

**Knowledge, Attitude and Practice of Contraceptive Methods**  
**(A Case Study of Gurung Married Women of Reproductive**  
**Age Group (15-49), Gumi VDC, Ward No.1, 4**  
**and 5 at Surkhet District)**

**By**  
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**Tribhuvan University**  
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**RECOMMENDATION LETTER**

This is to certify that Mr. Binod Ghale has worked under my supervision and guidance for the preparation of this dissertation entitled "*Knowledge, Attitude and Practice of Contraceptive Methods (A Case Study of Gurung Married Women of Reproductive Age Group (15-49), Gumi VDC, Ward No.1, 4 and 5 at Surkhet District)*" for the partial fulfillment of Master of Arts in Population Studies. To the best of my knowledge, the study is original and carries useful information in the field of family planning. Therefore, I recommend it for the evaluation to the dissertation committee.

---

**Prof. Dr. Ram Sharan Pathak**  
Supervisor

## APPROVAL SHEET

This dissertation entitled "*Knowledge, Attitude and Practice of Contraceptive Methods (A Case Study of Gurung Married Women of Reproductive Age Group (15-49), Gumi VDC, Ward No.1, 4 and 5 at Surkhet District)*" submitted by Binod Ghale has been accepted in partial fulfillment of the requirement for the Degree of Master of Arts in Population Studies.

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Thank you

Binod Ghale

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## ABSTRACT

The study on **Knowledge, Attitude and Practice of Contraceptive Methods in Gurung Community** has been carried out using primary data obtained from 101 households of 101 currently married women of reproductive age in Gumi VDC, ward No. 1, 4, and 5 of Surkhet district. The objectives of this study are:

- to identify the knowledge of any contraceptive method among married women of 15-19 years of age.
- to find out the attitude of contraceptive devices among the married women of reproductive age.
- to identify the reason for use and non use of contraceptive methods of married women.

The total sample population is 490 in the study area among them 246 are males and 244 are females. The average size of household is 4.9 percent. The sex ratio is found 100.8. The overall literacy rate has been found 82 percent. The major occupation is obtained agriculture (82.2%).

Majority of currently married women (98%) are familiar with at least one contraceptive method. Among the specific method injection appears to be the best known method (40.5%). Modern contraceptive methods are more familiar than traditional methods among Gurung women.

About 73.3 percent respondents have stated that the principal advantage of contraception is to make happy family life. More or less 51.5 percent women have reported that there should be above 4 years interval between two births.

The ever user rate is found 88.1 percent whereas current user rate is 73.3 percent. The most practiced contraceptive method is injection (40.5%). The linear relationship is found between number of living children and current use of contraceptives methods. Level of education of women and practice of contraceptive are positively correlated. The peak use of contraceptive methods is found in those women who have already one son. Main reason for not using contraceptive method is found to want children. Irregular menstruation weakness is found the main side-effect of contraceptive methods among current users of Gurung women.

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## **ABBREVIATIONS AND ACRONYMS**

AIDS	:	Acquired Immune Deficiency Syndrome
AM	:	Age at Marriage
BDCS	:	Birth, Death and Contraceptive Prevalence Survey
CBS	:	Central Bureau of Statistics
CDPS	:	Central Department of Population Studies
CEB	:	Children Ever Born
CPR	:	Contraceptive Prevalence Rate
DHS	:	Demographic and Health Survey
DOHS	:	Demographic and Health Survey
FP	:	Family Planning
FPAN	:	Family Planning Association of Nepal
ICPD	:	International Conference on Population and Development
IEC	:	Information, Education and Communication
IPPF	:	International Planned Parenthood Federation
IUD	:	Intra Uterine Device
IUDs	:	Intrauterine Devices
KAP	:	Knowledge, Attitude and Practice
MA	:	Master of Arts
MCH	:	Maternal and Child Health
MOH	:	Ministry of Health
MWRA	:	Married Women of Reproductive Age
NDHS	:	Nepal Demographic and Health Survey
NFHS	:	Nepal Family Planning and Health Survey
NFS	:	National Fertility Survey
NGO	:	Non-government Organization
PGR	:	Population Growth Rate
RH	:	Reproductive Health
SLC	:	School Leaving certificate
UN	:	United Nations
UNFPA	:	United Nations Population Fund
US	:	United State
VDC	:	Village Development Committee
WHO	:	World Health Organization

# **CHAPTER -ONE**

## **INTRODUCTION**

### **1.1 General Background**

Population growth has become a serious problem for many of the developing countries. Nepal is not free from this problem. Several efforts have been made in the development plans to overcome the population problems; the population of Nepal in absolute numbers has rapidly been increasing. Its population reached 25.2 million in NDHS 2006 whereas it has been just 11.6 million in 1971. However, the birth rate has roughly declined from 37.7 to 33.1 during the period 1981 – 1991. Similarly during the same period, the TFR declined from 5.8 to 4.1 per women death rate from 13.3 to 9.6 and IMR from 102 to 64.4 per thousands. As a result of huge decline in overall death rate, the average life expectancy at birth increased in 5.6.

Population has been increasing rapidly during the past four decades in Nepal. Primarily, due to the continuous decline in death rates on the one hand and the continuing high fertility rate on the other. Nepal's most urgent social problem is how to check the rapid population growth. Fertility, mortality and migration are the main components of population change. Human fertility is one of the major components of population growth. Most of the developing countries are suffering from higher fertility rate. Our country is also facing the same problem is low CPR. The CPR was 3 percent in 1976, 7.6 percent in 1981, 15.1 percent in 1986, 25 percent in 1991, 29 percent in 1996 (Pradhan et al., 1997) and 39 percent in 2001(MOH (Nepal) New Era & Orc Macro, 2002).

Family planning improves the health of children and mothers. Children are more likely to face ill and die if they are born too close together (less than two years apart). Having too many children too quickly also increases the matters at risk of having complication during pregnancy and delivery. If a woman became pregnant at young age (under 16 or 17 years) or too old (Over 35 years) her chance of having complication would be increasing. Family

planning helps the entire family. Raising children required a lot of time, energy and money especially if children were provided adequate food, clothing, education and other opportunity. They need to have a good chance in life. Family planning helps to provide more responses if family limiting the size (K. C.etal; 1997)

The level of knowledge about family planning methods (at least one) is almost universal in Nepal according to NDHS, 2006.

The use of modern contraceptive varies by place of residence and education. The use of contraceptive method in Nepal is 48 percent and TFR is 2.1 and 3.3 per women respectively (NDHS, 2006).

The percentage of currently married women, who have no education has low contraceptive use i.e. 46 percent, some secondary i.e. 43 percent and SLC and above i.e.53 percent. Similarly, the percentage of TFR among currently married women, Who have no education, is high i.e. 3.9 per women compared to primary i.e. 2.8, some secondary i.e. 2.3 and SLC above i.e. 1.8 per women.(NDHS, 2006, Ministry of health, New Era, Opc Macro) (NDHS 2006)

Attitude towards contraceptive method is one of the important in formulating educational activities geared towards addressing some of their misconceptions and fears. According to NDHS, 2001: 82, two in three men who have heard of injectables believe that they are good method of family planning. Three fifths of men who have used believe that they are good method of family planning. More than three quarters of men who have heard of female sterilization believe that it is a good method of family planning. Two-fifth of men believes that it is not a good method because it can lead to medical complication, while one fifth of men do not like the method because it is irreversible.

The Gurung has little share of total population. In Nepal according to the 1991 census Gurung population constitute 449189 or 2.43 percent of the total

population (CBS,1992) but, in 2001 census Gurung Population constitutes 543571(2.39) of the total population.

The majority of Gurung Community are found in Tanahu, Syanja, Lamjung, Surkhet, Kaski, Chitwan, Nuwakot, Parbat and Baglung of development region.(Gyawali,1934:130).

Although all Gurung do not army forces, but their main occupation is army forces which helps to recognize them due to back of education. It is being reduce in most of places.

As Gurung are interested in enjoyment, they like Dohari and cultural dance. They are culturally neglected and discriminated. It is how remarkable and essential to study the factors that play impotent role in adoption of family planning method in this community.

## **1.2 Statement of the Problem**

Population growth has been become serious problem for every developing countries. Nepal is not free from this problem. Economically active population is also facing unemployment problems due to limited industries and limited jobs. So, government to these countries is motivating the people towards the family planning. Nepal is also conducting many programs through GOs, NGOs, and INGOs for distributing contraceptive device to reduce family rate. But it is found that the contraceptive prevalence rate in Nepal is lower than other south Asian countries. According to NDHS 2001, the total contraceptive prevalence rate in Nepal is 38.9 percent.

The aim of family planning program must be to enable couples are individual to decide freely and responsible the number and the spacing to other children and to have the information means to do so and to ensure the inform choice and make available a full range of safe and effective mother (ICPD, 1994).

Most developing countries, like Nepal population was 5.6 million in 1930. It increased to 6.2 million in 1991. The annual growth rate was 1.16 and its doubling time was 60 years. After then the population increased rapidly due to the high birth rate 35.5 low death rate 9.9 (CBS, 2000) Birth rate is high because of early age at marriage. The age at marriage is 17 years in most the developing countries and low knowledge of family planning method so CPR is low. In 1991 the current use of contraception is 20.1percent and in 1996 (NDHS) is 28.8 percent to 29.9 percent in 1997(Subedi; 1997).

In this situation, I am going to study Gumi VDC ward no. 1, 4 and 5 of the Surkhet District.

The study will be base on mainly on the following research questions.

1. What is the knowledge and attitude towards contraceptive methods of currently married Gurung women?
2. What is the attitude towards contraceptive methods of currently married women ?
3. What are the reason of adoption and non adoption contraceptive methods among the current married Gurung women?

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

Every study is guided by the general as well as specific objectives. The general objective of the study is to identify the knowledge, attitude and practice of contraceptive devices among married women of Gurung community aged 15-49 years of Gumi VDC of Surkhet districts. The specific objectives of this study are as follows:

1. to identify the knowledge of any contraceptive methods among married women of 15-19 years of age.
2. to find out the attitude of contraceptive devices among the married women of reproductive age.
3. to identify the reason of using and non using of contraceptive methods by married women.



