} 54^{\prime}$ east to west, latitude $27^{\circ} 37^{\prime}$ to $28^{\circ} 29^{\prime}$ north to south and its altitude ranges from 213 meter to 2058 meter from the sea level. It has border as Pyuthan, Kpilvastu and Arghakhachi district in the east; Banke and Surkhet district in the west; Salyan, Rolpa and Pyuthan district in the north, and India (Uttar Pradesh) in the south making its area 2955 Square Kilometer (the average length is about 90 kilometers of east to west and average width is about 72 kilometers of north to south). In Dang valley the climate is sub-tropical, average temperature in summer ranges from 33.9° to 18.9° Celsius and in winter it ranges from 20.5° to 5.4° Celsius. Famous rivers of Dang are Rapti and Babai, which are the main sources of irrigation in this valley, so some researchers spell it as Rapti Shavata.

Politically Dang district is divided in four electoral constituencies with 39-village development committee (VDC) and two municipalities. The district headquarter of Dang is Ghorai. Total population of Dang valley is 4,62,380 out of which female are 2,33,422 and male are 2,28,958 in which rural population is 83.3 percent and urban population is 16.7 percent. Average population growth of this valley is 2.66 percent, which is higher than national figure 2.25 percent. Literacy rate of this valley is 58 percent out of which 46.9 percent are female and 69.3 percent are male. About 42 percent of the population of the reproductive age of this valley use methods of family planning.

Saudiyar one of the village development committee (VDC) out of thirty-nine VDCs in Dang district is nine kilometers far from District head quarter Ghorai. Ward No. 4, of this VDC is our study area. There are 198 households and total population is 1096 in Saudiyar VDC Ward No. 4 (study area) out of which 147 households are of Tharu community and their total population is 687. (Source: Subjective Reality of Dang District-2005: District Bureau Of Statistics, Dang 2005)

3.2 Research design

A descriptive research design has been applied in the study. This research design tends to find out the contraceptive knowledge and use in Tharu Community in sequential order.

3.3 Sources of data

This study is based on primary data collection, which is obtained through census basis sampling. Among the total population, 170 are currently married women of age 15-49 are the main source of information of this study. As a complementary data, the secondary data are obtained from Journal, educational statistics, books, bulletins, previous studies, census data, survey report, NDHS-2006 etc.

3.4 Sampling

The total household in the study area is 147 and total currently married women of aged 15-49 are 170. In this study all 147 household have been used to get household information. To collect household information household questionnaire has been asked to the household head. Individual questionnaire have been asked to the all currently married women of age 15-49.

3.5 Questionnaire design

Questionnaire has been designed to obtain two types of information i.e. household and individuals. The household questionnaires have been asked to the head of the household and individual questionnaires were asked only to currently married women of reproductive age.

Household questionnaire have been divided in to three sections. Section one, two and three provide identification of family background and household questionnaire have been designed to take the information on the sex marital status, relationship with head of household, educational status etc. the main objective of the house hold questionnaire has been identified the eligible women, to obtain the information about the background of the respondent and husband education, occupation and socio-economic status of the family.

Individual questionnaire has been divided in to four sections. Section one of the questionnaire provides information on respondent's background. Section two provides information of the knowledge of the contraceptive methods. Section three gives attitude towards contraceptive and section four provides practice of contraceptive.

3.6 Methods of data collection

For the collection of the data, the interview and field observation method have been used. Besides this, local female volunteers have been contacted for the supplementary

3.7 Selection of dependent and independent variables

This study consists of dependent and independent variables.

Independent Variables:

The independent variables can be divided in to demographic and socio-economic variables.

Demographic Variables:

-) Age of respondent
-) Number of living son.
-) Number of living children.
-) Age at marriage.

Socio-Economic Variables:

-) Education of respondent
-) Occupation of respondent.

Dependent Variables:

-) Knowledge of contraceptives.
-) Use of contraceptives.

The main aim of this study is to examine the impact of contraceptive knowledge and use in this study area. Thus number of living son, number of living children, education, age of respondent and occupation are the main influencing variables of the knowledge, attitude towards the practice of contraceptives.

3.8 Data processing

The questionnaire used were pre coded and checked manually to avoid the risk of data processing. After completing checking the data were entered in computer. Microsoft Operating System XP with office package (Microsoft Excel) was used to process data for the analysis.

3.9 Methods of analysis

Gathered descriptive data information presented in different tables. The frequency tables, ratio and cross tabulation are used in the analysis of primary data.

CHAPTER FOUR

BACKGROUND CHARACTERISTICS OF RESPONDENTS

This chapter has been provided some demographic and socio-economic characteristics of the house hold population of Tharu community. Demographic characteristics provided age sex structure and marital status. Socio-economic characteristic provide educational attainment, major occupation and size of land holding and level of annual income of the study area.

4.1 Household background characteristic

4.1.1 Age-sex structure

Age-sex structure is the primary basis of demographic classification of vital statistics. Age and sex are very important variables in the study of fertility, mortality and migration.

Age	Male		Female		Total	
	No.	%	No.	%	No.	%
0-4	26	8.2	19	5.1	45	6.6
5-9	30	9.4	28	7.6	58	8.4
10-14	28	8.8	25	6.8	53	7.7
15-19	36	11.3	43	11.7	79	11.5
20-24	29	9.1	38	10.3	67	9.8
25-29	32	10.1	47	12.7	79	11.5
30-34	20	6.3	25	6.8	45	6.6
35-39	38	11.9	43	11.7	81	11.8
40-44	25	7.9	26	7.0	51	7.4
45-49	10	3.1	13	3.5	23	3.3
50-54	15	4.7	20	5.4	35	5.1
55-59	8	2.5	12	3.3	20	2.9
60-64	11	3.5	15	4.1	26	3.8
65-69	3	0.9	8	2.2	11	1.6
70-74	5	1.6	6	1.6	11	1.6
75 & Above	2	0.6	1	0.3	3	0.4
Total	318	100.0	369	100.0	687	100.0

Source: Field Survey 2007

Table 4.1.1 shows distribution of current population by age and sex. There are 687 people in 147 households in the study area. Among them 318 are males and 369 are females. There average household size is 4.67 person per household. The highest population is found in the age group 35-39 (11.8 percent), followed by 8.4 percent in the age group 5-9 years.

4.1.2 Marital status

Marital status is one of the important characteristics for this study so the marital status of the study area is given below.

Table 4.1.2 Distribution of population by aged 10 years and above by sex and marital status.						
Marital Status	Male		Female		Total	
	No.	%	No.	%	No.	%
Married	150	57.3	170	52.8	320	54.8
Unmarried	105	40.1	125	38.8	230	39.4
Widow/widower	5	1.9	25	7.8	30	5.1
Separated	2	0.7	2	0.6	4	0.7
Total	262	100	322	100	584	100
<i>Source: Field Survey 2007</i>						

Table 4.1.2 provides marital status of household population of the study area of aged 10 years and above. Among the total population 262 are male 322 are female. Only about 40 percent male and about 39 percent female are unmarried. The study finds that the married population is the highest (54.8 percent) followed by unmarried (39.4 percent), widow/ widower (5.1 percent) and separated (0.7 percent).

It is interesting to note that in the study area, in the time of survey no couple was found under the age of 15 years. It may be due to the advocacy of different women's group like Small women farmer development group, Amma samuha and Digo samuha or by the socio economic factor like Kamdhari Partha.

4.1.3 Socio-Economic characteristics

Socio-economic characteristics deal with education attainment, major occupation and size of land holding, level of annual income, access to water supply and Toilet facilities of the study area.

4.1.3.1 Educational attainment

Educational attainment is the most important factor for the people with which they can face and solve every problem. Knowledge and use of family planning also depends upon the educational attainment. Couple can decide how much children are suitable for their happy life and in what way they deal with their children for their bright future.

