

# CHAPTER ONE

## INTRODUCTION

### 1.1 General Background

Family planning is a systematized process through which medical science is applied to control and plan the number of children and their spacing as desired by the couple. WHO defined family planning is a way of thinking and living which is adopted voluntarily, upon, the basis of knowledge, attitude and responsible decision by individuals and couples to promote the health and welfare of the family (WHO, 2000).

Family planning is the major component of reproductive health it can save human lives controlling unwanted pregnancy, limiting the number of birth, limiting to the healthiest age, avoid unsafe abortion preventing transmission of sexual transmitted disease(STDs) consequently reducing infant and child mortality in one hand and the other hand it directly controls fertility and population growth. The success of population and family planning programs in variety of setting demonstrates that informed individuals everywhere. The principle of free choice is essential to the long-term success of family planning programs (ICPD, 1994).

The concept of family planning in Nepal was pioneered by the Family Planning Association of Nepal (FPAN), an affiliate of the International Planned Parenthood Federation (IPPF). FPAN was formed in 1958 as a voluntary social organization in Kathmandu with the mandate of making safe and effective family planning services available to those in need. Another nongovernmental organization involved in contraception distribution is the Nepal Contraceptive Retail Sales Company (NCRSC). The principal objectives of the NCRSC have been the promotion safe and distribution of health and family planning products through commercial channels. In recent years, a network of physicians in the private sector has also been providing family planning services. The government supported family planning program began in 1968. (MOHP, 2005, pp: 55). In the context of Nepal, the women's role in the home is a virtually important one to the happiness of the husband and physical and spiritual development of

their children. Family planning helps women to protect themselves from unwanted pregnancy, too early, too late, frequent and too many pregnancies. These types of pregnancies are risk for health of women. In other ways family planning program saves lives of many women by preventing high risk pregnancy and unsafe abortion.

Nepal is multi-linguistic, multi-religious and multi-ethnic country. Among them Madeshi is one group. This group is related to Terai region in Nepal. Madeshi is one of the larger caste groups of Terai it includes Brahmin, Chettri, Ahir, Tharu, Kohar, Chamar etc. They have many subgroups of their casts one groups are touchable ethnic group and another group are untouchable ethnic group.

In Madeshi community there are generally two religious groups, one Hindu and other Muslim groups. Muslim groups have their own culture, religious society but their cultural values are different in Hindu groups. Muslims are far behind in family planning practices. So the comparative study of Family Planning between two religious groups would be necessary to know the attitude towards the family planning method and religious restriction of family planning method in this Madeshi community.

## **1.2 Statement of Problem**

Today the world is facing a crucial problem of population growth. Population growth is serious problem for every developing country. Nepal is also facing this problem due to 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 growth is to control the population, so governments of Nepal is motivating the people towards the family planning and they also conducting many programs through Government, NGO and INGO's and from local leaders for maximum distribution of contraceptive to reduce fertility rate.

Almost all currently married women (99.9%) of reproductive age are familiar with at least one method of contraception (NDHS, 2006) where as modern contraception method

CPR is 44.2% in 2006. There is a fundamental question why the knowledge of at least one method of contraception is high and why the CPR is so low. So according to world Population Data Sheet (2008) CPR in SAARC countries are India (56%), Bangladesh (56%), Bhutan(31%), Nepal(48%), Pakistan(30%), Sri Lanka(68%). But it is found that the CPR in Nepal is lower than other south Asian countries. In Nepal CPR is about 48 percent, which shows that only 48 couple use contraception among 100 couples and more than 60 percent couples are not currently using contraception.

There are various researchers conducted on reproductive health, particularly family planning and contraceptive in Nepal. Because of multi ethnic as well as multi-religious society there is no any uniformly on contraception among various religious groups. Due to multi religious segregated data the comparative studies on knowledge and use of contraception experience are less available. Therefore the study is essential to abridge the research gap in the concerned area and would also be coherent for policy implication.

The study was conducted to study the knowledge and use of contraception in Hindu and Islam people living in Ramgram municipality, Nawalparasi District. This study would answer the following research questions:

- ) What are the level of knowledge and use of contraception?
- ) What are the traditional values and norms, religious belief about contraception?

### **1.3 Objective of the Study**

The general objective of this study is to collect and analyze the knowledge of contraception in Hindu and Muslim women. The specific objectives of the study are as follows:

- ) To identify the demographic and socio-economic characteristics of respondents.
- ) To identify the knowledge and use of contraception.
- ) To find out the traditional values, norms and religious belief about contraception use of between Hindu and Islam Women.

#### **1.4 Significance of the Study**

This study attempts to provide knowledge and use of contraception in Madeshi community in the selected area and this study also gives knowledge about contraception in Hindu and Muslim religion. The main purpose of this study is found out the various socio-economic and religious aspects about contraception in Madeshi community. Family planning devices are widely accepted and practiced by many Hindu religion followers of Madeshi people, still there is marked difference in the pattern of contraceptive use in Islam religion followers of Madeshi people.