## **1.4 Signification of the Study**

In Nepal, the problem of population growth is serious and genuine for each of the village and ultimately for a nation as a whole. So, government of Nepal has launched family planning program to control birth rate, but there is lack of the information on knowledge and use at contraceptive methods. It may be the obstacle for implementation of family planning program.

The study will attempt to provide knowledge; attitude and practice of contraceptive use in Gurung community in selected area, within the study emphasis will be given to the modern as well as traditional methods. Several studies were conducted of different types of study at the level. The caste and ethnicity based study provides basic information to the planners, policy makers administrators and demographers launch an effective FP programs among Gurung community. Therefore I am going to provide these types of research to bring out Gurung women's perceptions on FP services. It will add brick to formulate the population policy.

## **1.5 Limitation of the Study**

This study is limited to the married women of Gurung community of reproductive age i.e. 15 to 49 ages group in the selected wards (1, 4 and 5) of Gumi VDC of Surkhet district.

This research is based on small size therefore the finding of this study may not be generalized for nation as well as other ethnic group. It only takes the opinion of women aged 15 to 49 years.

This study covers the knowledge, attitude and practice of contraceptive methods.

## **1.6 Organization of the Study**

This study has been organized into six chapters. They are:

### **Chapter-1: introductions**

It contains the introduction of the study. It includes general background, statement of the problem, objectives of the study, signification of the study, limitation of the study and organization of the study.

### **Chapter -2: Review of literature:**

This chapter deals with the literature review and conceptual framework.

### **Chapter -3: Research methodology**

It explains the methodology use in this research to find the result for meeting the objectives set earlier. It includes sources of data, location of the study area, questionnaire design, method of data collection, tool of data collection and data analysis and interpretation procedure.

### **Chapter-4: Background characteristics of households and respondents**

It states the presentation and analysis of characteristics of households and respondents.

### **Chapter 5: Knowledge, attitude and practice of contraceptive methods**

It deals with knowledge, attitude and practice of contraceptive devices by age group of the respondents and currently using and currently not using contraceptive devices reasons for using contraceptive devices.

### **Chapter -6: Summary, conclusion and recommendation**

It states summary, conclusion and recommendation of the study.

## **CHAPTER- TWO**

### **REVIEW OF LITERATURE**

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

Literature review is one of the most important aspects of any research, any research, any study is not possible without the literature review. It is a kind of tool, which provides a proper guideline and idea to the researchers in many studies.

##### **2.1.1 World Situations**

In such KAP survey (which covers the knowledge, attitudes and practice of family planning) respondents are asked if they have ever heard of approve of and have 'ever used' a particular method of contraception (Lucas and Mayer, 1994:57).

The aim family planning program me must be to enable individual to decide freely and responsibly the member and spacing of their children and to have to information and means to do so and to ensure informed choices and make available to full range of safe and effective methods.

The success of population education and family planning program in a variety of settings demonstrates that informed individual every where can and will act responsibly in the light of their own needs and those families and communities. The principle of informed free choice is essential to the long term success of family planning programmer (Cairo conference, 1994)

World fertility survey reports (1980) found that the spontaneous reporting of modern methods, especially pills and IUD was considerably better than spontaneous reporting of traditional methods. Bangladesh and Peru were the two countries where spontaneous reporting of IUD seemed to considerably lower than in other countries. The condom was reported spontaneously with frequent in the Indonesia, Philippines and Cost Erica. Also fewer than half of the women said they knew about oral contraceptives condom and male

sterilization. This lack of knowledge was likely related to the promotion of IUDs to the excision of other methods which had been found in earlier survey of family planning workers survey of family planning workers (ESCAP, 1988)

Worldwide contraceptive prevalence (The percentage of couples currently using contraception) is estimated to have reached 58 %. At 70 percent, the average level of use is higher in the more developed regions than in the less developed regions, where average use is estimated at 55 percent. While overall levels of contraceptive use remain higher in the more developed regions the gap is narrowing. The average contraceptive prevalence remains low in Africa (20 percent of couples) and in the developing countries of Oceania, where 29 percent of couples are currently using contraception (United Nations, 1998)

### **2.1.2 SAARC Situations**

The contraceptive use rates (ever use and current use) among non – pregnant women was 22 percent. a total of 22 percent of non –pregnant currently married women reported that they had ever used contraception while 14 percent were currently using various methods( 11 percent modern methods and 3 percent traditional methods.) Among modern methods, female sterilization (a permanent method) was used most frequently (4 percent), followed by the condom (3 Percent), IUD (2 percent), injection and the pill (1 percent each). Modern methods had been used by 17 percent of non pregnant women and traditional methods had been used by 10 percent. The most permanent modern method among ever users was the condom (8 percent) followed by the pill (5 percent), sterilization and the IUD (4 percent each), and injection (3 percent) (PDHS, 1990/1991:61).

Female sterilization is the most widely known method of contraception in India (i.e. 98.9 percent) followed by male sterilization (89.3) Traditional methods of contraception are less well known than modern methods. 49 percent of currently married women report knowledge of a traditional method, with the

rhythm/ safe period method being better known (45 percent) than withdrawal (31 percent). Knowledge of traditional methods is much higher in urban areas (60 percent) than in rural areas (45 percent) (NFHS-2, 1998-99:128).

The proportion of currently married women using any contraceptive method at the time of the survey in 1975 was 34.4 percent and it increased rapidly to 57.8 percent in 1982 and there after showed moderate increase and reached 70 percent in 2000. use of any modern method increased gradually from 20.2 percent in 1975 to 49.5 percent in 2000. use of traditional method was 14.2 percent in 1975 and it increased to 26 .0 percent in 1982 and fluctuated around 21 percent during the period 1987-2000:94).

Overall, 58 percent of currently married women in Bangladesh are using contraceptive method with 47 percent using a modern method and 11 percent relying on traditional methods (BDHS, 2004:66)

### **2.1.3 Nepalese Situations**

It was observed that respondents in the experimental and control areas of the branches who used a FP method for first time prior to child birth were 11.4 and 6.7, 5.9 and 12.1, 16.9 and 13.9, 16.2 and 16.4 percent respectively for Sunsari, Sapatari, Dang and Surkhet branches. While the corresponding percentage for those respondents who reported the use of a method only after having children were 19.6 and 39.8, 55.7 and 49.0, 52.5 and 29.2, 43.7 and 27.5 percent respectively for the mentioned branches (KAP of family planning in selected branches of FPAN, 1985).

Those methods which were specified in NDHS (2002; 67) report as modern and traditional family planning will be followed in this study also. The report stated that:

#### **1) Eight modern FP methods**

- ) Male sterilization
- ) Female sterilization

- ) Pills
- ) IUD
- ) Injectable
- ) Implants( Norplant)
- ) Condoms
- ) Vaginal methods( foam/jelly)

## **2) Traditional method of FP**

- ) Periodic abstinence
- ) Withdrawal
- ) Folk Methods( using plants and Herbs)

Tulader's study shows that the knowledge of contraceptive services has increased rapidly since last five years. In 1981 about one third of the exposed women know where to get modern contraceptives in contrast to only about 6 percent in 1976. He has also concluded that the highest level of knowledge has been found among the women aged 25-34 years. High caste urbanized and better educated groups have a higher level knowledge in family planning outlet. Moreover, two high caste groups, Newars and Brahmins dominate in their knowledge of FP outlet in rural areas. Within each ethnic group, women with formal schooling, having non-agricultural occupation, having good communication with husbands and wives have higher knowledge of FP services than those of opposite characteristics (Tuladhar, 1989:236).

Rishal and Shrestha (1989:33) have reported that a strong positive relationship between contraceptive use and education of women and husbands. There is also a strong positive association between use of contraceptives and number of sons. 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 schooling.

It has been found that contraceptive prevalence rate in Europe (72percent) followed by North America (71 Percent), Latin America and Caribbean (60 percent), Asia (59percent) and Africa (19 percent), which is the lowest rate (Sadik, 1990:70).

Nepal's first organized population programme activity in 1965 with the funding of Family planning Association of Nepal (FPAN), a private organization affiliated with the International Planned Parenthood Federation (IPPF). FPAN, apart from the family planning services it's offered Was helpful in alerting the government to the Nation's growing population pressure and the need for National family planning efforts. Although there were earlier public activities, the national program can be said to have began only in 1968 with the establishment of family planning & maternal child health Board. The government of Nepal has continued to support the program and to give population planning high priority in its national development plans. The major portion of family planning work is carried out as a semiautonomous activity within the Ministry of health. FPAN continues within the ministry of health to serve in a supporting role (World population Growth & Response, 1976).

Nepal Fertility Health survey 1991 Reported that knowledge about at least one family planning methods was 93 percent in currently married of aged 15-49. Among them 18 percent had ever used 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 & family health survey 1996 shows that 98 percent of both ever married & currently married women age 15-39 years know at least one method of family planning. This survey indicates that 38 percent currently married women have ever used any method and 35 percent of currently married women have used as modern method of family planning.

CDPS (1996) studied of the 8893 eligible respondents. This study found that 73.5 percent of currently married women were familiar with at least one

method of family planning. Among them 33.7 percent was ever user and 29.9 percent was current user of contraception.

According to Nepal Family Health survey (1996) knowledge of family planning is virtually universal in Nepal with 98 percent of currently married women have heard at least in method of family planning. This is five fold increases in the percentage of currently married women who know about modern methods over the last two decades from 21 percent in 1976 to 98 percent in 1996. Much of this knowledge comes from media exposure; 53 percent of the ever married women have been exposed to family planning message through the print media. in addition, about one in four women have heard at least three specific modern family planning methods on the radio (MOH,1997).