In this study people who can read and write simple things like their name are taken as literate

Table 4.1.3.1 Distribution of population by aged 5 years and above by sex and literacy status.						
Literacy Status	Male		Female		Total	
	No.	%	No.	%	No.	%
Illiterate	95	32.5	122	34.9	217	33.8
Literate	52	17.8	58	16.6	110	17.1
Primary	46	15.7	42	12.0	88	13.7
L. Secondary	51	17.5	95	27.1	146	22.7
Secondary	18	6.2	25	7.1	43	6.7
SLC	20	6.8	5	1.4	25	3.9
Intermediate	10	3.4	3	0.9	13	2.0
Total	292	100.0	350	100.0	642	100.0

Source: Field Survey 2007

Table 4.1.3.1 shows distribution of population aged 5 years and above. The total literacy rate is 66.2 percent. In the study area, the number of women with lower secondary level of education has been found higher (22.7 percent), followed by literate (17.1 percent), primary level of education (13.7 percent) and intermediate level of education and above (2 percent). The male literacy rate is 67.5 percent where as female literacy rate is 65.1 percent is the study area.

4.1.3.2 Major occupation

Occupation is that factor which helps to improve socio-economic factor of the people. In Tharu community the major occupation is agriculture but now a days, in new generation the attraction on the agriculture is decreasing.

Table 4.1.3.2 Distribution of population by major occupation.		
Occupation	Frequency	Percent
Agriculture	190	29.6
Business	4	0.6
Service	35	5.4
Labor	95	14.8
Foreign Employment	48	7.5
Student	165	25.7
House Wife	55	8.6
Dependent	51	7.8
Total	643	100
<i>Source: Field Survey 2007</i>		

Table 4.1.3.2 shows distribution of population by major occupation in the study area. The major occupation in the study area is based on agriculture (29.6percent). Others are students (25.7Percent), Labor (14.8percent), housewife (8.6percent), foreign employment (7.5percent), service (5.4 percent), business (0.6) percent in the study area.

The major occupation of the population is categorized in two types. They are involved in economic activities (agriculture, business, service, labor, foreign employment) and the people who are not involved in the economic activities (student, housewife, dependent). This shows that higher portion of population (54.1 percent) are involved in the economic activities. And those who depend upon others for their life-hood (like old people or disable who are not involved in any economic or other activities) are taken as dependent.

4.1.3.3 Size of land holding

Nepal is an agriculture country and about 90 percent depend upon agricultural sector.

Table 4.1.3.3 Distribution of households by size of land holding.		
Size of Land Holding (In Kattha)	Frequency	Percent
<1	25	17.0
1-9	29	19.7
10-19	46	31.3
20-29	30	20.4
30-39	4	2.7
40-49	11	7.5
50 and above	2	1.4
Total	147	100.0
<i>Source: Field Survey 2007</i>		

Table 4.1.3.3 shows distribution of households by size of landholding. Among the 147 households in the study area the highest proportion (31.3 percent) of households have 10-19 Kattha of land, followed by 20-29 Kattha (20.4 percent), 1-9 Kattha (19.7 percent), 40-49 Kattha (7.5 percent), 30-39 Kattha (2.7 percent) and 50 and above Kattha only 1.4 percent. About 17 percent of households are either landless or less than one Kattha of land.

4.1.3.4 Drinking water facilities

Although Nepal is one of the richest country in water resource, it is irony to say it's worst condition in the drinking water supply which is only limited to few cities. But in study area, there is no any modern drinking water supply system and the households are depending on the traditional system.

Table 4.1.3.4 Distribution of households by drinking water facilities.		
Size of Land Holding	Frequency	Percent
Well	127	86.4
Stream	20	13.6
Total	147	100.0
<i>Source: Field Survey 2007</i>		

Table 4.1.3.4 shows distribution of household by drinking water supply facilities. It shows, in the study area about 86 percentage of the households are using well for drinking water where as about 14 percent are using stream drinking water.

4.1.3.5 Toilet facilities

Trend of using toilet is very poor in the study area. This may be due to the socio-economic problem as well as the poor knowledge towards the sanitation.

Table 4.1.3.5 Distribution of households by toilet facility.		
Type of Toilet	Frequency	Percent
Modern Toilet	4	2.7
Traditional Pit	12	8.2
No Toilet	131	89.1
Total	147	100.0
<i>Source: Field Survey 2007</i>		

Table 4.1.3.5 shows distribution of households by toilet facility. In the study area trend of using toilet is very poor, about 89 percent of households have no toilet, about 8 percent have traditional pit and about 3 percent of household have modern toilet.

4.1.3.6 Income distribution

The annual income level plays major role in determining the level of living standard and economic activities which influences almost all activities of people.

Table 4.1.3.6 Distribution of households by annual income.		
Annual Income (In NRs)	Frequency	Percent
<5,000	19	12.9
5,000-9,999	74	50.4
10,000-19,999	45	30.6
20,000 and above	9	6.1
Total	147	100.0
<i>Source: Field Survey 2007</i>		

Table 4.1.3.6 shows distribution of households by annual income. It shows that in the study area, the number of household having annual income in between NRs. 5,000 to 9,999 is highest (50.4 percent), about 31 percent households have annual income in range NRs. 10,000 to 19,999, about 6 percent have annual income NRs. 20,000 and above and about 13 percent of household have relatively less income which is less than NRs. 5,000.

4.2 Respondent background characteristics

4.2.1 Educational status

Education is most important factor; it's the indicator of development and awareness in every aspects of society. In the study area, among 170 respondents of currently married women aged 15 to 49, the educational background is as given below.

In this study women who can read and write simple things like their name are taken literature.

Table 4.2.1 Distribution of currently married women aged 15-49 according to their level of education.		
Level Of Education	Number	Percent
Illiterate	95	55.9
Literature	14	8.2
Primary	10	5.9
Lower Secondary	47	27.6
Secondary and higher	4	2.4
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 4.2.1 shows distribution of currently married women aged 15-49 according to their level of education. It seems that illiteracy rate is higher in the study area. About 56 percent of the respondents in the study area are illiterate, about 8 percent are literate, about 6 percent have primary level of education, about 28 percent have lower secondary level of education and slightly higher than 2 percent have secondary or higher level of education.

4.2.2 Age at marriage

According to census marriage is defined as men and women who are married either consensually or religiously or legally and live together in the same or different place as husband and wife are known as married person. For a person to be a married the following criteria should be fulfilled.

- a) Married according to social, cultural or legally practiced method.
- b) Men and women bound in marriage should live together or separately as husbands and wives.

But in general marriage is the union, which involve rights and obligation fixed by law and custom.

Table 4.2.2 Distribution of currently married women according to age at marriage.		
Age At Marriage (In Years)	Number	Percent
< 15	10	5.9
15-19	48	28.2
20-24	88	51.8
25 and above	24	14.1
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 4.2.2 shows distribution of age at marriage. It shows that, in the study area higher number of respondent have got marriage at age 20-24 years (51.8 percent) which is followed by age 15-19 years (28.2 percent). And about 14 percent have got married at age 25 and above and that of about 6 percent have got married under 15 years of age.

4.2.3 Major occupation

Women's occupation is one of the most important factors in the family planning. Most of the study shows that the occupation of women determines that how much children they have.

In this study women whose main occupation is farming, animal husbandry, vegetable gardening, flowery-culture and so on are taken as agriculture.

Table 4.2.3 Distribution of currently married women aged 15-49 according to their major occupation.		
Occupation	Number	Percent
Agriculture	152	89.4
Non-agriculture	18	10.6
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 4.2.3 shows distribution of currently married women aged 15-49 according to their major occupation. It shows that majority of respondents in the study area have agriculture as major occupation (89.4 percent).

4.2.4 Enrolment in different women's groups

In the study area there are mainly three women's group are active. Among them Small Women Farmer Development Group, Amma Samuha and Digo Samuha are very popular in these community.

Table 4.2.4 Distribution of currently married women aged 15-49 according to their enrolment in specific women group.		
Women Group	Number	Percent
Small Women Farmer Development Group	38	22.4
Amma Samuha	49	28.8
Digo Samuha	21	12.3
None	62	36.5
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 4.2.4 shows distribution of currently married women aged 15-49 according to their enrolment in specific women group. It shows that majority of respondents in the study area are enrolled in different women's groups (63.5 percent). About 29 percent are in Amma Samuha; about 22 percent in Small Women Farmer Development Group; about 12 percent in Digo Samuha and about 37 percent are not directly involved in any group.