Nepal is developing country with low economic status most of the people are far from educational opportunity, they have not sufficient knowledge about contraception, so this study provides basic information to the planners to launch the effective family planning program in this area. It will be helped to know essential information about Madeshi community of this area. This study find out the general outlook of attitude knowledge and practice of family planning method and religious restriction in this group.

#### **1.5 Limitation of the Study**

- ) This study is limited to the married women aged 15-49 years in the selected ward no. 3 of Ramgram Municipality of Nawalparasi district.
- ) This study covers the knowledge and use of contraception methods in study area.
- ) This survey is concentrated only Islam and Hindu religion in Madeshi community of Ramgram Municipality.

## **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, significance of the study, objective of the study, organization of the study and limitation of the study. Chapter two deals with review of the relevant literature and conceptual framework. Chapter three provides methodology which includes research design, population of the study area, selection of the study area, source of data collection, selection of dependent and independent variables and methods of analysis. Chapter four provides background characteristics of household population, which includes demographic and socio-economic aspect of the population. Chapter five deals with contraceptive knowledge use and religion different use of contraception. Finally in chapter six, summary, conclusion and recommendations are presented.

## **CHAPTER TWO**

### **REVIEW OF LITERATURE**

This chapter deals with related review of literature and conceptual framework.

#### **2.1 Literature Review**

The most important factors that change the shape and structure of population are birth rate, death rate and migration. Out of these, birth rate dominates other two. The fertility rate of Nepal is among the highest in the world (PRB, 1998).

The uses, attitude and knowledge are the most important factor in reference of family planning which determines the fertility rate. Proper knowledge and positive attitude leads people to use family planning means. Easy access in the means and proper knowledge of using it will help people to adopt the family planning method. Family planning method having side effects make negative impact on people. General public observing this fact develop negative attitude on all means of family planning. Thus, the study on the knowledge, use, and attitude play vital role on conducting family planning program.

The meaning of family planning is not to postpone birth. To give freedom to the people about the number and spacing of their children, to have the information and means to do so and to ensure informed choices and make available to full range of safe and effective methods are the aims of the family planning program. The success of population education and family planning programs in a variety of settings demonstrate that informed individual everywhere can and will act responsible 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 program. (UN, 1994)

In 1994, International conference on population and Development (ICPD) held in Cairo has also emphasized women empowerment as a basic tool for a country's overall development and improving the quality of people's life. The conference recommends that the full participation and partnership of both women and men is required in productive and reproductive life including shared responsibilities for care and nurturing of children

and maintenance of the house in all parts of the world women are facing threats to their lives, health and well being as a result of being over burdened with work and of their lack of power and influence in most regions of the world. Women receive less formal educating than men and at the same time women's own knowledge abilities and coping mechanism often go unrecognized. The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society (ICPD, 1994).

Different governmental and non-governmental organization related to family planning activities are engaged in overcoming problems emerged due to population growth. In 1959 A.D. the Family Planning Association established with the objective "SANO PARIWAR, SUKHI PARIWAR" means small family is happy family. Like the family planning association Nepal, there are other organizations too concerned with family planning programmer. The objective of all these organization is to control the growth of population. By the use of family planning means any women can give birth to desired number of children.

Bongaart, J and R.G. Potter, 1983 fertility may be considered as natural, if no contraception or introduced abortion is used. By analyzing the data from United States, Bongaarts, and Potter (1983) concludes that there are basically two ways in which a population on control its fertility below the level implied by the natural marital fertility rates. First, the number of years of exposure to child bearing can be limited, second, deliberate control of marital fertility can be exerted either through the use of contraception or by resorting to induced abortion in different countries depends largely on the extent or restriction imposed by law.

## **2.2 International Review of Literature**

The international conference on population and development (ICPD) Cairo, 1994 represented as critical shift in focus the population field. Before ICPD the concern laid with achieving demographic targets largely through the provision of family planning services whereas afterwards the focus shifted towards the provison of broadly defined reproductive health services that recognize women's reproductive right and their needs

for empowerment. Human rights, human development and individual wellbeing being became the center of program policies as it was realized that individual's health and wellbeing are a pre-requisite for women and to have a small family size. The new thinking endorsed Cairo was also that population growth can be established and development efforts can be enhanced particularly by development of women and improving their reproductive health.

In 1995, Esterline proposed a generalized model for fertility decision, according to which a woman varies her child bearing in order to optimize her husband's utility. Her decisions are affected by income, price and cost of regulation on fertility required examination of the net effect via the proximate variables directly. The theory regarding migrant fertility assumes that migrants earn more in cities than in their rural places of origin. The higher income is supposed to raise the living standard and increase the cost the child bearing which result in declining in fertility. In addition, migrant are expected to adapt and became more like native city dwellers. Urban born women generally have fewer children than rural born women, thus migrant fertility is expected to fall approaching urban fertility level. (Sally, 1982: 248-5-251)