Nepal Demography and Health survey (NDHS) 2001 is a nationally representative survey of 8,726 women age 15-49 and 2,261 men age 15-59. The survey shows that knowledge of FP is nearly universal among Nepalese women and men; knowledge of modern methods is generally much higher than knowledge of traditional methods, with women and men been most familiar with female and sterilization. The mass media are important sources of information on FP. Three in five women and seven in ten men have heard or seen messages about FP on the radio, on the TV or in print media. the majority of couples approach of FP discussion between spouse continuous to be relatively uncommon with only two in five women and one in two men who know of contraceptives methods having discussed FP with their spouse in the year before the survey .The CPR rate among currently married Nepalese women is 39 percent . The most widely used modern method is female sterilization (15 percent) followed by inject able (8 percent) and male sterilization (6 percent). Currently married men report a higher use of contraceptive with the largest male/ female discrepancy in the use of condoms, with twice as many currently married men as currently married women reporting using condom (6 percent versus 3 percent). Men also report a much



higher use of female sterilization (17 percent) and injectable (10 percent), (NDHS, 2002, XXII).

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

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

Ezch (1993:174) noted that contraceptive knowledge, attitude and practice depend not only on individual's characteristics but also on socio economic and demographic variables as well as culture and religious norms.

Subedi's (1997: 61) study shows the relationship between current uses of any modern method and living sons, the use sharply increased with increasing number of living children up to two. Less than one-tenth of women with no living sons were using any modern methods of contraception and the contribution of sterilization was less pronounced to the total use in this category. While about 5 out of 10 women with 2 living children were current users of any modern methods at the time of survey. This indicates to a woman with any number of living son is more likely to use any contraception methods than of none. This is common phenomenon in Nepal considering the extent of son preference in Hindu dominated society.

Aryal (1997) has studied contraceptive knowledge and use; an evaluation of Kumal Community in Amarpppur VDC of Gulmi district. The

study reveals that the contraceptive prevalence rate has been found 25.6 percent of the currently married woman in reproductive ages. Almost twenty six Percentage of total CPR in contributed by female sterilization followed by inject able (5.6 percent). Pills (5 percent) are also used less than three percent. The current users of male sterilization IUD and Norplant are not fouled. The study indicates that there is a strong evidence that the secondary and above education has string poor to used contraceptives. It can be included that wife's education is better than husband's education regarding to use contraceptives.

More than one- third of the respondents stated that their principal reason for not using a contraceptive method was desired for more children. Of them, 29 percent desire only male children .About 20 percent of non- uses cited side effects, from the husbands and elder, their reason for non- uses of contraception. Likewise, 29 percent of non- user did not state their reason for non- uses of contraception that the urban women (17 percent) (KC. Bal Kumar et al., 2000:1-19).

Joshi, Binod (2052, p.111) has done a study on "The Educational condition to the Danuwar of Panchkhal VDC", Kavre. He found that 15.47 percent people were literate in this VDC. Literacy rate of Danuwar was 6.2 percent in total. Among about 1 percent of women are literate. Danuwar people were, getting conscious to educate to their children. Education on FP and MCH are practices.

Budhathoki, C.B. (1996, pp.43-45) "Contraceptive and Child Survival in Nepal" Dabilabhathi VDC of Baglung district. He found that 87 percent of currently married women aged 15-49 years not using contraceptives but have knowledge of at least on method of family planning. The knowledge of FP was found to be highest among women aged less than 25 years. Among the contraceptive users, most widely accepted method was male sterilization (36 percent), condom users were 50 percent of condom and 38.2 percent of ever users were currently practicing different types of contraceptive methods.

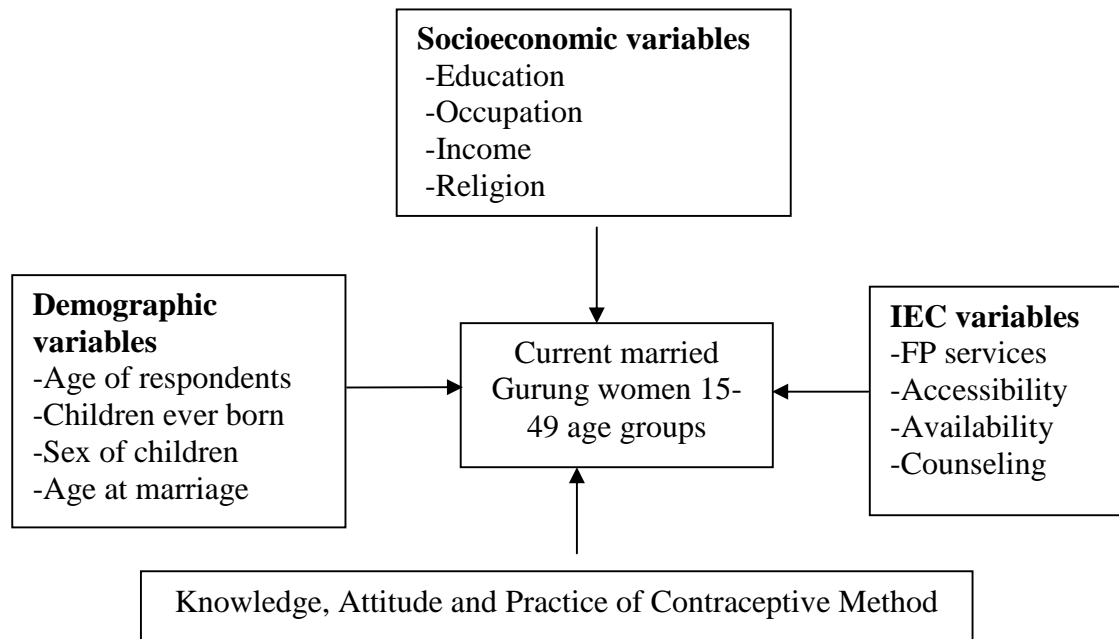
Findings from 2006 NDHS shows that knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men. The most widely known modern contraceptive methods among currently married women are: injectables (9 percent) female sterilization (99 percent); condom (97 percent); male sterilization (96 percent) and contraceptive pill (95 percent). Eighty four percent of married women know of implants, about two in three women have heard of the IUD and 7 percent of women have heard emergency contraception. Knowledge of any traditional method among all three groups of women ranges between 38-52 percent. Reported knowledge of traditional methods is much higher among men (70-79 percent). One of the reasons of the lower reported knowledge of traditional methods may be that these methods are not included in the government family planning program and women may be reluctant to mention them because they are not widely accepted. (NDHS, 2006: 75)

## **2.2 Conceptual Framework**

The main objective of this research is to study contraceptive knowledge, attitudes and practice of Gurung currently married women of reproductive age. The factors are determined by demographic socio- economic variables, cultural and regions norms. Further the knowledge, attitude and practice of contraception are also affected by information, education and communication variables.

Contraceptive knowledge and practice are most important factors for fertility demographic variables, age of women, children ever born, Sex of children, and age at marriage which effect contraceptive knowledge and use directly or indirectly, likewise, socio- economic variable education, occupation income and religion. The IEC variable FP services, availability, accessibility, counseling also affect the knowledge and use of contraceptive devices

**Figure 2.1: Conceptual Framework**



## **CHAPTER-THREE**

### **METHODOLOGY**

#### **3.1 Background of the Study Area**

Surkhet is located in mid -western development region of Nepal. It lies in Bheri Zone and its district headquarter is Birendranagar. The total area of this district is 2451 sq. km. It has one municipality and there are 50 VDCs. Total population of Surkhet district is 350,173 in 2009 projection population. Among them 173,331 are males and 1, 76,842 are females in 2009.

Gumi VDC, the study area of Surkhet district is situated 35 km east from Birendranagar. The total population of Gumi VDC is 6535. Among them 3124 are male and 3411 are female in 2001.

The total numbers of female of reproductive age group are 1691 in Gumi VDC. The major occupation of Gurung community of this study area is agriculture and labour. They have no access on education, health and other basic needs.

#### **3.2 Questionnaire Design**

Questionnaire was designed to obtain household and individual information. The household schedule included age, sex, marital status, education and occupation of the study population. Individuals questionnaire provided detail study of married women age 15- 49 years. Gurung community in ward no. 1, 4 and 5 of Gumi VDC were taken 101 households. One respondent from one household was taken under study. In this way, 101 married respondents of age group 15-49 years were taken for study in which 40 married women of age group 15-49 were from ward no. 5, and 35 from ward no. 1 and 26 from ward no. 4 of Gumi VDC. Socio- economic and demographic characteristics as well as knowledge, attitude and practices of contraceptives methods on 101 married Gurung women by age 15-49 were also collected from questionnaire.

Before entering for questionnaire survey, it was decided to visit the secretary of Gumi VDC. Initial meeting was held with the VDC secretary and the purpose of the research activity was explained to him. Appropriate time and date was decided for undertaking the interview survey.

### **3.3 Sample Design**

The total households of Gurung in the study area (i.e. ward no. 1, 4 and 5) are 205. Total married women of age group 15-49 of these households are 249. Only 101 respondents have been taken to get household information in this study. Household information has been asked to the house head. Individual questionnaires have been asked to married women aged 15-49 years. The household and respondents have been purposively selected, one married women ages 15-49 years of selected household have been selected as represents.

### **3.4 Sources of Data**

This study bases on primary data which is collected from the population of Gumi VDC in Surkhet district. Beside the primary data, other secondary data are obtained from VDC reports, journal, Educational statistics, census data, survey reports and previous studies etc.

### **3.5 Data Collection Tools and Methods**

The main tools of data collection of this study have been questionnaire. To achieve the objectives of this study, 55 questions have been constructed to cover three objectives, after construction of questionnaire, to provide it reliability, qualitative pretest have been done before the data collection. The questionnaire has been pretested among Gurung community of ward no 5 of the Gumi VDC after the feedback from them the questions of questionnaires have been add.

Two separate interviews have been taken with selected household and individual. One has been to obtained the correct information about some

selected demographic characteristics of each households and another interview have been taken to collect necessary information about knowledge, attitude and practice of contraceptive devices from married women age 15-49 years.

### **3.6 Selection of Variable**

Two types of variables have been included in this study. They have been dependent and independent variables which were given below:

#### **Dependent variable**

Knowledge and attitudes of contraception practice of contraception accessibility and quality of methods.

#### **Independent Variable**

Independent variables have been divided into two parts that was demographic and socio- economic variables.

1. Demographic variables (age, sex and marital status of respondents)
2. Socio- economic variables (occupation, educational)

### **3.7 Data Analysis and Presentation**

Firstly, the collected questionnaires were edited to ensure their accuracy and completeness. The edited data were them presented by using presentation style such as table and graphical notation. The descriptive analysis tools such as frequencies and percentage were applied to analyze the data.