In the study area, in spite of higher illiteracy rate, women's are found to concuss about maternal child health and family planning practice, it was wonderful and reason behind it was different women's group and their activities.

CHAPTER FIVE

CONTRACEPTIVE KNOWLEDGE AND USE

Introduction

The main objective of this chapter is to analyze the contraceptive knowledge, attitude and practice in Tharu community. This chapter consists of five sections; the first section deals with respondents' knowledge of contraceptives prevalence, second chapter deals with the attitudes towards contraceptives, third section deals with the differential in ever use and current use of contraceptives, fourth section deals reasons for non-using contraceptives and the last section describes the side effect of contraceptives.

5.1 Knowledge of contraceptives

This section describes the findings on knowledge of contraceptives. The study collects information about the knowledge of contraceptive on spontaneous and probed basis. Currently married women of reproductive age have initially asked whether they have heard about any contraceptive methods. If they say yes then they have been asked names of contraceptive prevalence. Their responses have been based on spontaneous knowledge of contraceptive. On the other hand, if they say 'yes' but are unable to tell any name of contraceptives methods then the name of different methods are given to the respondents. Then they have been asked whether they have heard of the particular method. Their response to this question formed the basis of the probed knowledge of contraceptive methods.

5.1.1 Level of knowledge of contraceptive methods

Among the total respondents, very less percentage can say spontaneously and high percentages are able to say the name of different modern and traditional contraceptives after probing. Probing knowledge is so high in the study area because there is religious barrier to follow the contraceptive prevalence.

Table 5.1.1

Distribution of currently married woman knowing at least one contraceptive method by specific method.

Methods	Knowledge Of Methods					
	Known Spontaneous		Known Probed		Total	
	No.	%	No.	%	No.	%
Any Modern Method	48	28.2	122	71.8	170	100.0
Female Sterilization	46	27.0	120	70.6	166	97.6
Male Sterilization	44	25.9	116	68.2	160	94.1
Pill	22	12.9	52	30.6	74	43.5
IUD	8	4.7	32	18.8	40	23.5
Injectables	46	27.0	122	71.8	168	98.8
Implants	8	4.7	18	10.6	26	15.3
Condom	45	26.5	114	67.0	159	93.5
Any Traditional Method	5	2.9	12	7.1	17	10.0
Periodic Abstinence	2	1.2	16	9.4	18	10.6
Withdrawal Method	4	2.4	10	5.9	14	8.2

Source: Field Survey 2007

In table 5.1.1, information about knowledge of contraceptives is presented for all currently married women by specific methods. Findings from Field Survey 2007 (FS-2007) show that knowledge of at least one modern method of family planning in study area (SA) is universal in currently married women. The most popular modern contraceptive methods among currently married women in the study area are: injectables (98.8 percent); female sterilization (97.6 percentage), male sterilization (94.1 percent); condoms (93.5 percentage) and contraceptives pills (43.5 percentage). Only 23.5 percentage of married women know of IUD where as 15.3 percentage know of implants. A greater proportion of women reported to knowing modern method than a traditional method. Knowledge of traditional method is about 10.0 parentage in study area.

5.1.2 Knowledge of different family planning methods

The knowledge of different family planning methods according to age group is given below.

Table 5.1.2 Percentage distribution of currently married woman knowing at least one contraceptive method according to age group.								
Method	Age Group							Total
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Any Modern Method	100.0 (12)	100.0 (31)	100.0 (34)	100.0 (25)	100.0 (42)	100.0 (18)	100.0 (8)	100.0 (170)
Female Sterilization	100.0 (12)	100.0 (31)	97.0 (33)	96.0 (24)	95.2 (40)	100.0 (18)	100.0 (8)	97.6 (166)
Male Sterilization	100.0 (12)	96.8 (30)	94.1 (32)	96.0 (24)	92.9 (39)	94.4 (17)	75.0 (6)	94.1 (160)
Pill	33.3 (4)	70.9 (22)	47.0 (16)	48.0 (12)	33.3 (14)	22.2 (4)	25 (2)	43.5 (74)
IUD	16.7 (2)	19.4 (6)	32.4 (11)	24.0 (6)	19.0 (8)	33.3 (6)	12.5 (1)	23.5 (40)
Injectables	100.0 (12)	100.0 (31)	100.0 (34)	100.0 (25)	100.0 (42)	94.4 (17)	87.5 (7)	98.8 (168)
Implants	16.7 (2)	19.4 (6)	14.7 (5)	32.0 (8)	4.8 (2)	11.1 (2)	12.5 (1)	15.3 (26)
Condom	100.0 (12)	100.0 (31)	100.0 (34)	92.0 (23)	88.1 (37)	88.9 (16)	75.0 (6)	93.5 (159)
Total	100.0 (12)	100.0 (31)	100.0 (34)	100.0 (25)	100.0 (42)	100.0 (18)	100.0 (8)	100.0 (170)

Source: Field Survey 2007

Note: Figure in parentheses indicates number of cases.

In table 5.1.2, information about knowledge of contraceptives is presented for all currently married women according to age group. Findings from Field Survey 2007 (FS-2007) show that knowledge of modern method of family planning in study area is almost universal among age group 15-39. The most popular modern contraceptive methods among currently married women in the study area of age group 15-19 are injectables and condom leading to cent-percent. The figure shows same reflection in age group 20-39. Implants methods are the least popular in the study area.

5.1.3 Knowledge of contraceptives according to level of education

The table below presents the knowledge of contraceptives of eligible women according to their level of education.

Table 5.1.3 Distribution of currently married woman knowing at least one contraceptive method of aged 15-49 years according to their level of education.										
Method	Level of education (N=170)									
	Illiterate		Literate		Primary		Lower Secondary		Secondary	
	N	%	N	%	N	%	N	%	N	%
F. Sterilization	91	95.8	14	100	10	100	47	100	4	100
M. Sterilization	88	92.6	11	78.6	8	80	47	100	4	100
Pill	18	18.9	7	50.0	7	70	41	87.2	3	75
IUD	8	8.4	3	21.4	3	30	24	51.1	3	75
Injectables	93	97.9	14	100	10	100	47	100	4	100
Implants	2	2.1	3	21.4	2	20	15	31.9	4	100
Condom	87	91.6	13	92.9	9	90	47	100	4	100
Total	95	100	14	100	10	100	47	100	4	100

Source: Field Survey 2007

Table 5.1.3 shows the distribution of currently married women who have knowledge of contraceptive according to their level of education. The figure shows cent-percent of the eligible women in the study area are familiar with at least one method of contraceptive. But those whose education level is higher have more knowledge about different type of contraceptive than the illiterates. This table shows knowledge of contraceptive is directly prepositional to level of education.

5.1.4 Source of contraceptive information

First Source of contraceptive information of the respondents in the study area is given below.

Table 5.1.4 Distribution of currently married woman aged 15-49 by their first source of information about contraceptive.		
Source Of Information	No.	Percent
Friends	56	32.9
Family	20	11.8
Health worker	10	5.9
Clinic	4	2.4
Radio/ TV	43	25.3
Print Media	2	1.1
Neighbors	35	20.6
Total	170	100

Source: Field Survey 2007

Table 5.1.4 shows that the maximum percent of respondent know about contraceptive methods from friends (32.9 percent). And second good source of information are Radio and TV (25.3 percent) that is followed by neighbors (20.6 percent).

5.2 Attitudes towards contraceptives

5.2.1 Attitudes towards advantage of contraceptives use

All currently married women are asked about the advantage of contraceptive methods at the time of field survey the result is presented below.

Table 5.2.1 Distribution of currently married woman aged 15-49 according to their opinion on advantage of contraceptive use.		
Opinion	Frequency	Percent
To make better economic condition of family	36	21.2
To make better health of child and mother	26	15.3
To make happy family life	60	35.3
Birth Spacing	42	24.7
All of these	6	3.5
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 5.2.1 shows that highest percentage of respondent (35.3 percent) reported that the major contribution of contraceptive use is to make happy family life. Similarly about 25 percent reported the contribution of contraceptive use is birth spacing. Furthermore 21 percent of respondents believe that the contribution of contraceptive use is to make better economic condition of family. But about 15 percentages of respondents reported to believe that the contribution of contraceptive use is to make better health of child and mother.