Since 1991, contraceptive use has risen significantly in Uzbekistan while reliance on abortion has declined; yet reproduction health improvement have not translated into better conditions for sexual health. The prevalence of sexually transmitted diseases increased significantly in 1991s and UNAID currently identifies the central Asia region has a high HIV growth zone. Structural, institution and attitudinal factors have contributed to the disconnection between reproductive and sexual health in Uzbekistan, even though family planning program have been well established during the HIV pandemic, integrating state statistics, demographic and health survey data and focus group discussion results, we highlight the ways in which a heavily centralized program focusing on reproductive health did little the better sexual health especially among young adults. The example of Uzbekistan reveals pathways by which reproductive health efforts may continue to be compartmentalized, decreasing their potential contributions to sexual health especially among young adults. (PC, 2004) condoms are about 30 percent effective



for preventing HIV transmission, and their use has grown rapidly in many countries. Condoms have produced substantial benefit in countries like Thailand, where both transmission and condom promotion are concentrated in the area of commercial sex. The public health benefit of condom promotion in setting with widespread heterosexual transmission however remains UN established. In countries like Uganda that have curbed generalized epidemic, reducing the number of individual sex partners appears to have high rates of HIV transmission despite high reported rates of condoms using among the sexually active. The impact of condom may be limited by inconsistent use, low use among those at high risk, and negative interactions with other strategies. Recommendation include increased condom promotion for groups at high risk, more rigorous measurements of the impact of condom promotion and more research on how best to integrate condom promotion with other prevention strategies (PC, 2004)

Until the early 1980s contraception received attention purely as a means of spacing or limiting births. While the emergence of the pandemic of HIV/AIDS, however, the use of contraceptives and in particular barrier method takes on a whole new meaning. The condom is currently the only way of preventing the transmission of HIV during sexual intercourse. Xnegotiating the use of condoms within a couple, therefore, carries under tones beyond the desire simply to avoid pregnancy. How do these considerations affect couples decision making. (WHO, 2004)

The contraceptive methods available to men are currently limited to condoms, vasectomy and withdraw for some years. Now researcher have bought to develop a hormonal method for use by men that would be as safe convenient and effective as those available for women. The program events such as acrosome and flagellum formation, the expression and function of sperm specific proteins, and specific intracellular pathway on events required for sperm function (UN, 2004)

The freedom to choose how many children, and when is a fundamental human right. Better access to safe and affordable contraceptive methods is key to achieving the MDGs. Family planning has proven benefits in terms of gender equality, maternal health, child

survival and preventing HIV. Family planning can also reduce poverty and promote economic growth by improving family well-being raising female productivity and lowering fertility. It is the one of the wisest and most cost-effective investments any country can make towards a better quality of life, limited access to contraception on the other hand, constraints women's opportunities' to pull themselves and their families out of poverty. (UN, 2005)

Knowledge of contraception is still limited in some of the least developed countries of Asia and in much of sub-Saharan Africa. The percentage of women who know of a place to obtain family planning information and services is often lower than the percentage knowing about contraception. Lack of knowledge of service may reflect there either in accessibility or in effective publicity. A minority of women (between 17-and 48%) know of family planning outlet in Yemen, Burkina Faso, Malu, Nigeria, Senegal, liberal, Manchester and Pakistan (UNFPA, 1989: 57-69). The same source shows that proportion between 50 and 80 percent were registered in another 14 of the 50 countries with this indicator available. There are also many countries (27 of the 50) where 80 percent or more women know of an outlet (UNFPA, 1999: 67-69 cited in K.C. etal, 2000)

#### **World situation of using contraception**

Region	Percent of Married Women 15-49 using contraception
world	62
Sub-Saharan Africa	21
North Africa Middle east	50
South East Asia	60
East Asia	86
Oceania	59
Latin America	71
Caribbean	62
Eastern Europe	64
Western Central Europe	77
Central Asia	54

Source: PRB, World Population Data Sheet, 2008

### **2.3 National Review of Literature**

Since 1965, Government adopted a policy of family planning and commenced integrated service with MCH activities. The government supported the provision of family planning services through maternal and child health board under whose umbrella, Nepal Family Planning, Maternal and Child Health Project is established in 1968. At first, the services were concentrated only within the Kathmandu valley. Later the services were gradually expanded including other parts of the country. In 1968, a semi-autonomous body called Nepal Family Planning and maternal and MCH board was established. Family planning and maternal and child health project is responsible for the delivery of FPLMCH services to the entire population of whole society.

There are 40 district offices of the project, which carry out the children programs in 52 districts out of 75 districts of the kingdom since 1996. The community health and integrated project under the ministry of Health is responsible for providing family planning services in the rest 23 districts (BCHIMES, 1983). The ministry organization was restricted to accommodate a majority of vertical projects staff members. In 1987, Nepal Government made a decision regarding to family planning services would be provided by integrating all vertical projects in all 75 districts with the restructuring to the ministry, the Integrated Community Health Services Department Project (ICHSDP) was abolished and converted into the public health division in 1987. Furthermore, it is integrated with reproductive health in 1996 and adopted some strategies.