## **CHAPTER FOUR**

### **BACKGROUND CHARACTERISTICS OF HOUSEHOLDS AND RESPONDENTS**

This chapter provides some demographics and socio-economic characteristics of the household population of study area. Demographic characteristics include age sex structure of household population and socio-economic characteristics include the educational attainment, major occupation, income distribution etc.

#### **4.1 Demographic Characteristics**

##### **4.1.1 Age Sex Structure of Household Population**

Age sex plays an important role in determining the population dynamics. There are 490 populations in 101 households. Among them 246 males and 244 are females. The average size of household is 4.9, which is lesser as compares to the national figure 5.45 based on 2002 census. The sex ratio is found to be 100.8 which is grater than average national level (99.79) based on 2001 census. According to table 4.1, lowest sex ratio is found in age group 55-59 and highest sex ratio is found in age group 20-24.



**Table 4.1: Distribution of household population by age and sex structure**

Age Group	Male		Female		Total		Sex Ratio
	Number	%	Number	%	Number	%	
0-4	26	10.6	10	4.1	36	7.3	260
5-9	30	12.2	26	10.7	56	11.4	115
10-14	26	10.6	34	13.9	60	12.2	76
15-19	26	10.6	36	14.8	62	12.7	72
20-24	30	12.2	24	9.8	54	11.0	125
25-29	28	11.3	30	12.3	58	11.8	93
30-34	18	7.3	26	10.7	44	9.0	69
35-39	22	8.9	20	8.2	42	8.6	110
40-44	14	5.6	6	2.5	20	4.1	233
45-49	4	1.6	4	1.6	8	1.6	100
50-54	6	2.5	10	4.1	16	3.3	60
55-59	-	-	2	0.8	2	0.4	80
60 above	216	6.6	16	6.6	32	6.6	100
Total	246	100.0	244	100	490	100	100.8

Source: Field Survey, 2009.

#### **4.1.2 Age of Respondents**

Age is one of the important factors for the use of contraceptive devices. Fertility behaviors also vary according to age of women.

In this view, age of the respondent has been considered as one of the most important personal characteristics. The age of respondents in Gumi VDC ward no. 1, 4, and 5 is given below.

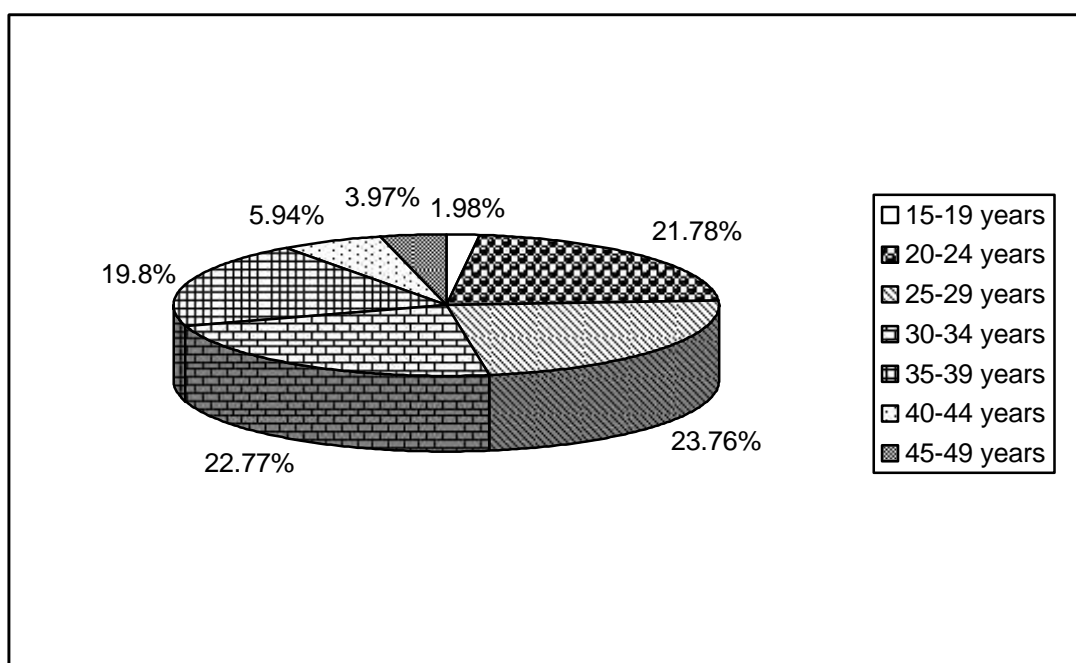
**Table 4.2: Distribution of age of respondents in Gurung Community**

Age groups	No. of Household	Percent
15-19 years	2	1.98
20-24 years	22	21.78
25-29 years	24	23.76
30-34 years	23	22.77
35-39 years	20	19.80
40-44 years	6	5.94
45-49 years	4	3.97
Total	101	100

Source: Field Survey, 2009.

Table 4.2 and figure 4.1 show that the age group 25-29 years has more than proportion of respondents in comparison to the other age groups. The percent of respondents of the age groups is 23.8 percent followed by 30-34 years (22.77%), 20-24 years (21.78%), 35-39 years (19.80%), 40-44 years (5.94%), 45-49 years (3.97%) and 15-19 years (1.98%).

**Figure 4.1: Percentage Distribution of Age of Respondents in Gurung Community**



Source: Table 4.2

## 4.2 Socio-economic aspects of the Respondents

This section deals with some selected, socio-economic characteristics of the study population such as occupation & income distribution and educational status etc of the study area.

### 4.2.1 Occupation

Occupation is one of the most influencing factors for the use and non use of contraceptive devices. The people who are engaged in service have high use at contraceptive device have high use of contraceptive device in comparison to the people who are engaged in agricultural, business, service, labour and students. The main occupation of the family of village people is agriculture. Main sources of family income are divided into various categories, like agriculture, business, service and labour.

**Table 4.3: Distribution of respondents by occupational status**

Occupation	No. of Household	Percent
Agriculture	83	82.2
Business	8	7.9
Service	4	3.9
Labour	-	-
Student	6	6.0
Other	-	-
Total	101	100

Source: Field Survey, 2009.

Table 4.3 shows that most of women (82.2 percent) are involved in agricultural sector followed by business (7.9%), student (6%), service (3.9%), and labour and other are (0%).

### 4.2.2 Income Distribution

Income of the household is often taken as an indicator of its standard of living and economic activities.

**Table 4.4: Distribution of Household by Annual Income**

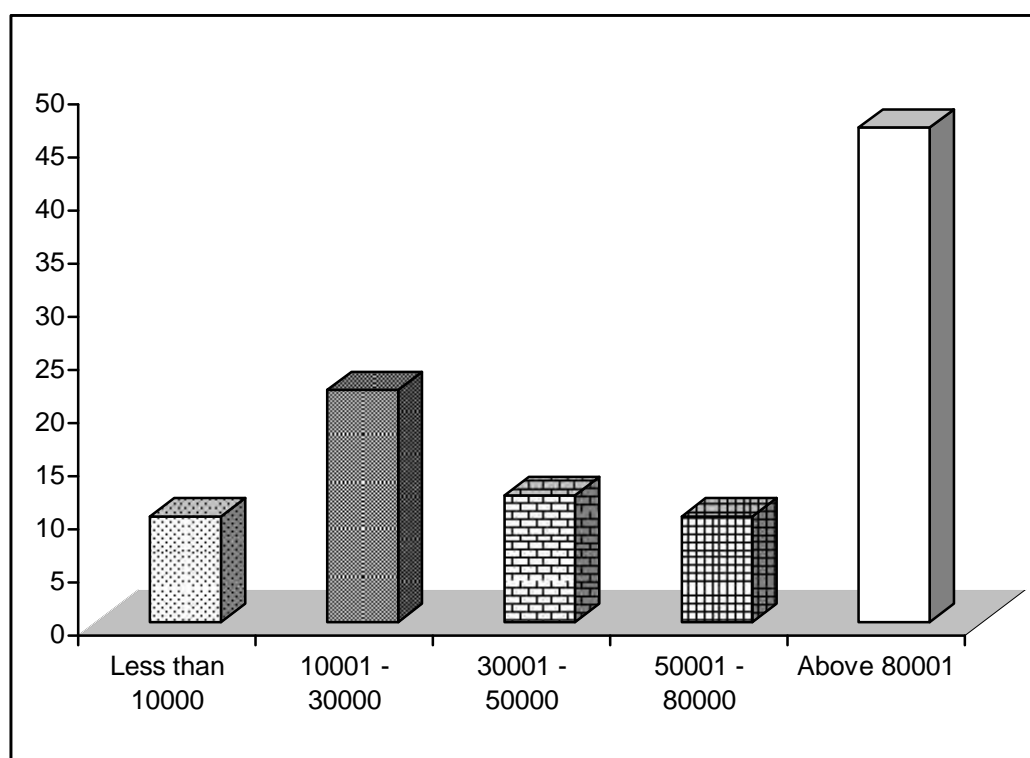
Income in Rs.	No. of Household	Percent
TM10,000	10	9.9
10,001 - 30,000	22	21.8
30,001 - 50,000	12	11.9
50,001 - 80,000	10	9.9
Above 80,001	47	46.5
Total	101	100

Source: Field Survey, 2009.

Table 4.4 shows that among 101 households of that village or community 9.9 percent household has less than Rs 10,000 and Rs 50,001 - Rs 80,000 income per year followed by 11.9 percent household has Rs 30,001- Rs 50,000, 21.8 percent household has Rs 10,001- Rs 30,000 and 46.5 percent household has above than Rs 80,001.

The following figure also makes clear about per year income of the Gurung community.

**Figure 4.2: Percentage Distribution of Annual Income of Household**



Source: Table 4.4

### 4.2.3 Educational Status

Educational is considered as back done for the development of society. Especially women's education plays dual role in family i.e. for herself and her children. But in Nepal it can be seen that there is a huge gap of literacy between male and female. Still women are considered to be the property of other and thought that they have utility of education. Literacy of population affects directly the contraceptive use and fertility. Therefore, it is essential to know the situation of education for the study population.