5.2.2 Preferred contraceptives method for future use

In the study area out of the 170 respondents 94 (55.3 percent) are not using contraceptive methods. Among 94 not user of contraceptive, 79 (46.5 percent) are interested to use contraceptive methods in future, 9 (5.3 percent) have not decided yet, and 6 (3.5 percent) say don't know.

Table 5.2.2 (a) Distribution of currently married woman aged 15-49 years by their attitude towards contraceptives.		
Method	Number	Percent
Current users	76	44.7
Intended Future Users	79	46.5
Not Decided	9	5.3
Don't know	6	3.5
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Among the intended future user of contraceptives in the study area the choice of specific method for the future use is as follows.

Table 5.2.2(b) Distribution of currently married woman aged 15-49 years who are not using contraceptive methods but intended to use in future by specific method.		
Method	Number	Percent
Female Sterilization	31	39.3
Male Sterilization	11	13.9
Injectables	37	46.8
Total	79	100.0
<i>Source: Field Survey 2007</i>		

As per table 5.2.2 (b), out of 94 non-user of contraceptive at the time of survey, respondents intend to use only three contraceptive methods (Female Sterilization, Male Sterilization, Injectables) in the future. Among them remarkably high respondents (46.8 percent) intend to use injectables. Moreover about 39 percent of respondents intend to use female sterilization and that of about 14 percent male sterilization.

5.2.3 Attitude towards birth spacing

The year gap between first birth and second birth is called birth spacing. Many research and studies shows that there is negative relationship between birth spacing and risk of death of child and mother that is shorter the birth interval, higher the chance of death of both mother and child. So, in this survey it was tried to get the respondents attitude towards birth spacing.

Table 5.2.3 Distribution of currently married woman aged 15-49 years according to their view on birth spacing.		
Birth Interval (In Years)	Number	Percent
One Year	2	1.2
Two Years	36	21.2
Three years	78	45.9
Above Four Years	54	31.7
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 5.2.3 shows highest percentage of respondents (45.9 percent) in the study area like to have birth spacing of three years. Moreover about 32 percentages of respondents like to have above four years of spacing that of about 21 percentages like to have two years of spacing.

5.2.4 Attitude towards couple discussion

In the study area, respondents were asked their attitude towards couple discussion about contraceptive methods and their views are given below.

Table 5.2.4 Distribution of currently married woman aged 15-49 years according to their view on couple discussion about contraceptive methods.		
Couple Discussion?	Number	Percent
Yes	66	38.8
No	104	61.2
Total	170	100.0
<i>Source: Field Survey 2007</i>		

In the above table 5.2.4, fig shows that highest percentage of respondents (61.2 percent) does not discuss about contraceptive method with their couple but that of 38.8 percentages discuss about contraceptive methods.

5.2.5 Attitude towards childbearing age of women

All the respondents, in the study area were asked their attitude towards childbearing age of women at the time of survey and the result is presented below.

Table 5.2.5 Distribution of currently married woman aged 15-49 years according to their opinion on childbearing age of women.		
Age (In Years)	Number	Percent
<21	31	18.2
21-24	113	66.5
Above 25	26	15.3
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 5.2.5 shows highest percentages of respondents (66.5 percent) in the study area think appropriate age for child bearing is 21-24 years. Moreover about 18 percentages of respondents think appropriate age for child bearing is under 21 years that of about 15 percent think above 25 years.

5.3 Practice of family planning method

Contraceptive use is one of the most important 'Proximate Determinants' of aggregate level of fertility. Furthermore, it generally, assumed to play the principal role in transition to lower fertility. The use of contraceptive may have significant impact on declining population growth.

5.3.1 Ever use of contraceptives

Data on ever use of contraception has special significance because it reveals the cumulative success of programs promotion the use of family planning among couples. Ever use refers to use of a method at any time, with no distinction between past and present use (NDHS: 2006), Respondents of the study area who have heard of method of family planning were asked if they had ever used a method.

Table 5.3.1 (a) Distribution of currently married women aged 15-49 according ever use of any contraceptive method.		
Ever used contraceptive method?	Number	Percent
Yes	112	65.9
No	58	34.1
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 5.3.1 (a) shows that 65.9 percent of the currently married women in the study area have ever used contraceptive methods where as national figure of ever user of contraceptive method is 65.0 percent (NDHS, 2006).

Table 5.3.1 (b) Distribution of currently married woman aged 15-49 who have ever used any contraceptive method by specific method (in total number of ever user of contraceptive methods only).		
Method	Number	Percent
Female Sterilization	26	23.2
Male Sterilization	4	3.6
Pill	10	8.9
IUD	-	-
Injectables	56	50.0
Implants	-	-
Condom	16	14.3
Total	112	100.0
<i>Source: Field Survey 2007</i>		

Note: If more than one method is used, only the most effective method is considered in this table.

Table 5.3.1 (b) shows distribution of currently married woman aged 15-49 who has ever used any contraceptive method by specific method. Among ever user of contraceptives 50 percent have ever used injectables, 14.3 percent have ever used condom, about 8.9 percent have ever used pill and 23.2 and 3.6 percent have used female and male sterilization respectively.

Table 5.3.1 (c) Percentage distribution of currently married woman who have ever used any contraceptive method by specific method and age (in total number of respondents).									
Age	Method								No. Of Women
	Any Modern Method	Female Sterilization	Male Sterilization	Pills	IU D	Inje ctab les	Impl ants	Con dom	
15-19	41.7 (5)	-	-	16.7 (2)	-	-	-	25.0 (3)	(12)
20-24	61.3 (19)	-	-	6.5 (2)	-	38.7 (12)	-	16.1 (5)	(31)
25-29	91.2 (31)	-	-	8.8 (3)	-	67.6 (23)	-	14.7 (5)	(34)
30-34	96.0 (24)	12.0 (3)	4.0 (1)	4.0 (1)	-	68.0 (17)	-	8.0 (2)	(25)
35-39	64.3 (27)	45.2 (19)	4.8 (2)	2.4 (1)	-	9.5 (4)	-	2.4 (1)	(42)
40-44	27.8 (5)	16.7 (3)	5.6 (1)	5.6 (1)	-	-	-	-	(18)
45-49	12.5 (1)	12.5 (1)	-	-	-	-	-	-	(8)
Total	65.9 (112)	15.3 (26)	2.4 (4)	4.9 (10)	-	32.9 (56)	-	9.4 (16)	(170)

Source: Field Survey 2007

Note: If more than one method is used, only the most effective method is considered in this table. And figure in parentheses indicates number of cases.

Table 5.3.1 (c) shows distribution of currently married woman aged 15-49 who has ever used any contraceptive method by specific method and age (in total number of respondents). Among the currently married women (total No. of respondents) about 33 percentages have ever used injectables making it most commonly used modern method in study area, where as national figure is 32 percent (NDHS-2006). Moreover about 9 percentages have ever used condom,

about 5 percentages have ever used pill and about 15 and 2 percent have used female and male sterilization respectively (in total number of respondent).

5.3.2 Number of living children and ever use of contraceptives

Number of living children is one of the important factors in the use of contraceptive. In the study area desire for having son is very common.