The main causes of low use of contraception in Nepal are high infant mortality, old age security, joint family system and lack of communication between husband and wife (Tuladhar, 1989). Another reason low use of contraception is the desired. Family size of Nepali couple is high (Dahal, 1992), Hindu is a largest religious group in the country. Islam followed by 2-second position in the terai region. Knowledge of contraceptives method was measured firstly by asking respondents to mentions all the methods they know spontaneously and then by probing the names of contraceptives whether they had heard or not. The former termed as spontaneous knowledge of contraceptive minted while the later is referred to as probed knowledge of contraceptives method. Similarly

practice of method measures by asking the respondents opinion of usefulness or advantage or disadvantage of any method (KC et al, 1996).

The main thrust of the national health policy (1993), related to the national reproductive health and family planning (RHIFP) program is to expand and sustain adequate quality family planning services to the community level through all health facilities hospitals, primary health care (PHC) centers, health post, sub health post (SHP), outreach clinic and mobile voluntary surgical contraception (VSC) caps. The policy also aims to encourage NGO's social marketing organization, as well as private practitioners to complement and supplements government efforts. Community level volunteers (TABs, FCHWS) are to be mobilized to promote condoms distributions and resupply of oral pills. Awareness on RHIFP is to increased through various IFC intervention as well as active involvement of FCHVS and mother groups as envisage by the national strategy for female community health volunteers, (MOH, 2002/03).

Dr. Nafis Sadik (1980) has said that very high proportion of women knew at least one method of family planning. The educational level was found to be most closely associated with knowledge of contraceptive method regarding the practice of family planning, the percentage of practicing the contraceptive ranged widely from 7.3 percent Pakistan to 65 percent Panama. Thus, wide gap between one country to another country.

Since mid 1970's number of fertility, contraceptive and health survey were conducted in Nepal. The major surveys are Nepal fertility Survey (NFS, 1976), Nepal Contraceptive Prevalence Survey (NCPS, 1981). Nepal Fertility Family Planning Survey (NFFPS, 1986), Nepal Family Health Survey (NFHS, 1996) and Nepal Demographic and Health survey (NDHS, 2001).

## **Review of National Policies and Plan**

The initiation of National policies in Nepal goes back to late fifties since Nepal launched its five year Plan. As of now, Nepal has completed ten periodic plan. The population related issues, policies and programs have been embraced more or less in all these periodic plans. A review of National policies and plan pursued through the periodic ninth and tenth plan is presented below.

The Ninth plan's long-term schemes were to materialize the concept of two children only in Ninth plan period and to get the total rate of fertility to the replacement level in 20 years. Similarly, in Ninth plan, the major objectives were to carry out various population related programs for attracting the common people to a small family size according to the concept of two children. The objective of the tenth plan to associate the people into development activities through the development of small and quality family. The targets of tenth plan to reduce TFR from 4.1 per women in 2001 to 3.5 per women by the end of the 10 five year plan and to 2.05 in 2017. And to raise the contraceptive prevalence rate to 47 percent by the end of 10 five year period and to 58.2 percent by 2017. (Monograph, vol. II, 2003)

A study done by family planning association of Nepal in 1997 on growing unmet need for family planning Association of Nepal operation are (24 districts) found following affecting unmet needs lack of necessary (24districts) found following factors affecting unmet needs lack of necessary knowledge of contraceptive perception that contraceptive are socially and culturally unaccepted, fear of side effects, inadequate family planning services, disapproval of husbands, perception of being low risk of conceiving.

Information about knowledge of contraceptive method is presented for all women and men as well as for currently married and never married women and men by specific method. Findings from 2006 NDHS shows 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 method among currently married women are injectabel (99%), female sterilization (99%), condom (97%), male sterilization (96%) and

contraceptive pills (95%), use of a modern method among currently married women is highest in the Terai (48%), followed by Hill (41%) and Mountain (36%).

#### **2.4 Views of medieval Islam Jurists on contraception**

Islam religion leaders are called either maulvi or mullah in local languages have directly or indirectly impact on the behavior change of the community. Islam religious leader are often assumed to hold more conservative attitudes than the general population on FP. Indeed, Islam religious leader's views and attitude toward FP is often misinterpreted. While they can be expected to refer to religious texts for guidance to interpret the acceptability of new ideas. They are as reinforcing factors for the community. Hence their opinion was assessed before making any conclusion.

Islam jurists do not speak with one voice on the question of birth prevention, on its lawfulness, on conditions for practice and on methods that may be used. Islam jurists determine the lawfulness of an act on the basis of a method which comprises four principles or source (usul). Two of these (Quran and Sunnah) are religious sources. The other two principals include analogical reasoning (qiyas) and the consensus of the 'ulama (ijma)'.

The most detailed analysis of Islamic permission of contraception was made by the great leader of the Shafi'i school of jurisprudence, al Ghazzali (1058-1111). He discussed this issue in his great work *Jhya ulumal-Din* (the revival of religious sciences), in the chapter on biology in religion.

Al-Ghazzali stated that "there was no basis for prohibiting azl. For prohibition in Islam was possible only by adducing an original text or by analogy with a given text. In the case of contraception, there was no such text, nor was there any principle on which to base prohibition.