**Table 4.5: Distribution of Educational (Level) Status of Respondents**

Literacy/Education attainment	No. of Respondent	Percentage
Illiterate	21	20.7
Primary level	22	21.8
Lower secondary level	28	27.7
Secondary level	16	15.8
SLC pass	14	14
Inter & above	-	-
Total	101	100

Source: Field Survey, 2009.

Table 4.5 shows that majority of women aged 15 to 49 years are lower secondary level i.e. 27.7 percent followed by primary level 21.8 percent, 20.7 percent are illiterate, 15.8 percent are secondary level, 14 percent are SLC pass and inter & above are 0 percent.

### 4.2.4 Respondents by Age at Marriage

The most important factor for determining the fertility is the age at marriage. If the age at marriage is lower, the children ever born will be higher. In contrast, if the age at marriage is higher, the children ever born will be lower.

**Table 4.6: Distribution of Women Age at Marriage**

Age	No. of Women	Percent
15-20	75	74.3
21-25	21	20.8
26-30	4	4
31-35	1	0.9
36+	-	-
Total	101	100

Source: Field Survey, 2009.

Table 4.6 shows that the majority of women have been married at the age of 15 to 20 years. The percent of that age group constitutes 74.3. The table also presents that 20.8 percent of married women have said that they married at the age group 20-25 followed by 4 percent, 0.9 percent in the age group 31-35 and nobody in the age group 36 and above respectively.

#### 4.2.5 Children Ever Born

Children ever born (CEB) is defined as the number of using children to women at the time of survey or study. Number of living children also determines the use and non use of children contraception and desire for children.

**Table 4.7: Distribution of Respondent by CEB**

CEB	No. of Respondents	Percent
None	4	3.9
1-2	51	50.6
3-4	38	37.6
5-6	8	7.9
7 and above	-	-
Total	101	100

Source: Field Survey, 2009.

Table 4.7 shows that 50.6 percent of respondents have children ever born 1.2 followed by 37.6 percent have born 3-4 children, 7.9 percent have born 5-6 percent, 3.9 percent of respondent have been found childless and 7 and above children have never any respondents.

Similarly, the probability of dying children increases with increase of frequent pregnancy and child bearing. So it is necessary to find out the death among the respondent. The following table presents the respondents with losses children.

**Table 4.8: Distribution of Respondent with Child Losses**

Child Death	No. of Respondents	Percent
None	91	90.1
1 child	8	7.9
2 children	2	2.0
3 children	-	-
4 and above	-	-
Total	101	100

Source: Field Survey, 2009.

From the table 4.8, it is cleared that among 101 respondents, 10 respondents (i.e. 9.9 percent) have lost their children. Among 8 respondents (i.e. 7.9) have lost their 1 child followed by 2 percent have lost 2 children, 3 and 4 and above children have not to loss children.

#### **4.2.6 Types of Respondents Family**

Table 4.9 shows that among 101 respondents, 63 respondents (i.e. 62.4 percent) have nuclear family. Similarly 38 respondents i.e. 37.6 percent have joint family. It shows that higher proportion of respondents has nuclear family in that Gurung community of the study area.

**Table 4.9: Distribution of Types of Respondent's Family**

Types of family	No. of Respondents	Percent
Nuclear	63	62.4
Joint	38	37.4
Total	101	100

Source: Field Survey, 2009.

#### 4.2.7 The Structure of the House

The following table shows the structure of house of Gurung community.

Table 4.10 shows that among the 101 respondents, the majority of respondents (i.e. 39.6%) have pakki house followed by (29.7%) have kachi house (27.7%) have semi pakki and (3.0%) have traditional house.

**Table 4.10: Distribution of House Structure**

Household structure	No. of Household	Percent
Pakki	40	39.6
Semi pakki	28	27.7
Kachi	30	29.7
Traditional	3	3.0
Total	101	100

Source: Field Survey, 2009.



## **CHAPTER FIVE**

### **ANALYSIS AND INTERPRETATION OF CONTRACEPTIVE KNOWLEDGE, ATTITUDE AND PRACTICE**

The main objectives of this chapter are to examine knowledge, attitude and practice of contraceptive methods. This chapter deals with the respondents knowledge of contraception, general information of contraceptive methods, knowledge of best child bearing age and knowledge of modern contraceptive methods by age. The second section provides attitude towards contraception, child bearing age of women, advantages of contraception, birth spacing etc. The third section provides practice of contraception.

#### **5.1 Knowledge of Contraceptives Methods**

##### **5.1.1 Introduction**

Lack of knowledge of contraceptive method can be a major obstacle to their use. In field survey 2009, it is obtained information on knowledge, attitude and practice of contraceptive methods by asking each respondent the following question: "now I would like to talk about contraceptive methods- the various ways or method that a couple can use to delay or avoid a pregnancy. For each method I mention, please tell me if you have ever heard of the method and whether you have ever used the method at any time in your life. The name of the method, a short description was read. In this way, the field survey assesses women's knowledge, attitude and ever use of eleven contraceptive methods namely pill, injection, implant, IUD, foam/jelly, condom, male sterilization, female sterilization (Modern method) and period abstinence, with draw and folk method (traditional method).

##### **5.1.2 Knowledge of Contraceptive Methods**

Level of knowledge also plays an important role to use of contraceptive methods. If people have proper knowledge about these methods, the chance of use will be higher than who are unknown about it knowledge of contraceptive

method helps to increase the motivation of using contraceptive method. The level of knowledge of contraceptive methods among married women in Gurung community of Gumi VDC is presented in table 5.1.

**Table 5.1: Distribution of currently married women who know any contraceptive method, by specific method**

Method	No. of currently married women	Percent	National Level
Any method	99	98	99.8
Any modern method	99	98	99.8
Female sterilization	98	97	98.7
Male sterilization	96	95	96.3
Pill	90	89.1	95.4
IDU	88	87.1	67.2
Injectables	98	97	98.8
Implants	68	67.3	87.5
Condom	99	98.0	-
Foam/Jelly	18	17.8	96.8
An traditional method	63	62.4	51.6
Periodic abstinence	9	8.9	34.5
With drawl	63	62.4	39.8
Folk method	16	15.8	1.5

Source: Field Survey, 2009 and NDHS, 2006.

In table 5.1, knowledge at contractive methods is presented for currently married women by specific methods. Findings from field survey 2009 show that knowledge of at least one modern method of contractive methods is nearly universal among married women of Gurung community in Gumi VDC of Ward No.1 4, and 5. The most widely known modern contraceptive method among currently married women are condom (98%), female sterilization (97%), injectables (97%), male sterilization (95%), pills (89.1%), IUD (87.1%),

implants (67.3%) and foam and jelly (17.8%). A greater proportion of women reported knowing a modern method than a traditional method. Only 62.4 percent of them know of any traditional method. One of the reasons for the low reporting of knowledge of a traditional method may be that these methods are not included in the government contraceptive methods program and women may be relevant to mention them since they are not widely accepted.

Knowledge of contraceptive methods of both survey area and national level is almost universal. Knowledge of any modern method is higher in the national level (99.8%) in comparison to the study area (98%) but knowledge of any traditional method is higher in the study area (62.4%) than the national level (51.6%). The knowledge of all modern methods is higher in national level except for male sterilization and condom.

### **5.1.3 Sources of Knowledge on Contraceptive Methods by Media**

Nepal is a mountainous country, where media cannot be able to provide the full range of information about the contraceptives. The geographical diversity, poor transportation, lack of education and skilled manpower and lack of poor management of development infrastructure interrupt to provide the information about contraceptive methods. In Nepal, radio is being more reliable source to provide any information. Besides, other sources are also providing information about contraceptive methods.

To know the sources of information about contraceptive methods of the study area women were asked to mention the source of information about contraceptive methods. The mentioned answers of women are given in table 5.2.

**Table 5.2: Distribution of Women by Sources of Knowledge on Contraceptive Methods by Media**

Sources of Knowledge on Contraceptive Methods by Media	Multiple responses	Percent
Radio	95	94.1
Television	91	90.1
Neighbours	19	18.8
Friends	69	68.3
Family	12	11.9
Health workers	33	32.7
Others (specify)	2	1.9

Source: Field Survey, 2009.

Note: Total percent exceeds more than 100 due to multiple responses.

Table 5.2 shows that the main source of information about contraceptive method is radio (94.1%) followed by television (90.1%), friends (68.3%), health worker (32.7%), neighbours (18.8%) and others (1.9%).

Therefore, we can say that radio, television, friends, health workers, neighbours, family are the main sources of information about contraceptive methods in the villages of Gumi VDC of Surkhet district.

#### **5.1.4 Knowledge on Specific Sources of Contraceptive Supplies**

The difference between geographical composition of land and other factors are making trouble to provide and supply the contraceptive methods according to people's demand. That's why, suppliers is being backward then demand of people in our country. Specially, in hill and mountain regions people are facing more problems to get any types of contractive methods. So, people of those regions have lack of knowledge about the sources of contraceptive and suppliers, in this study, each respondent had been asked a question. "Do you know the sources of contraceptives suppliers? If yes, what are they? The answer of respondents is as follows:

**Table 5.3: Distribution of Sources of Contraceptive Supplies in Gurung Community**

Hospitals	No. of Women	Percent
Health post	79	78.2
Sub Health post	65	64.4
Health center	16	15.8
Hospital	39	38.6
Health workers	51	50.5
Private clinic	21	20.8
Family planning clinic	37	36.6
Don't know	19	18.8

Source: Field Survey, 2009.

Table 5.3 shows the knowledge on sources of contraceptive suppliers among married women of reproductive age in Gurung community is accounted 78.2 percent by health post, followed by sub-health post 64.4 percent, health center 15.8 percent, hospitals 38.6 percent, health workers 50.5 percent, private clinic 20.8 percent, family planning clinic 36.6 percent and 18.8 percent women had not knowledge even one sources of contraceptive suppliers in Gurung community.

## **5.2 Use of Contraceptive Methods**

The objective of this section is to find out the user of contraceptive devices among the named women of reproductive age group. It also tries to find out the reason for non user of contractive methods, and its side effect.