Table 5.3.2												
Distribution of currently married woman who have ever used any contraceptive method by specific method and number of living children.												
Method	No. of living children											
	None		1		2		3		4+		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
F.Sterilization	-	-	-	-	3	9.7	12	36.4	11	52.5	26	23.2
M.Sterilization	-	-	-	-	1	3.2	1	3.0	2	9.5	4	3.6
Pill	-	-	-	-	2	6.5	4	12.1	4	19.0	10	8.9
IUD	-	-	-	-	-	-	-	-	-	-	-	-
Injectables	-	-	17	89.5	24	77.4	15	45.5	-	-	56	50.0
Implants	-	-	-	-	-	-	-	-	-	-	-	-
Condom	8	100	2	10.5	1	3.2	1	3.0	4	19.0	16	14.3
Total	8	100	19	100	31	100	33	100	21	100	112	100

Source: Field Survey 2007

Table 5.3.2 shows distribution of currently married woman aged 15-49 who has ever used any contraceptive method by specific method and number of living children. The table shows that among ever user of contraceptives, respondent having one living children, 89.5 percent have ever use injectables and 10.5 percent have ever use condom. Where as those having two living children, 77.4 percent have ever used injectables that of 6.5 percent pill, 3.2 percent condom and only 12.9 percent have used permanent methods. In the same way, for those having three living children 45.5 percent have ever used injectables, 12.1 percent pill, 3 percent condom and 39.4

percent have used permanent method. Similarly those having four or more children there are equal percent (19 percent) have ever use pill and condom but relatively high 62 percent have used permanent method.

5.3.3 Number of living sons and ever use of contraceptives

Number of living son is one of the important factors in the use of contraceptive. In the study area desire for having son is very common.

Table 5.3.3
Distribution of currently married woman who have ever used any contraceptive method by specific method and number of living sons.

Method	No. of living sons											
	None		1		2		3		4+		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Female Sterilization	-	-	3	8.1	15	71.4	7	63.6	1	25.0	26	23.2
Male Sterilization	-	-	-	-	1	4.8	2	18.2	1	25.0	4	3.6
Pill	6	15.4	4	10.8	-	-	-	-	-	-	10	8.9
IUD	-	-	-	-	-	-	-	-	-	-	-	-
Injectables	23	59.0	27	73.0	5	23.8	1	9.1	-	-	56	50.0
Implants	-	-	-	-	-	-	-	-	-	-	-	-
Condom	10	25.6	3	8.1	-	-	1	9.1	2	50.0	16	14.3
Total	39	100	37	100	21	100	11	100	4	100	112	100

Source: Field Survey 2007

Table 5.3.3 shows distribution of currently married woman aged 15-49 who has ever used any contraceptive method by specific method and number of living sons. The table shows that among ever user of contraceptives, respondent having one living son, 73 percent have ever use injectables and 10.8 percent have ever use pill, 3 percent have ever use condom and 8.1 percent have used permanent method. Where as those having two living sons, 23.8 percent have ever

used injectables and remarkably high 76.2 percent have used permanent methods. In the same way, for those having three living son, equal percent (9.1 percent) have ever used injectables and condom where as 81.8 percent have used permanent method. Similarly those having four or more sons, 50 percent have ever used condom and same percent (50 percent) have used permanent method.

5.4 Current use of contraception

Current use of contraception is defined as the proportion of women who reported the use of family planning method at the time of interview (NDHS-2006). The level of current use— usually calculated among currently married women— is the most widely used and valuable measure of the success of family planning programs.

Table 5.4 (a) Distribution of currently married women aged 15-49 who are currently using contraceptive method (in total number of respondent).		
Currently using contraceptive method?	Number	Percent
Yes	76	44.7
No	94	55.3
Total	170	100.0
<i>Source: Field Survey 2007</i>		

Table 5.4 (a) shows that 44.7 percent of the currently married women in the study area are currently using contraceptive methods where as national figure of current user of modern contraceptive method is 44.2 percent (NDHS, 2006).

Table 5.4 (b) Distribution of currently married women aged 15-49 who are reported currently using any contraceptive method by specific method (in total number of current user of contraceptive methods only).		
Method	Number	Percent
Female Sterilization	26	34.2
Male Sterilization	4	5.3
Pill	5	6.6
IUD	-	-
Injectables	35	46.0
Implants	-	-
Condom	6	7.9
Total	76	100.0
<i>Source: Field Survey 2007</i>		

Note: If more than one method is used, only the most effective method is considered in this table.

Table 5.4 (b) shows distribution of currently married women aged 15-49 who are currently using any contraceptive method by specific method (in total number of current user of contraceptive methods only). Among current user of contraceptive methods, 46 percent are currently using injectables making it most popular method in the study area, 34.2 percent have used female sterilization, about 8 percentages are currently using condom, 6.6 percent are using pill and 4.3 percent have used male sterilization.

5.4.1 Age of women and current use of contraceptives

Data on current use of contraception has special significance because it reveals the cumulative success of programs promotion the use of family planning among couples. Current use refers to use of a method at present. Respondents of the study area who have heard of method of family planning were asked if they had currently using any method.

Table 5.4.1
Percentage distribution of currently married women aged 15-49 currently using contraceptive method by specific method and age (in total number of respondents).

Age	Method								No. of Women
	Any Modern Method	Female Sterilization	Male Sterilization	Pills	IUD	Injections	Implants	Condom	
15-19	25.0 (3)	-	-	16.7 (2)	-	-	-	8.3 (1)	(12)
20-24	35.5 (11)	-	-	3.2 (1)	-	29.0 (9)	-	3.2 (1)	(31)
25-29	58.8 (20)	-	-	5.9 (2)	-	50.0 (17)	-	2.9 (1)	(34)
30-34	56.0 (14)	12.0 (3)	4.0 (1)	-	-	32.0 (8)	-	8.0 (2)	(25)
35-39	54.8 (23)	45.2 (19)	4.8 (2)	-	-	2.4 (1)	-	2.4 (1)	(42)
40-44	22.2 (4)	16.7 (3)	5.6 (1)	-	-	-	-	-	(18)
45-49	12.5 (1)	12.5 (1)	-	-	-	-	-	-	(8)
Total	44.7 (76)	15.3 (26)	2.4 (4)	2.9 (5)	-	20.6 (35)	-	3.5 (6)	(170)

Source: Field Survey 2007

Note: If more than one method is used, only the most effective method is considered in this table. And figure in parentheses indicates number of cases.

Table 5.4.1 shows distribution of currently married woman aged 15-49 who are currently using any contraceptive method by specific method and age (in total number of respondents). Among the currently married women (total No. of respondents) 20.6 percent are currently using ingestible making it most commonly used modern method in study area, where as national figure is 10.1 percent (NDHS-2006). Moreover 3.5 percent are currently using condom, 2.9 percent are currently using pill and 15.3 and 2.4 percent have used female and male sterilization respectively (in total number of respondent).

5.4.2 Number of living children and current use of contraceptives

Number of living children is one of the important factors in the use of contraception.

Table 5.4.2 Distribution of currently married woman who are currently using contraceptive method by specific method and number of living children.												
Method	No. of living children											
	None		1		2		3		4+		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Female Sterilization	-	-	-	-	3	11.6	12	75.0	11	84.6	26	34.2
Male Sterilization	-	-	-	-	1	3.8	1	6.25	2	15.4	4	5.3
Pill	-	-	-	-	4	15.4	1	6.25	-	-	5	6.6
IUD	-	-	-	-	-	-	-	-	-	-	-	-
Injectables	-	-	17	89.5	16	61.5	2	12.5	-	-	35	46.0
Implants	-	-	-	-	-	-	-	-	-	-	-	-
Condom	2	100	2	10.5	2	7.7	-	-	-	-	6	7.9
Total	2	100	19	100	26	100	16	100	13	100	76	100

Source: Field Survey 2007

Table 5.4.2 shows distribution of currently married women aged 15-49 who are using contraceptive method by specific method and number of living children. The table shows that among current user of contraceptives, respondent having one living children, 89.5 percent currently using injectables and 10.5 percent are currently using condom. Where as those having two living children, 61.5 percent are using injectables that of 15.4 are using pill, 7.7 percent are using condom and only 20.4 percent are using permanent methods. In the same way, for those having three living children 12.5 percent are using injectables, 6.25 percent are using pill and 81.25 percent have used permanent method. Similarly those having four or more children almost all are using permanent method.

5.4.3 Number of living son and current use of contraceptives

Number of living son is one of the important factors in the use of contraception.