In his view, coitus interruptus was permitted absolutely (muban) and his permission could be ratified by analogical reasoning. A man could refrain from marriage, or marry but abstain from mating or have sexual mating but abstain from ejaculation inside the vagina....

Azl. Although it was better to marry, have intercourse and have ejaculation inside the vagina, abstention from these was by no means forbidden or unlawful.

Al-Ghazzali made distinction between infanticide contraception. He said that “A child could not be formed merely by the emission of the spermatic fluid but by the setting of semen in the women’s womb, for children were not created by the man’s semen alone but of both parents together. So contraception could not be compared with infanticide which was the killing of an existing being while contraception was different”.

In the process of contraception the two (male and female) emissions are analogous to two elements, ‘offer’ (ijab) and acceptance (qabul) which are components of a legal contract in Islamic law. Someone who submits offers and then withdraws it before the other party accepts it is not guilty of any violation, for a contract does not come into existence before acceptance. In the same manner, there is no real difference between the man’s emission and retention of the semen unless it actually mixes with the women’s ova.

## **2.5 Conceptual Framework**

This study focus on the relationship between knowledge attitude and practice of contraceptives and religious restriction and some selected socio-economic and demographic variable in madeshi community and religious groups Hindu and Islam. This study concludes the literacy is the most important variables for enforcing the use of contraception.

Demographic variables includes age, sex, age at marriage, number of living children, infant and child mortality which affects contraceptive knowledge and use. Likewise which affects contraceptive knowledge and use and the focused on the IFC variables like radio, TV, and there important variable for affecting use of contraception.

## **Conceptual Framework**



## **CHAPTER THREE**

### **METHODOLOGY**

Methodology is the way to get reliable and valid information. Methodology helps to obtain the objectives of the study. This study will follow the methodology under the following steps:

#### **3.1 Introduction of the Study Area**

Ram gram municipality is only one municipality in Nawalparasi district. It lies in Nawalparasi district which falls in the Western region of Nepal. This municipality is expanded up to border of manari VDC in the east, Hakui VDC in the west, Swathi in the south and Palhi VDC in the north.

Demographically, there is 24,444 populations in the municipality according to 2062 B.S. (Ramgram Municipality Office), The municipality is the settlement of multi-castes, multi lingual and multi religious groups.

There are some reasons behind selecting this study:

- This study would be a special and it can represent social problem of this particular society area.
- Firstly, researcher is local herself by which reliable information can easily get.
- This study is limited in this area because large area takes more time and cost.

#### **3.2 Sources of Data**

This study is based on primary data. Data is collected from a well-structured question from eligible 64 Hindu and 56 Islam married of reproductive Women respondent of age group 15-49 years. As complementary of primary data, secondary data is used. The secondary data is obtained from different secondary sources, such as journal, educational statistics, monograph, survey report, bulletins, Ramgram municipality office, local FPAN office etc.

### **3.3 Sampling Technique**

The study used purposive sampling method for selecting study area and respondents. For the study purpose, Ramgram Municipality ward number 3 of Nawalparasi district was selected. Among the 513 household of the ward no. 3 120 households were selected purposively for the study. Comparatively 64 household from Hindu religion follower and 56 from Muslim religion followers. In this way 120 married women of reproductive aged 15-49 years were taken for sample population. Because there were found at least one women in all household.

### **3.4 Data Collection Method**

Required information for this study was collected through direct interview method using well-prepared questions. The researcher herself visited the study area and personally involved to fill up the questionnaire for married women who was 15-49 years age group.

### **3.5 Questionnaire Design**

Questionnaires constituted the major tools of the study. It was designed to explore the necessary information with respect to knowledge and use of contraception in madeshi community and two religious group Muslim and Hindu. The questions are designed to obtain two types of information households and individual. Household information is divided into two parts respondents' household background and socio-economic status of household.

#### **Section (1)**

1. Individual questionnaire
2. Household information

#### **Section (2)**

1. Individual (Respondent General Information)
2. Contraception knowledge
3. Attitude of family planning
4. Practice of family planning
5. Traditional values on family planning

### **3.6 Data Analysis**

The data analysis is simply based on descriptive form. Filled up questionnaires were carefully checked to remove possible errors and inconsistency. The frequency tables, cross tabulations and other necessary information were extracted from the SPSS edited data. Before analyzing data, through editing was carried out to maintain consistency and accuracy.

### **3.7 Selection of Variables**

There are two types of variables namely

- ) Independent variables
- ) Dependent variables

#### **3.7.1 Selection of Independent Variables**

- ) Age of respondents
- ) Sex of respondents
- ) Marital status of respondents
- ) Religion of the respondents
- ) Size of family
- ) Education of women
- ) Occupation of women

#### **3.7.2 The selection of Dependent Variable**

- ) Knowledge about contraception
- ) Attitude of family planning method
- ) Practice of family planning
- ) Traditional values of family planning
- ) Use of contraception

### 3.8 Operation Definition of the variables

- ) **Age of respondents:-** The completed age of respondents, This study is limited to the 15-49 age group of women.
- ) **Caste of Respondents:-** Five caste/ethnic groups are included in questionnaire considering the society in study area.
- ) **Religion:-** There are two religion groups are included Hindu and Islam and other religion people are not considered.
- ) **Education level:-** The highest level of educational attainment of respondents. Respondents are reported their education.
- ) **Family size:-** The number of person living together in same households.
- ) **Occupation:-** The current and major occupation of respondents, for this purpose question has been divided into five categories, when respondents could choose.
- ) **Knowledge on family planning:-** Many studies have explained knowledge of family planning on the basis of heard or not. So, this studies has used same definition for knowledge.
- ) **Practice of family planning:-** In regard to practice, the respondents, use of contraceptive device during sexual intercourse.