### **5.2.1 User and Non-user of Contraceptive**

**Table 5.4: Distribution of Women who have Reported Use or Non-use of Contraceptive Methods**

	Number of Women	Percent
User	89	88.1
Non-user	12	11.9
Total	101	100

Source: Field Survey, 2009.

Table 5.4 shows that out of total married women 89(88.1%) women have used contraceptive methods at least once and 12(11.9%) women have never used contraceptive methods.

### 5.2.2 Current User and Current non User of Contraception

Current user is defined in this study as the current use of any contraceptive method during the time of survey.

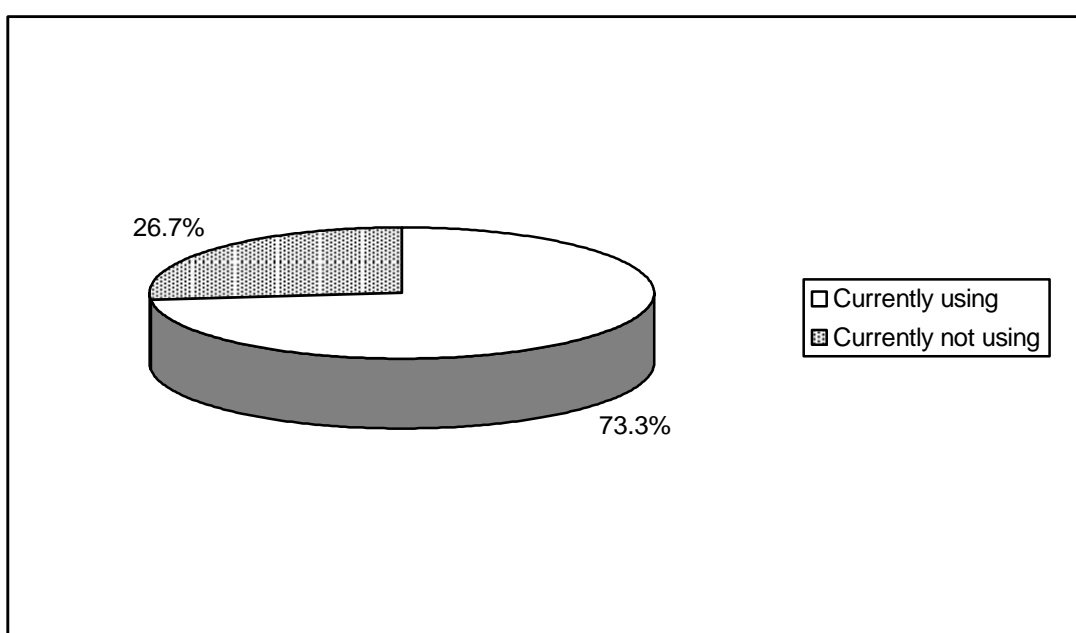
Table 5.5 shows that among the total respondents, 73.3 percent of currently married women are currently using contraceptive method and 26.7 percent of currently married women are not using any contraceptive method.

**Table 5.5: Distribution of Current Use and Current Non-use of Contraceptive Methods**

	No. of women	Percent
Currently users	74	73.3
Currently not users	27	26.7
Total	101	100

Source: Field Survey, 2009.

**Figure 5.1: Percentage Distribution of Current Use and Current Non-use of Contraceptive Methods**



Source: 5.5.

### 5.2.3 Ever Use of Contraceptives by Age

Field survey 2009 asked respondents if they had ever used each of the methods they knew about women who said they had not used any of the methods were further asked if they had ever used any thing or tried in any way to delay or avoid getting pregnant.

Among currently married women 40.5 percent have ever used injectables; making it the most commonly used modern methods. About one in seven currently married women has used pills, and condom in the poor, and about one in ten women reported having used female sterilization.

Ever use of contraception varies with women's age. The pattern of ever use is curvilinear, with use being lowest among women in the youngest age group 15-19 increase with women's age up to age 25 to 29 and declines there after.

**Table 5.6: Distribution of Currently Married Women who have Ever Used any Contraceptive Method by Specific Method, According to Age**

Age	Pill	Injection	Condom	Foam/ Jelly	Female sterilization	Folk method	With draw	Periodic agriculture	No. of women
15-19	0.0	7.2	7.3	0.0	0.0	0.0	0.0	0.0	2
20-24	14.6	37.2	25.4	3.9	0.8	0.0	14.9	0.0	22
25-29	29.3	62.8	14.8	7.6	7.5	0.0	33.5	7.4	25
30-34	24.8	62.7	18.5	6.5	6.4	0.0	37.2	6.5	24
35-39	21.5	78.7	21.2	15.6	15.6	0.0	15.6	0.0	20
40-44	16.5	50.1	16.5	16.5	33.7	5.3	0.0	0.0	6
45-49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2
Total	14.5	40.5	14.1	6.9	8.7	0.7	13.7	1.9	101

Source: Field Survey, 2009.

### 5.2.4 Current Use of Contraceptive by Age

Current use of contraception is defined as the proportion of women who reported the uses of family planning method at the time of interview. 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 5.7 shows that 50.6 percent of currently married women use any method of contraception with 48.8 percent using a modern method of contraception 25.2 percent of currently married women are using injectable. It accounts for 49 percent of the total current contraceptive prevalence, 9.4 percent of currently married women are using pill and female sterilization. It accounts for more than 5.2 percent of the total current contraceptive prevalence. Only 3.4 percent of currently married women are using condom, and it accounts for almost 14.4 percent of the total currently contraceptive prevalence.

Contraceptive use varies by age use is lower among younger women (because they are in the early stage of family building) and among older women than among those an intermediate ages. For example, current use of a modern contraceptive method is 7.2 percent among currently married women age 15-19, rises to 75 percent among women 30-34. Most women, who are using injectable, are at age group 30-34.

**Table 5.7: Distribution of Currently Married Women by Contraceptive Method Currently Used According to Age**

Age	Any method	Any modern	Pill	Injection	Female st.	Condom	Tra. method	With drawl	Not cur. using	Total per.	No. of women
15-19	7.2	7.2	7.2	0.0	0.0	0.0	0.0	0.0	92.8	100	2
20-24	58.6	54.4	10.4	25.8	3.4	10.8	3.9	3.9	41.4	100	22
25-29	66.5	58.7	14.9	29.9	7.3	7.3	7.3	7.3	33.5	100	25
30-34	74.0	74.0	6.8	62.6	6.3	0.0	0.0	0.0	26	100	24
35-39	67.8	67.8	6.2	42.3	15.6	5.5	0.0	0.0	32.2	100	20
40-44	65.9	65.9	16.9	16.9	33.5	0.0	0.0	0.0	34.1	100	6
45-49	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	100	2
Total	50.6	48.8	9.4	25.2	9.4	3.4	1.6	1.6	52	100	101

Source: Field Survey, 2009.



### 5.2.5 Reason for Discontinuation of Contraception

Currently married non-pregnant women who were not using contraceptive method at the time of the field survey fall into two categories with respect to their contraceptive experience those who used contraception only in the past and those who never used contraception. Women were asked who had discontinued contraceptive use and their main reason for discontinuing.

Table 5.8 shows that 16 non-pregnant women who ever used contraceptive devices have discontinued use. Among the group that discontinued contraception, the most commonly mentioned reasons for discontinuing are that the couple wanted to have a child (43.8%). The next commonly presented reasons was the husband was away (25%) followed by created health problem (18.8%) and (12.4%) of past users mentioned post partum/breast feeding is the main reason for discontinuation of contraception.

**Table 5.8: Distribution of Non Pregnant Currently Married Women who Stopping Using Contraception by Main Reasons for Stopping Use**

Reasons	Reason for stopping use	
	No. of Women	Percent
Desire for child	7	43.8
Created health problems	3	18.8
Husband away	4	25
Post partum/breast feeding	2	12.4
Total	16	100

Source: Field Survey, 2009.

### 5.2.6 Reasons for Non-use of Contraception

Women were asked who had never used contraception the main reason they had never used a method. Among women who never used contraception because. She is to be pregnant (32.4%), another (18.9%) women say that they have never used contraception of desire for child), (16.3%) currently married women mentioned reason for not currently using contraceptive method use to

unknown about the source. Similarly (13.5%) mention unknown about the method followed by sexual displeasure (10.8%), (5.4%) report. Other (2.7%) say they are not using contraception because they are unavailable.

**Table 5.9: Distribution of Non Pregnant, Currently Married Women who Never Used Contraception by Main Reason for Not Currently Using**

Reasons	Reason for not currently using	
	No. of Women	Percent
Desire for child	7	18.9
Unknown about the method	5	13.5
Against the religion	-	-
Unknown about the source	6	16.3
To be pregnant	12	32.4
Sexual displeasure	4	10.8
Unavailable	1	2.7
Other	2	5.4
Total	37	100

Source: Field Survey, 2009.

### 5.2.7 Future Use of Contraceptive

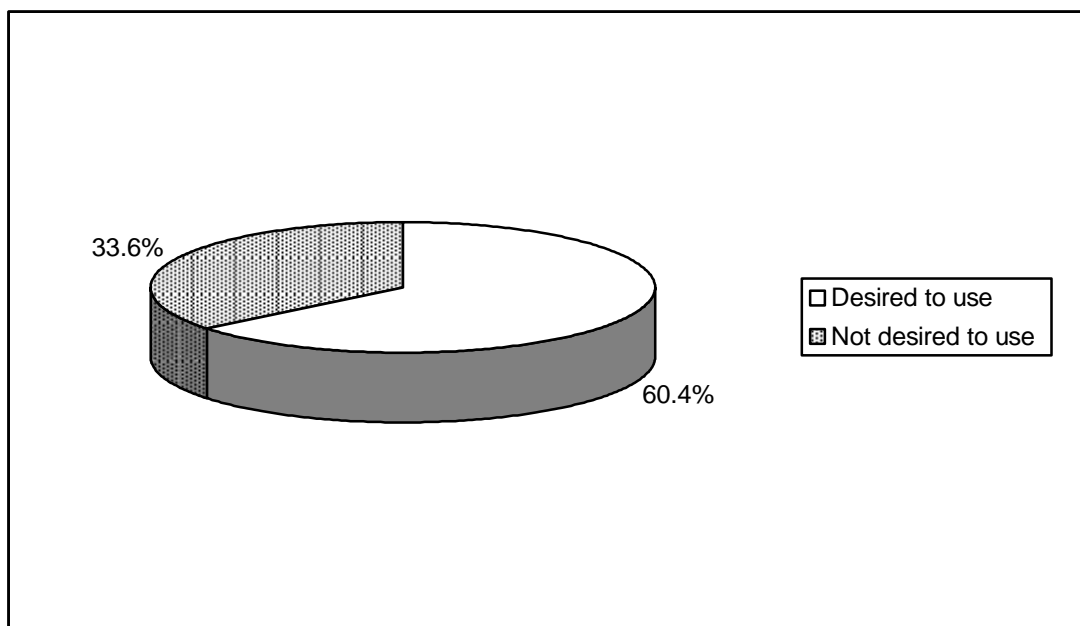
Respondents who are not currently using contraception were asked "will you use contraception in future? In this question 61 (60.4%) women reported they will use of contraception in future and 40 (39.6%) women will not use contraception in future have also some reason for non use of contraception.