Table 5.4.3												
Distribution of currently married woman who are currently using contraceptive method by specific method and number of living sons.												
Method	No. of living sons											
	None		1		2		3		4+		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
Female Sterilization	-		3	9.1	15	78.9	7	77.8	1	50.0	26	34.2
Male Sterilization	-		-		1	5.3	2	22.2	1	50.0	4	5.3
Pill	3	23.1	2	6.1	-	-	-		-	-	5	6.6
IUD	-		-		-	-	-		-	-	-	-
Injectables	8	61.5	25	75.7	2	10.5	-		-	-	35	46.0
Implants	-		-		-	-	-		-	-	-	-
Condom	2	15.4	3	9.1	1	5.3			-	-	6	7.9
Total	13	100	33	100	19	100	9	100	2	100	76	100

Source: Field Survey 2007

Table 5.4.3 shows distribution of currently married women aged 15-49 who are using contraceptive method by specific method and number of living son. The table shows that among current user of contraceptives, respondent having one living son, 75.7 percent are currently using injectables, 6.1 percent are currently using pill, 9.1 percent are currently using condom and 9.1 percent are currently using permanent method. Where as those having two living sons, 10.5 percent are currently using injectables, 5.3 percent are currently using condom and remarkably high 84.2 percent are using permanent methods. In the same way, for those having three or more living sons, almost all are using permanent methods.

5.4.4 Education of women and current use of contraceptives

In the study area respondents are asked about their educational background and the result is as follows.

Table 5.4.4 (a) Distribution of currently married woman who are currently using contraceptive method of aged 15-49 years according to their level of education (in total number of respondents).		
Level of education	Current user	Respondent
Illiterate	24.2 (23)	(95)
Literate	57.1 (8)	(14)
Primary	60.0 (6)	(10)
Lower Secondary	74.5 (35)	(47)
Secondary or higher	100.0 (4)	(4)
Total	(76)	(170)

Source: Field Survey 2007

Note: figure in parentheses indicates number of cases.

Table 5.4.4 (a) shows that women with secondary or higher level of education are currently using contraceptives methods more compared to literate or primary level of education.

Table 5.4.4 (b) Distribution of currently married woman who are currently using contraceptive method of aged 15-49 years according to their level of education and specific methods.												
Method	Level of education											
	Illiterate		Literate		Primary		Lower Secondary		Secondary +		Total	
	No	%	No	%	No	%	No	%	No	%	No	%
F. Sterilization	14	60.9	2	25.0	1	16.7	7	20.0	2	50.0	26	34.2
M. Sterilization	1	4.3	1	12.5	1	16.7	1	2.9	-	-	4	5.3
Pill	1	4.3	-	-	1	16.7	2	5.7	1	25.0	5	6.6
IUD	-	-	-	-	-	-	-	-	-	-	-	-
Injectables	6	26.1	3	37.5	2	33.2	23	65.7	1	25.0	35	46.0
Implants	-	-	-	-	-	-	-	-	-	-	-	-
Condom	1	4.3	2	25.0	1	16.7	2	5.7	-	-	6	7.9
Total	23	100	8	100	6	100	35	100	4	100	76	100

Source: Field Survey 2007

Table 5.4.4 (b) shows distribution of currently married women aged 15-49 according to their level of education who are using contraceptive method by specific method. The table shows that among illiterate current user of contraceptives, 26.1 percent are using injectables, equal percent (4.3 percent) are using pill and condom and 74.2 percent are using permanent methods. Among literate current user of contraceptives, 37.5 percent are using injectables, 25 percent are using condom and 37.5 percent are using permanent methods. Similarly among current users of contraceptives having primary level of education, 33.2 percent are using injectables, 33.4 percent are using condom and 37.5 percent are using permanent methods. In the same way, among current users of contraceptives having lower secondary level of education, 65.7 percent are using injectables, equal percent (5.7 percent) are using pill and condom and 22.9 percent are using permanent methods. Where as among current users of contraceptives having secondary or higher level of education, 25 percent are using injectables and 75 percent are using permanent methods.

5.4.5 Occupation of women and current use of contraceptives

The occupation of women is considered as the one of the major determinants of their fertility behavior. Contraceptive prevalence rates are generally higher for women involved in non-agricultural activities compared to those who are in agriculture.

Table 5.4.5 (a) Distribution of currently married women aged 15-49 who are reported currently using any contraceptive method by occupation (in total number of respondent).		
Occupation	Current user	Respondent
Agriculture	44.1 (67)	(152)
Non agriculture	50.0 (9)	(18)
Total	(76)	(170)
<i>Source: Field Survey 2007</i>		

Note: figure in parentheses indicates number of cases.

Table 5.4.5 (a) shows that women having major occupation as non-agriculture are currently using contraceptives methods more compared to women having major occupation as agriculture.

Table 5.4.5 (b)						
Distribution of currently married women aged 15-49 who are reported currently using any contraceptive method by specific method and occupation.						
Method	Agriculture		Non-Agriculture		Total	
	No	%	No	%	No	%
Female Sterilization	23	34.3	3	33.4	26	34.2
Male Sterilization	3	4.5	1	11.1	4	5.3
Pill	3	4.5	2	22.2	5	6.6
IUD	-	-	-	-	-	-
Injectables	33	49.2	2	22.2	35	46.0
Implants	-	-	-	-	-	-
Condom	5	7.5	1	11.1	6	7.9
Total	67	100	9	100	76	100

Source: Field Survey 2007

Note: If more than one method is used, only the most effective method is considered in this table.

Table 5.4.5 (b) shows distribution of currently married women aged 15-49 according to their occupation who are currently using contraceptive method by specific method. Among women having agriculture as main occupation, 49.2 percent are currently using injectables, 4.5 percent are currently using pill, 7.5 percent are currently using condom and 38.8 percent are using permanent methods. Whereas among women having non-agriculture as main occupation, equal percent (22.2 percent) are using injectables and pill, 11.1 percent are using condom and 44.5 percent are using permanent methods.

5.5 Accessibility of contraceptives

This section provides the information about the availability of contraceptives in term of source of supply of the most recent method and travel time required to reach the source of contraceptive from the house of the respondent.

5.5.1 Source of contraceptives

According to NDHS-2006 about 91 percentages of contraceptive user are getting contraceptive from government sector, about 6 percentage are getting contraceptives from non-government

organization (NGO) sector and rest are obtaining from private medical and other sector. But the study area the result is as below.

Table 5.5.1 Distribution of currently married woman aged 15-49 by their first source of contraceptive Method.								
Source of Supply	Method							No. Of Women
	Female Sterilization	Male Sterilization	Pills	IUD	Injectables	Implants	Condom	
Health post	-	-	40.0 (2)	-	-	-	50.0 (3)	6.6 (5)
Health center	-	-	-	-	-	-	33.3 (2)	2.6 (2)
Hospital	-	-	-	-	-	-	-	-
Mobile Clinic	100.0 (26)	100.0 (4)	-	-	-	-	-	39.5 (30)
Private Sector	-	-	-	-	20.0 (7)	-	-	9.2 (7)
Private Doctor	-	-	-	-	-	-	-	-
FPAN Clinic	-	-	60.0 (3)	-	80.0 (28)	-	16.7 (1)	42.1 (32)
Total	34.2 (26)	5.3 (4)	6.6 (5)		46.1 (35)	-	7.9 (6)	76

Source: Field Survey 2007

Note: If more than one method is used, only the most effective method is considered in this table.

Table 5.5.1 shows distribution of currently married women aged 15-49 according to their first source of contraceptive method by specific method. In the study area, about 42 percentages of the current user of contraceptives get it from FPAN clinic, about 40 percentages from mobile clinic, about 9 percentages private sector, about 7 Health Post and about 3 percentage Health Center.

5.5.2 Access to source of contraceptives

In the study area respondents were asked about the travel time to the access of contraceptives and the result is as below.

Table 5.5.2 Distribution of current user of contraceptive method by reported travel time to reach source of supply.		
Travel Time (In Minute)	Number	Percent
15-30	11	14.5
31-60	23	30.2
61-120	42	55.3
Total	76	100

Source: Field Survey 2007

Table 5.5.2 shows that about 55 percentage of current users required travel time of about one to two hours, about 30 percentages of user required travel time of half to one hour and about 14 percent of current user required travel time of quarter to half hours.