## CHAPTER FOUR

### DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF RESPONDENTS

This chapter provides some demographic and socio-economic characteristics of Hindu and Islam religion followers of respondents of Madeshi women. Demographic characteristics provides age, and age at marriage and socio economic characteristics provide educational attainment, major occupation, size of land holding household facilities of the study area.

#### 4.1 Age Composition

Age structure plays an important role in over all demographic structure therefore, age composition of the population is one of the major consideration of the demographic analysis.

**Table 4.1: Distribution of the Respondents by Age group**

Age group	Islam		Hindu	
	No.	Percent	No.	Percent
15-19	9	16.1	3	4.7
20-24	8	14.3	7	10.9
25-29	9	16.1	19	29.7
30-34	9	16.1	10	15.6
35-39	11	19.6	11	17.2
40-44	8	14.3	11	17.2
45-49	2	3.6	3	4.7
Total	56	100.0	64	100.0

Source: Field Survey, 2010

Table 4.1 shows that, among 56 Islam respondents, 16.1 percent Islam respondents are reported in age group 15-19, 25-29 and 30-34, 14.3 percent age group included in 20-24 and 40-44, 19.6 percent respondents are included in 35-39 year age group. Similarly among 64 Hindu respondents, 4.7 percent respondents are reported in 15-19 and 45-49 age group, 10.9 percent include 20-24 age group, 29.7 percent are 25-29 age groups respondents, 15.6 percent respondent are reported in 30-34 age group and 17.2 percent are including 35-39 and 40-44 age group.

## 4.2 Age at Marriage

Age at marriage directly affects the period of sexual union within the reproductive period. Age at marriage plays vital role in fertility as well as in population growth.

**Table 4.2: Distribution of Respondents by their Age at Marriage**

Age at Marriage	Islam		Hindu	
	No.	Percent	No.	Percent
less than 10 years	5	8.9	10	15.6
10-14 years	32	57.1	25	39.1
15-19 years	17	30.4	16	25.0
More than 20 years	2	3.6	13	20.3
Total	56	100.0	64	100.0

Source: Field Survey, 2010

Table 4.2 shows that 8.9 percent Islam respondents married at below 10 years of age, 57.1 percent married at 10-14 years of age, 30.4 percent married at 15-19 years age. Among Hindu respondents 15.6 percent married at below 10 years of age, 39.1 percent married at 10-14 years of age, 25.0 percent married at 15-19 years of age and 20.3 percent married at more than 20 years of age respectively.

The data shows that both religious groups were married in childhood, so this community followed child marriage.

## 4.3 Children Ever Born

Children ever born means the no. of children at least one. So, Table 4.3 shows that 39.3 percent Islam respondents have more than three children and 26.6 percent Hindu respondents have more than three children. We should said that the no. of children high Islam respondents than Hindu respondents.

**Table 4.3 Distribution of Respondents by Children Ever born**

Age at Marriage	Islam		Hindu	
	No.	Percent	No.	Percent
No child	12	21.4	8	21.4
1-2	10	17.9	17	26.6
3	12	21.4	22	34.4
more than 3	22	39.3	17	26.6
Total	56	100.0	64	100.0

Source : Field Survey, 2010.

#### 4.4 Education of Respondents

Literacy is the major factor to bring change in people's attitude. Impact of literacy status in contraceptive use is more evaluated.

**Table 4.4: Distribution of Respondents by Educational Attainment**

Educational Attainment	Islam		Hindu	
	No.	Percent	No.	Percent
Illiterate	28	50.0	28	43.8
Non formal Education	2	3.6	1	1.6
Primary	18	32.1	20	31.3
Secondary	5	8.9	5	7.8
SLC and above	3	5.4	10	15.6
Total	56	100.0	64	100.0

Source: Field Survey, 2010

In this study among 56 Islam respondents, 50.0 percent Islam respondents are illiterate, 3.6 percent have non-formal education, 32.1 percent primary level 8.9 percent secondary and 5.4 percent have SLC and above. Among 64 Hindu respondents, 43.8 percent Hindu respondents are illiterate, 1.6 percent have non-formal education, 31.3 percent primary level, 7.8 percent. Secondary and 15.6 percent have SLC and above. So this study shows that Hindu respondents more educated than Islam respondents.

#### 4.5 Education of Husband

In this study area among 56 Islam respondents, 25.0 percent Islam respondents husband are illiterate and 33.9 percent have primary education such as 64 Hindu respondents husband are illiterate and only 39.1 percent have primary education.