**Table 5.10: Distribution of Currently Married Women who are Not Currently Using any Contraceptive Method by Intention to Use in the Future**

Future use	Number	Percent
Yes	61	60.4
No	40	33.6
Total	101	100

Source: Field Survey, 2009.

**Figure 5.2: Percentage Distribution of Currently Married Women who are Not Using any Contraceptive Method by Intention to Use in the Future**



Source: Table 5.10

Table 5.2 shows women's responses to the questions on future use according to specific method and the no. of living children. Among the currently married women who are not using contraception, 56 percent report that they intend to use contraception method in the future. There are differences in the percentages of women who intend to use contraceptive method according to their number of living children. The proportion of women intending to use pill peaks 60 percent among to users with 1 child and 40 percent among women with 2 children. The proportion of women intending to use injection accounts for 25 percent among women with 1 child, 50 percent among woman with 2 children and 25 percent among women with 3 children. The proportion of women intending to use condom accounts for 33.3 percent among women with no children and 66.7 percent among women with 1 child. The proportion of women intending to use female sterilization accounts for 16.7 percent among women with 2 children, 58.3 percent among women with 3 children, 8.3 percent among women with 4 children and 16.7 percent among women with 5 and above children.

**Table 5.11: Distribution of Currently Married Women who are Not Currently Using any Contraception Methods by Intention to Use in the Future According to Specific Method and the no. of Living Children**

Intention to use in future	Number of living children						
	0	1	2	3	4	5+	Total
Pill	-	6(60%)	4(40%)				17.9
Injection	-	4(25%)	8(50%)	4(25%)	-	-	28.6
Condom	2(33.3%)	4(66.7%)	-	-	-	-	10.7
Female sterilization	-	-	4(16.7%)	14(58.3%)	2(8.3%)	4(16.9%)	42.8
Does not							
Total percent	100	100	100	100	100	100	100
Number of women	4	26	28	30	8	5	56

Source: Field Survey, 2009.

### 5.2.8 Side Effect of Contraceptive Methods

Side effect is one of the main causes for non-use of contraceptives among the Nepalese as well as men. When they find some symptoms and feel uneasy they do not go to treat it rather they leave to use. Generally women are leaving to use of any contraceptive devices because of its side effects. Married women of that community who are using any modern methods of family planning were asked to mention the side effect. The users mentioned responses are presented in table 5.12.

Table 5.12: Presents the distribution of ever users who response side-effects of specific method. The major side effect related to injection and pills is irregular menstruation which constitute 40 percent and 26.7 percent respectively. Similarly, the major side effect related to female sterilization is other which constitutes 45.4 percent and 27.3 percent constitute weight gain, 18.2 percent irregular bleeding and 9.1 percent irregular menstruation.

In the same way, side effect of injection are mentioned headache, weakness, weight gain, vomiting and others which constitute (23.3%), (26.7%),

(6.7%), (6.7%), and (6.7%) respectively. Side effect of pills are mentioned headache, weakness, weight loss, vomiting irregular bleeding and others which constitute (26.7%), (20%), (20%), (6.7%), (13.3%), (6.7%), (6.7%) respectively.

**Table 5.12: Distribution of Ever User who Reported Side Effects of the Specific Methods**

Side effects	Injection	Pills	Female sterilization
Irregular menstruation	12(40%)	8(26.7%)	2(9.1%)
Headache	4(13.31%)	6(20%)	-
Weakness	8(26.7%)	6(20%)	-
Weight gain	2(6.7%)		6(27.3%)
Weight loss	-	2(6.7%)	-
Vomiting	2(6.7%)	4(13.3%)	-
Irregular bleeding	-	2(6.7%)	4(18.2%)
Other	2(6.6%)	2(6.7%)	10(45.4%)

Source: Field Survey, 2009.

Note: Total percentage exceeds more than 100 due to multiple responses.

### 5.2.9 Discussion of Contraceptive Method

Although discussion between husband and wife about contraception use is not a precondition for the adoption of contraception, its absence may be an impediment to use. Inter spousal communication is thus an important intermediate step along the path to evaluate adoption and especially continuation of contraceptive use or sustained use of contraception lack of discussion may reflect a lack of personal interest, hostility to the subject in talking about sex related matters. To explore this subject, all currently married women were asked whether they had discussed about contraceptive method with their husbands.

Table 5.13 shows the percent distribution of currently married women who know about contraceptive method by the number of times they discussed

contraceptive method with their husbands in they year before the survey. It shows that 29.7 percent of women never discussed contraceptive method with their husband, in the past few months. Overall, 65.3 percent of currently married women discussed contraceptive method with their husband once or twice in the last few months; percent of women discussed contraceptive with their husbands more often in the past year. Women aged 25-29 years are most likely to have discussed contraceptive method with their husbands.

**Table 5.13: Distribution of Currently Married Women who know a Contraceptive Method by Frequency of Discussion with Husbands in the Past Year According to Age**

Age	Never	Once or twice	More often	Total	Number of woman
15-19	2(100%)	-	-	100	2
20-24	6(27.3%)	16(72.7%)	-	100	22
25-29	8(32%)	17(68%)	-	100	23
30-34	6(25%)	15(62.5%)	3(12.5%)	100	24
35-39	6(30%)	12(60%)	2(10%)	100	20
40-44	2(33.3%)	4(66.7%)	-	100	6
45-49	-	2(100%)	-	100	2
Total	(29.7%)	(65.3%)	(5%)	100	101

Source: Field Survey, 2009.

### 5.2.10 Reason for Use of Contraceptive

The respondents, who were using any method of contraception, were further asked the reason for using. The table 5.14 shows the distribution of respondents by the main reason for using contraceptive methods.

**Table 5.14: Distribution of Currently Married Women (Users) by Main Reason for Using Contraceptive Methods**

Reason	No. of women	Percent
To space of birth	47	46.6
To prevent for STDs/AIDS	6	5.9
For personal health	28	27.7
Maternal child health	20	19.9
Total	101	100

Source: Field Survey, 2009.

Table 5.14 shows that the major cause for using contraceptive is due to space of birth (46.5%) followed by for personal health (27.7%), maternal child health (19.3%) and to prevent for STDs/AIDS (5.9%) as the main reason for using contraceptive.

### **5.3 Attitude Towards Contraceptives Methods**

#### **5.3.1 Attitude Towards the Use of Contraceptive Methods**

Attitude towards contraceptives depend on knowledge and practice of contraceptive methods. There are positive and negative attitude towards the practice of contraceptive. If users are getting proper knowledge about positive and negative, people are out from full range of knowledge and practice of family planning method so they can't express their attitude towards contraceptive methods. So that, there should be good relationship between users and service providers the attitude towards contraceptive will be positive. Level of education and practice determine the attitude of people.

#### **5.3.2 Concept about Contraceptive**

Table 5.15 shows that 58.4 percent of married women thing that use of contraceptive method is good followed by 17.8 percent women think bad, 14.9 percent women think best and 8.9 percent women reported that they don't know any think about the use of contraceptive.

**Table 5.15: Distribution of Women's Concept about Contraceptive Methods**

Concept	No. of women	Percent
Good	59	58.4
Better	-	-
Best	15	14.9
Bad	18	17.8
Don't know	9	8.9
Total	101	100

Source: Field Survey, 2009.

### 5.3.3 Attitude Towards Birth Spacing

The difference between first and second birth interval is called birth spacing. Several studies show that there is negative relationship between birth spacing and risk of death of child and mother. In other words, it can be said that shorter the birth spacing higher the mortality rate of child and mother and longer the birth spacing lower the mortality rate of child and mother. Therefore, this study find out the attitude towards birth spacing, the respondents were asked, what should be the birth space for better health of mother and their child? The result is presented in table.

**Table 5.16: Distribution of Married Women According to their Views on Birth Spacing**

Birth interval	No. of women	Percent
1 year	2	2
2 year	16	15.8
3 year	31	31.7
4 year and above	52	51.5
Total	101	100

Source: Field Survey, 2009.



Table 5.16 shows that 51.5 percent of currently married women of reproductive age group in Gurung community prefer at least 4 years and above birth spacing between one child to another, followed by 30.7 percent. Prefer three years, 15.8 percent prefer 2 years birth spacing and only 2 percent women birth to have 1 year birth spacing. This shows that the attitude towards birth spacing of Gurung married women is significantly high. If they could apply the birth spacing according to their attitude the birth rate of Gurung community would reduce dramatically.

### 5.3.4 Child Bearing Age of Women

Age of women also plays an important role for healthy outcomes of pregnancy. Because before the age of 20 years, women are not fully capable to bear a healthy baby due to mentally and physically immature. But in the context of our country, 24 percent women give birth before the age of 20 years. It is also an approximate determinant of high material mortality and high IMR. Therefore, it was asked with Gurung community married women that what should be the age of women while child bearing. The responses of women are presented in table 17.