5.6 Side effect of contraceptives

Side effect is one of the important factors towards the using attitude of contraceptive. In the study area currently married women who are currently using contraceptives, were asked if they have any side effect. The result is presented below.

Table 5.6 (a) Distribution of currently married women aged 15-49 who are current user of contraceptive according to side effect.		
Side Effect	Number	Percent
Yes	25	32.9
No	51	67.9
Total	76	100.0

Source: Field Survey 2007

Table 5.6 (a) shows that among currently married women who are current user of contraceptives, about 33 percent are reported side effect.

Table 5.6 (b)
Distribution of currently married women aged 15-49 current user of contraceptive who are reported side effect.

Side Effect	Female Str.	Male Str.	Injectables	Pills	Total
Irregular Menstruation	-	-	50.0 (7)	-	28.0 (7)
Over Bleeding	-	-	28.6 (4)	-	16.0 (4)
Weakness	71.4 (5)	100.0 (1)	-	-	24.0 (6)
Weight Gain	28.6 (2)		7.1 (1)	66.7 (2)	20.0 (5)
Weight Loss	-	-	7.1 (1)	-	4.0 (1)
Back/ Waist Pain	-	-	7.1 (1)	-	4.0 (1)
Headache				33.3 (1)	4.0 (1)
Total	28.0 (7)	4.0 (1)	56.0 (14)	12.0 (3)	25

Source: Field Survey 2007

Table 5.6 (b) shows distribution of currently married women aged 15-49 according to side effect of contraceptive method by specific method. In the study area, one in three of the current user of contraceptives have complain about side effect. Among Fifty-Six percentages of complainers about the side effect of contraceptives is of injectables, 28 percentages are of female sterilization, 12 percentages are of Pills and 4 percentages are of male sterilization.

5.7 Reason for non-using of contraceptives

An understanding of the reasons women give for not using family planning methods is critical to designing programs that could improve the quality of service (NDHS-2006).

Table 5.7 (a) Distribution of currently married woman aged 15-49 according to using status of contraceptives.		
Contraceptive Method	Number	Percent
Current users	76	44.7
Non-user	94	55.3
Total	170	100.0
<i>Source: Field Survey 2007</i>		

The above table shows that among currently married women aged 15-49 years, 55.3 percent are non-user of contraceptive methods. The reason for non-use of contraceptive method for the currently married women in the study area was asked and their response is listed below.

Table 5.7(b) Distribution of current married women aged 15-49 by main reasons for not using contraception.		
Reason for Not Use	Number	Percent
Opposition of seniors	4	4.3
Sexual displeasure	3	3.2
Want children	79	84.0
Fear of side effect	8	8.5
Total	94	100.0
<i>Source: Field Survey 2007</i>		

Table 5.7 (b) shows the percent distribution of currently married women who are not using any contraceptive methods and who do not intend to use in the future by the main reasons for not intending to use.

Among the non user of contraceptives methods 84 percent stated the reasons of not using contraceptives as desire of children, about 9 percent fear of side effect, about 4 percent opposition of seniors and about 3 percent state the reason for not using contraceptive as sexual displeasure.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

This study knowledge, use and attitude towards contraceptives among currently married women of the reproductive age of Tharu community at Saudiyar VDC, ward No. 4 in dang district. This study is mainly based on the primary data obtain from field survey, 2007. It provides information about contraceptive knowledge and use differential in current use, accessibility of contraceptives, side effects associated with particular methods being used, reason for non-use of contraceptives and attitude towards contraceptives. This study is based on primary data gathered from the perception of the 170 respondents of 147 households using the structural interview.

Out of 687 total sample population of the study area, 318 are males and 369 are females. Almost 52.8 percent women are married and 38.8 are single.

Overall literacy rate is found to be 66.2 percent (for population of five years of age and above) in Tharu community of the study area, which is higher than average national level figure of 54.09 percent based on 2001 census.

The major occupation is agriculture (89.4 percent). Almost 6.1 percent household's annual income is repeated at higher than NRs. 20,000 where as 93.9 percent of household's annual income is less than 20,000. Majority (31.3 percent) of household size of land holding is found to be 10-19 Kattha, followed by 1-9 Kattha (19.7 percent). Most of the households use well water (86.4 percent) and stream drinking water (13.6 percent). In this community most of the households have no toilet (89.1 percent) and used in toilet (10.9 percent).

Almost all of currently married women are familiar with at least one contraceptive method. Among individuals methods, injectables (98.8 percent), female sterilization (97.6 percent), male sterilization (94.1 percent), condom (93.5 percent), Pill (43.5 percent) and only ten percent of women are familiar with traditional methods.

Out of total 170 currently married women, 65.9 percent are ever users. Among the ever users, injectables is commonly used method (32.9 percent), followed by female sterilization (15.3 percent), condom (9.4 percent), pill (5.9 percent), male sterilization (2.4 percent).

The contraceptive prevalence rate is 44.7 percent for currently married women of reproductive age in this community, which is better than national figure 44.2 percent (NDHS, 2006). Almost 20.6 percent of the total Contraceptive Prevalence Rate (CPR) is contributed by injectables followed by female sterilization 15.3 percent, condom (3.5 percent). The current users of IUD are not found in the study area.

There is non-linear relationship associated between age of women and contraceptive methods. The highest (24.7 percent) and lowest (7.1 percent) age of current user is concentrated in 35-39 and 15-19 years of age group of women. The percentage of current users increases from younger to older age of women up to 35-39 years then after it declines slightly. There is positive relationship between number of living sons and use of contraceptive methods. The higher proportion of women using contraception is found among those having one son. The number of living sons is more powerful impact affecting factor in the use of contraceptives than number of living children.

There is curvilinear relationship associated between number of living children and current use of contraceptives. The proportion of current users increase with increase in number of living children up to two then declined slowly. The highest proportion is found among the women having two living children (34.2 percent).

There is cervical relationship associated between current use of contraceptive and education of women. It ranges from highest illiterate (25.3 percent), primary (5.3 percent), lower secondary (10.6 percent) to secondary and higher (3.5 percent).

There is great difference between the working status of women and current use of contraceptive methods. The current use of contraceptive method is found higher (50.0 percent) for those who engaged in non-agricultural activities and only 44.1 percent for those who involved in agricultural activities.

Majority of current users (44.7 percent) reported receiving any form of modern contraceptive methods from public sectors. This is the most important source of supply for injectables, female sterilization, condom and pill. Where as the share of private sector is only 9.2 percent.

About 55.3 percent of current users of contraceptives required travel time of 61-120 minutes, 30.2 percent of current users required travel time of 31-60 minutes and required travel time is 15-30 minutes for 14.5 percent or current users of contraceptive. The major side effect of injectables is reported as irregular menstruation (50.0 percent) and that for female sterilization is weakness (71.1 percent).

Among fifteen non user of contraceptive method stated the reason as desire for sons (46.6 percent) followed by fear of side effect (20.0 percent), against religion (13.3 percent) and sexual displeasure, want more children, want daughter are same (6.7 percent).

Almost 46 percent of currently married women expressed that they would prefer at least three years of birth interval between two births, followed by 4 years (31.7 percent), 2 years (21.2 percent) and one year (1.2 percent). About 66.5 percent of currently married women said that appropriate child bearing age is 31 to 24 years, 18.2 percent said less than 21 years and 15.3 percent said suitable child bearing age is more than 25 years.

6.2 Conclusion

The current pattern of contraceptive among currently married women is dominated by injectables and female sterilization in the study area.

The currently married women secondary or higher level of education is found using contraception more compared to illiterate and having primary level of education.

Low use of temporary method of contraceptive indicates that most of the couples want to fulfill their desired family size first.

The main reason for not using contraceptive seems to be desired for sons. This indicates that son preference is the barrier for using contraceptives.

The contraceptive method is found used more by those women who are engaged in non-agricultural activities than those who are engaged in agriculture activities.

6.3 Recommendations

The following recommendations are made on the basis of the findings of the study.