**Table 4.5 Distribution of Respondents by education of husband**

Educational Attainment	Islam		Hindu	
	No.	Percent	No.	Percent
Illiterate	14	25.0	11	17.2
Primary	19	33.9	25	39.1
Secondary	9	16.1	7	10.9
SLC and above	8	14.3	11	17.2
Only literate	6	10.7	10	15.6
Total	56	100.0	64	100.0

Source: Field Survey, 2010

#### 4.6 Occupation of Respondents

Out of total 120 respondents, 23.2 percent Islam respondents are engaged in own agriculture, 16.1 percent respondents engaged in daily wages, and 57.1 percent respondent were not engaged in any occupational work they are only housewife. Similarly, 53.1 percent Hindu respondents engaged in own agriculture work 4.7 percent respondents were not engaged in daily wages and 34.4 percent respondents are not engaged in any work they are only housewife. So, comparatively Hindu respondents engaged occupation greater than Islam respondents.

**Table 4.6: Distribution of Respondents According to Occupation**

Occupational Background	Islam		Hindu	
	No.	Percent	No.	Percent
Own Agriculture	13	23.2	34	53.1
Services	1	1.8	2	3.1
Business	1	1.8	2	3.1
Daily wages	9	16.1	3	4.7
Agricultural labor	-	-	1	1.6
Housewife	32	57.1	22	34.4
Total	56	100.0	64	100.0

Source: Field Survey, 2010

#### 4.7 Land Ownership

The respondents were asked to specify whether they have land or not. Availability of these facilities helps to know their economic situation. Table 4.7 shows the distribution of respondents according to landownership.



**Table 4.7: Distribution of Respondents by Landownership**

Land Ownership		Islam		Hindu	
		No.	Percent	No.	Percent
Own land	Yes	42	75.0	60	93.8
	No	14	25.0	4	6.3
Amount of land	<1 Bigha	17	40.5	17	28.3
	1-2 Bigha	17	40.5	23	38.3
	More than 2 Bigha	8	19.0	20	33.3
Total		42		60	

Source: Field Survey, 2010

Among 120 respondents only 102 respondents have own agriculture land from both religion. Out of 42 Islam household 40.5 percent have less than 1 bigha and 19.0 percent have more than 2 bigha which also seen that 71.4 percent were depended on own agriculture food production in whole year and 28.6 percent are only few months depended on own agriculture food production in whole year and 16.7 percent are only few months depend on own agriculture food production.

#### 4.8 Income

Nepal is developing country. Economic status of Nepalese people is very poor. Many people are in the below of poverty line. They are struggling for hand to mouth problem. The economic condition of people of study area is also poor. The annual household income of respondents is presented in table.

**Table 4.8: Distribution of Respondents by Annual Household Income**

Annual Household Income	Islam		Hindu	
	No.	Percent	No.	Percent
less than 5000	6	10.7	8	12.5
5000-10,000	5	8.9	11	17.2
10,000-20,000	16	28.6	13	20.3
more than 20,000	29	51.8	32	50.0
Total	56	100.0	64	100.0

Source: Field Survey, 2010

In this study area, among 56 Islam religious groups, 10.7 percent people have less than Rs. 5000 annual income, 8.9 percent have Rs. 5000-10000 annual household income,

28.6 percent have Rs. 10,000-20,000 annual household income and 51.8 percent have more than 20,000 annual household income. Similarly, among 64 Hindu religious group, 12.5 percent people have less than Rs. 5000 annual income, 17.2 percent people have Rs. 5,000-10,000 annual income, 20.3 percent people have Rs. 10,000-20,000 annual income and, 50.0 percent people have more than 20,000 annual household income. Above information shows that both religious group have poor economic condition.

#### 4.9 Household Facilities

The respondents were asked to specify whether they have the household facilities such as electricity, radio, telephone, television, magazine newspaper and vehicle or not. Availability of these facilities helps to increase the level of knowledge on contraception. Table show the distribution of respondents by availability of the household facilities.

**Table 4.9: Distribution of Respondents by Household Facility**

Facilities	Islam		Hindu	
	No.	Percent	No.	Percent
Electricity	55	98.2	63	98.4
Telephone	42	75.0	47	73.4
Radio	36	64.3	41	64.1
Television	36	64.3	49	76.6
Magazine	8	14.3	14	21.9
Newspaper	4	7.1	11	17.2
Vehicle	5	8.9	11	17.2
Total	56	100.0	64	100.0

Source : Field Survey, 2010.

Table 4.9 shows that 98.4 percent of Hindu respondents and 98.2 percent of Islam respondents have electricity. Similarly, other facilities such as, telephone, radio, television, magazine, newspaper and vehicle both castes have respectively.

#### 4.10 Drinking Water and Toilet Facilities

In this study area among 56 Islam respondents 87.5 percent of Islam household reported that the source of drinking water is Tube well followed by piped water 12.5 percent are

only. While among 64 Hindu respondents 65.6 percent Hindu household whose source of drinking water is tube well followed by piped water 32.8 percent and well 1.6percent.