**Table 5.17: Distribution of Married Women According to their Attitude Towards Age of Child Bearing**

Age	Women attitude towards age of child bearing	
	No. of women	Percent
Under 18 years	13	12.9
18-20 years	29	28.7
20-22 years	52	51.4
22-24 years	3	3
24 years and above	4	4
Total	101	100

Source: Field Survey, 2009.

Table 5.17 shows that 51.4 percent women said that the child bearing age of women should be 20-22 years followed by 28.7 percent said it shows be 18-20 years, 12.9 percent said it should be under 18 years, 4 percent said it should be above 24 years and only 3 percent reported that the child bearing age at women should be 22-24 years.

### 5.3.5 Attitude Towards the Safest Contraceptive Method

Table 5.18 shows that according to Gurung women's attitude the safest methods of contraception are female sterilization among various methods. It accounts for 35.6 percent.

Similarly, injection accounts for 30.7 percent followed by pill 11.8 percent, condom and male sterilization account 8.9 percent and 5 percent, foam/jelly account 3 percent, implant account 2 percent, and 3 percent did not stated.

**Table 5.18: Distribution of Respondents Towards Safest Method of Contraceptive**

Contraceptive methods	No. of Person	Percent
Pill	12	11.8
Injection	31	30.7
Implant	2	2
Foam/jelly	3	3
Condom	9	8.9
Male sterilization	5	5
Female sterilization	36	35.6
Don't know	3	3
Total	101	100

Source: Field Survey, 2009.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **6.1 Summary**

Geographically Nepal is situated between China and India. These two neighbours are the most populous countries in the world with both having more than one billion people. Nepal's population of 25.2 million is very small compared to its neighbours it is quite small, its high rate of population growth has been a matter of great concern for the country. The annual average growth rate of population during the last decade i.e. 2001-2006 was 2.2 percent.

High rate of population growth warrants increased spending on the social service such as education, health, drinking water and other basic needs. It has increasingly been difficult to meet the growing demands of people for these services. No doubt, family planning is the most effective way to control the high fertility. Government of Nepal has launched family planning program to control birth rate, but there is a lack of information on knowledge, favorable attitude and use of contraceptive methods. It may be the obstacle for implementation of FP program.

The main objectives of this study was to identify the contraceptive knowledge, attitudes and practice (KAP) among currently married women of the reproductive age of Gurung community at Gumi VDC in Surkhet district. The present study is descriptive type in nature. Purposive sampling method was applied in order to select households for collecting the necessary data and this study was mainly based on primary data. Among the total 205 households, 101 households currently married Gurung women of reproductive age are the main sources of information. It provides information with the knowledge of contraceptives, attitudes towards contraceptives, use of contraceptive, differential in ever use and current use, side effect of the contraceptive, intention to use contraceptives of the eligible women.

The study is based on the data gathered from the perception of 101 respondents of 101 households.

Out of 490 total samples population, 246 are males and 244 are females. Their average size of household is 4.9 persons which is more or less similar to average national figure 108 which is greater than average national figure (99.7) based on CBS, 2001. The lowest sex ratio is (60%) in the age group of 50-54 and 260 percent in the age group 0-4 is highest. The respondents of age group 25-29 have more than in comparison to the other age groups. The percent of respondent in these age groups are i.e. 23.8 percent of 25-29 age groups and the lowest percent of respondent in these age groups are i.e. 1.98 percent of 15-29 age group. The overall literacy rate has been found 80.2 percent (aged five years and above) of Gurung people, which is greater than average national level figure (54.1%) based on census 2001. The major occupation obtained agriculture sector i.e. 83 percent followed by business (7.9%). About 46.5 percent household's annual income is reported above 80,001 whereas 21.8 percent reported between 10,001 to 20,000 whereas 11.9 percent reported between 30,001-50,001 and 9.9 percent household reported between two rank < 10,000 and between 50,001-8000. Nearly half percent of households have less than 20 katta land and 2 percent households are land less.

The overall literacy rate is 79.3 percent among married women of reproductive age group. The majority of women have been married at the age of 15 to 20 years. The percent of that age group constitutes 74.3, followed by 20.8 percent at the age of 21-25. Out of the total respondents 4 percent respondents reported that they don't have any children ever born, 50.6 percent reported that they have 1 to 2 children ever born, another 37.6 percent reported that they have 3-4 children ever born, 7.9 percent respondents reported that they have 5-6 children ever born and no reported that they have 7 and more children ever born. The 10 respondents (9.9%) have lost their children.

Out of total respondents, 62.4 percent respondents reported that they have nuclear family and 37.6 percent respondents reported that they have joint family. The majority of the household are pakki, which accounted for 39.6 percent. The kachi house accounted for 29.7 percent. The semi pakki houses accounted for 27.7 percent and 3 percent households are traditional house.

Majority of currently married women 98 percent are familiar with at least one contraceptive method whereas the national figure is found 99.8 percent (NDHS, 2006: 67). About 32 percent women have knowledge of traditional method. Among the individual methods, condoms appears to be the best known method which is about 98 percent, followed by female sterilization and injectables equally (97%), male sterilization (95%), pills (89.1%), IUDs (87.1%), implants (67.3%) and foam and jelly (17.8%), other contraceptive methods are less known.

To know the sources of information about contraceptive methods is radio has played supreme position 94.1 percent and family had lowest position i.e. 2 percent.

The majority of currently married women (i.e. 7.9%) reported by source of contraceptive suppliers is health post.

Attitudes towards the use of contraceptive method are positive. 73.3 percent of currently married women who know of a contraceptive approve of contraceptive methods use and 17.8 percent disapprove and 8.9 percent reported they don't know whether it is good or bad.

The majority of currently married women (51.5%) stated at least 4 years and above birth spacing is better one child to another and least i.e. 2 percent stated at least one year birth spacing should be made between one child to another.

Out of 101 respondents, the majority of women (51.4%) reported that child bearing age of women should be 20-22 years while child bearing and only

3 percent reported that it should be 20-24 years while child bearing. The majority women (35.6%) reported that female sterilization is the safest contraceptive method and only 2 percent reported implant is the safest contraceptive method.

Out of 101 currently married women, 11.9 percent have never used contraceptives and 88.1 percent have used contraceptive method at least once. The total currently married women, 73.3 percent are currently using contraceptives and 26.7 percent are not currently using.

Largest proportion of currently married women have ever used injection (40.5%) followed by (14.5%) pills. Among all age groups, the most popular ever used method is injection. The respondents, 48.8 percent are currently using any modern method and only 1.6 percent is currently using traditional methods. Currently use of contraceptive of currently married women is highest in the age group 25-29 years. The 50.6 percent of currently married women who are currently using any contraceptive method, largest proportion (25.2%) of them are using injection.

But of 16 women who stopped using contraception by main reason for stopping use was desire for child (43.8%) followed by husband away (25%) created health problem (18.8%) and post partum/breast feeding (12.4%).

Out of 37 currently married women who never used contraception by main reason is to be pregnant which accounted for 32.4 percent, desire for child (18.9%), unknown about the source (16.3%), unknown about the method (13.3%), sexual displeasures (10.8%), other specify (15.4%) and unavailable (2.7%).

Among ever users, 56.3 percent ever users reported about side effects by the use of contraception. The major side effect related to injection and pills is irregular menstruations which constitute 40 percent and 26.7 percent

respectively. Similarly, the major side effect related to female sterilization is other which constitutes 45.4 percent.

## **6.2 Conclusion**

Finding revealed that in the study area, overall respondents 98 percent are familiar at least one modern contraceptive method where as the national figure is found 99.8 percent (NDHS, 2006: 67). Only 62.4 percent women have knowledge of traditional method. The contraceptive prevalence rate in the study area is higher than that of the national average figure. The current pattern of modern contraception among currently married women of reproductive age in Gurung community is dominated by injection, pills, female sterilization and condom and the traditional contraception used among currently married women of reproductive age is very low.

The study shows that there is strong relationship between women age, education and use of contraceptive methods. Socio-economic characteristics influence in the case of contraceptive methods. The main reason for non-use of contraception in the study area is to be pregnant, desire for child and unknown about the source. The more women are intended to use any contraceptive methods after bearing her second child.

Majority women, who have less than two children, are used temporary methods and who more than two children are used permanent method (female sterilization).

The attitude about contraceptive methods has been found positive. Mostly women reported that birth interval should be 4 years and above between two births.

### 6.3 Recommendations

The knowledge, attitude and practice of contraceptive methods depend upon the age of women, level of women's education, accessibility of methods and quality of methods.

The following recommendation is made on the basis of the findings of the study.

- In order to raise the knowledge, attitude and practice of contraceptives among married women of reproductive age, formal and non-formal educational program should be carried out for grass root level.
- Son preference is prevailing among the married women in Gurung community. They believe that "One son is like one eye." Therefore, the existing concept of son preference should be change by providing formal and non-formal education to them.
- Most of women frighten from the side effect of the contraceptives. When they once used, they should be provided appropriate information and counseling about the methods from the health post, sub-health post and health workers.
- Birth spacing method should be implemented among the married omen of this community through the effective counseling and educational programs because they used contraceptives when they attain desired number of children
- The availability and accessibility of contraceptive should be increased.
- The distribution of contraceptives is not well through the public sector (health post, hospital, sub-health post) so it should be managed effectively.
- The maternal child health services should be provided at local level to provide the knowledge of maternal child health care, contraceptive method, breast feeding as well as necessary practical training in this field in order to promote better family health.



- From government and non-government sector, the opportunities in non-agricultural sector should be provided for married women in Gurung community which can play the vital role to reduce their fertility level.
- Contraceptive method should be provided in all parts of the nation by the government.
- The study suggests that many women are not using any contraceptive methods due to desire for son. Desire for son may be main causes of old age security. Therefore, government should provide facility of old age security.
- The parents who have two or less than two children should provide free education, free medicine, free child care facility and employment opportunity by the government.
- The Gurung women should be involved in social, political and educational activities for all kinds of development of the nation.

#### **6.4 Recommendation for the Future Area of Research**

- The study is based on knowledge, attitude and practice of contraceptive methods in Gurung community in a small area and small population of the rural areas. Similar type of study should be conducted for other communities.
- The study did not deal about religions, ethnic and child losses experiences but it is better to conduct research by including such types of issues.

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