6.3.1 Policy recommendations

Knowledge, attitude and practice (KAP) of contraceptives are dependent upon levels of women's and husband's education. In order to increase the KAP contraceptives among currently married women, formal and non-formal education programs should be carried out emphasizing the use of contraceptive methods.

Most of the couples in Tharu community use contraceptives only when they attend desired number of children. Therefore, the birth spacing method should be accessible and affordable for them and there should be effective counseling about use of contraception.

The finding suggests that son preference is prevailing among the married Tharu women. This type of traditional concept should be removed by effective educational programs.

Injectables are found to be the most familiar modern contraceptive method, followed by female sterilization. But IUD and implants user are not found in the study area. So it is necessary to motivate couple in different methods by effective counseling and IEC programs.

Free distribution channels of contraceptive methods should be made effective and scientific so that every couple of reproductive age can have very conventional and easier access towards it.

Un-usual rumors about side effect of contraceptive methods should be penetrated by operating effective IEC programs.

Government should provide some incentives to children like schooling, health service, and nutrition and employment opportunity if parents have not more than limited number of children.

6.3.2 Recommendations for the further study

This study on contraceptive knowledge and use is in Tharu community. Further study may be carried out on other specific communities.

This study is based on selected few socio-economic and demographic variables, other study can be carried out using other approaches like culture, religion, psychological, geographical, maternal child health care, demographic impact of sexual behavior, knowledge, attitude and prevention of STD, HIV/AIDS.

Contractive knowledge and use in Tharu community
questionnaire 2007

Section A: Introductory Question

1	District:		
2	VDC/Municipality:		
3	Ward No:		
4	House Hold No.:		
5	Name of HH Head:		
6	Name of respondent:		
7	Cast (See Code Below) :	8. Religion (See Code Below) :	
9	How many children have you now?	Daughter?	Son?
10	How much is your annual family income?		
11	What is your main source of drinking water?		
12	Do you have toilet facility?		
13	Are you Involved in women group?		
		Male Total:	
		Female Total:	
		Total:	

14 Respondent Detail:

SN	Name (Start Asking from HH Head)	Relation with HH Head	Sex Male=1 Female=2	Age Completed	Literacy Literate=1 Illiterate=2	Education Above 6 Years	Occupation
14.1	14.2	14.3	14.4	14.5	14.6	14.7	14.8
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

12						
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Cast (7)	Religion (8)	Annual Income (10)	Drinking Water Source (11)		
Brahmin	1 Hindu	>5,000	1	Well	1
Chetri/Thakuri	2 Buddhist	5,000-9,999	2	Stream	2
Newar	3 Muslim	10,000-19,999	3		
Kami/Damai/Sarki	4 Christian	20,000 & above	4		
Giri/Puri/Sanyasi	5 Others ...	Others (Specify)			
Gurung/Magar/Tamang	6				
Tharu	7				
Yadav/Ahir	8				
Musalman	9				
Others (Specify)					

Women's Group (13)	Relation to HH Head (13.3)	Education (13.7)	Occupation (13.8)	
No enrolment	0 H of the Household	1 Non formal	0 Agriculture	1
SWFDG	1 Husband/Wife	2 Grade 1	1 Service	2
Amma Samuha	2 Father/Mother	3 Grade 2	2 Business	3
Digo Samuha	3 Son/Daughter-in-law	4	4 Wage	4
Others.	4 Daughter/Son-in-law	5 Grade 10	10 Labor	5
	5 Grand Child	6 SLC	11 Housewife	6
	6 Father/Mother-in-law	7 Intermediate	12 Student	7
	7 Brother/Sister	8 Bachelor	15 Currently	
	8 Nephew/Niece	9 Masters	17 not working	8
	9 Others (Specify)			

Section B : Questions Related to Family Planning

Q. (101-109) Knowledge Of Family Planning

Q.N.	Question and Filters	Coding Category
101	How Old were you at your marriage?	<input type="text"/>

102	How old were you when you started living together with your spouse?	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/>	
103	Have you ever heard about family planning method?	Yes	1
		No	2

104	If yes, what is the source of information?	Friends	1
		Family	2
		Health Worker	3
		Clinic	4
		Radio/ TV	5
		Print Media	6
		Neighbors	7
105	If yes, which method have you heard? (Don't read the options, circle the methods as respondent say about)	Pills	1
		Injection	2
		IUD	3
		Foam Tab	4
		Condom	5
		Norplant	6
		Male Sterilization	7
		Female Sterilization	8
		Period Abstinence	9
		Withdrawal	10
106	Have you heard the method.....? (probed) (Read the method and circle 1 for heard and 2 for not heard.)	Yes	No
		Pills	1
		Injection	1
		IUD	1
		Foam Tab	1
		Condom	1
		Norplant	1
		Male Sterilization	1
		Female Sterilization	1
		Period Abstinence	1
		Withdrawal	1
			2
			2
			2
			2
			2
			2
			2
			2
			2
			2

107	Do you know the source of these contraceptives? (Read the method and circle 1 for heard and 2 for not heard.)		Yes	No
		Pills	1	2
		Injection	1	2
		IUD	1	2
		Foam Tab	1	2
		Condom	1	2
		Norplant	1	2
		Male Sterilization	1	2
		Female Sterilization	1	2
		Period Abstinence	1	2
Withdrawal	1	2		
108	Have you ever used any family planning method?	Yes		1
		No		2
109	If yes, which methods have you ever used? (Multiple answer possible)		Yes	No
		Pills	1	2
		Injection	1	2
		IUD	1	2
		Foam Tab	1	2
		Condom	1	2
		Norplant	1	2
		Male Sterilization	1	2
		Female Sterilization	1	2
		Period Abstinence	1	2
Withdrawal	1	2		

Q. (109-117) Practice of Family Planning (Currently Married Women Only)

109	Are you or your spouse currently using any contraceptive?	Yes	1
		No	2
110	If yes, which method are you/your spouse currently using? (Write code from Q. 104)	Name the method.	

111	<p>Where did you obtain current method the last time?</p> <p>(No multiple answer)</p>	<p>1. Government Sector</p> <p>Hospital 11</p> <p>Health Post 12</p> <p>F.P. Clinic 13</p> <p>Mobile Clinic 14</p> <p>Health Workers 15</p> <p>2. NGO Sector</p> <p>Merry Stops 21</p> <p>CRS Companies 22</p> <p>FPAN 23</p> <p>3. Private sectors and others.</p> <p>Private Doctors 31</p> <p>Clinic 32</p> <p>Nursing Homes 33</p> <p>Shops 34</p> <p>Friends 35</p>
112	<p>Do You Notice any side effect while using contraceptives?</p>	<p>Yes 1</p> <p>No 2</p>
113	<p>Do You Notice any side effect while using contraceptives?</p>	<p>Irregular Menstruation 1</p> <p>Over Bleeding 2</p> <p>Weakness 3</p> <p>Weight Gain 4</p> <p>Weight Loss 5</p> <p>Headache 6</p>
114	<p>If no, what is the main reason for not using?</p>	<p>Want Children 1</p> <p>Spouses opposition 2</p> <p>Parents opposition 3</p> <p>Against Religion 4</p> <p>Fear of side effects 5</p> <p>Sexual displeasure 6</p> <p>Others (Specify).</p>

115	Do you want to family Planning method in future?	Yes No Don't Know	1 2 98
116	If yes, which method will you use? (Write code from Q. 104)	Name the method Don't Know	 98
117	If no, what is the main reason for not using FP methods in future?	Want Children Spouses opposition Parents opposition Against Religion Fear of side effects Sexual displeasure Others (Specify)	1 2 3 4 5 6

Q. (118-121) Attitude Towards Family Planning

118	What should be the child bearing age of women?	Under 21 21 to 24 25 and above	1 2 3
119	What should be the birth spacing for the better health of mother and child?	On year Two Year Three Years Four years and above	1 2 3 4
120	How long does it usually takes traveling from your home to family planning source?	15/30 Minutes 31/60 Minutes 61/120 Minutes	1 2 3
121	What do you think about advantage of Family Planning Methods?	To Make Better Economic condition of Family To make better Child & Mother Health To Make Happy Family Life To make better Education and Care of Child	1 2 3 4

The End

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