Table 4.10 also shows that among 56 Islam respondents only 30.3 percent have toilet facilities and other 69.6 percent have no any toilet facilities they should go field. Similarly among 64 Hindu respondents 43.8 percent have toilet facilities.

**Table 4.10: Distribution of Respondents According to their Sources of Drinking Water and Toilet Facilities**

Characteristics	Religion			
	Islam		Hindu	
Sources of drinking water	No.	Percent	No.	Percent
Piped water	7	12.5	21	32.8
Tube well	49	87.5	42	65.6
Well	-	-	1	1.6
Total	56	100.0	64	100.0
Toilet Facilities				
Flush	-	-	6	9.4
Pan	12	21.4	13	20.3
Traditional	5	8.9	9	14.1
No/Field	39	69.6	36	56.3
Total	56	100.0	64	100.0

Source: Field Survey, 2010

## CHAPTER FIVE

### KNOWLEDGE AND USE OF FAMILY PLANNING METHODS

#### 5.1 Knowledge of Contraceptive Devices

Information regarding family planning has started in 1958 by the family planning association of Nepal (FPAN). However, family planning services was available to general public only in 1968 after the implementation of the third five year plan. The government has been very much involved since than to provide various family planning services to its people.

##### 5.1.1 Heard About Family Planning

To find out the knowledge of respondents regarding the family planning method in the study area, a question was asked to currently married respondents aged 15-49 years about the contraceptive methods. The response of this question between two religious groups is presented in Table no. 5.1.

**Table 5.1: Distribution of Respondents by Knowledge of Contraception**

Knowledge	Islam		Hindu	
	No.	Percent	No.	Percent
Yes	49	87.5	64	100.0
No	7	12.5	-	-
Total	56	100.0	64	100.0

Source: Field Survey, 2010

From the Table no. 5.1, it can see that in the study area, cent percent Hindu women have knowledge of any method of family planning. Similarly, among 56 Islam religion followers' women groups, 87.5 percent have knowledge and 12.5 percent have no knowledge of any method of family planning. Higher proportions of Hindu respondents have knowledge than Islamic people about family planning method. Because of modern communication media, most of the respondents had at least basic knowledge about family planning.

### 5.1.2 Knowledge of Specific Contraceptive Methods

In table 5.2, information about knowledge of specific contraceptive methods was presented. The known of specific contraceptive methods among Islam respondents were condom (41.1%), IUD (7.1%), Injections (37.5%), Oral (19.6%), Sterilization (66.1%). Cent percent respondents do not have any idea for folk method and withdrawal method. Similarly, among 64 Hindu respondents were known of specific contraceptive methods: Condom (65.6%), IUD (18.8%), and Injection (51.6%). But 98.4 percent does not have any idea about folk method and with draw method.

**Table 5.2: Distribution of Respondents by Knowledge of Specific Methods**

Method	Islam		Hindu	
	No.	Percent	No.	Percent
Condom	23	41.1	42	65.6
IUD	4	7.1	12	18.8
Injections	21	37.5	33	51.6
Oral	11	19.6	33	51.6
Sterilization	37	66.1	38	59.4
Folk method	-	-	1	1.6
With drawl method	-	-	1	1.6
Total	56	100.0	64	100.0

Source: Field survey, 2010.

### 5.1.3 Sources of Information about Contraceptives

Respondents get information about different devices and methods from different sources. When the respondents were asked how they had to know about family planning methods, most of them said that they had heard in different sources, which are presented in Table no. 5.3.

**Table 5.3: Distribution of Respondents by Source of Knowledge of Family Planning**

Source	Islam		Hindu	
	No.	Percent	No.	Percent
Radio/TV	38	77.6	54	84.4
Clinic	20	40.8	37	57.8
Hospital	19	38.8	29	45.3
Relative Friend	9	18.4	20	31.3
Teacher	4	8.2	18	28.1
FP Office	2	4.1	13	20.3
Total	49		64	

Source: Field Survey, 2010.

*Note: The total percentage may exceed hundred due to the multiple responses.*

In Islam group about 49 respondents who have knowledge of contraception them, 77.6 percent respondent have information of contraceptives devices from communication media, like radio/TV 40.8 percent from clinic, 38.8 percent form Hospital, 18.4 percent relative friend, 8.2 percent from Teacher and 4.1 percent from family planning office. Within 64 Hindu groups, 84.4 percent have information from communication media, 57.8 percent from clinic, and 45.3 percent from Hospital, 31.3 percent from friends and relative, 28.1 percent from Teacher and 20.3 percent from FP office.

From Table no. 5.3, the mass media plays vital role in dispersing knowledge about family planning. Therefore, in future, the radio /TV program should be utilized properly to reach the people with family planning messages. This study shows that there is a high level of awareness regarding the family planning methods.

**Table 5.4: Distribution of Respondents who Heard FP Advertisement on TV/ Radio**

Heard	Islam		Hindu	
	No	Percent	No	Percent
Yes	38	80.4	60	93.8
No	18	19.6	4	6.3
Total	56	100.0	64	100.0

Sources: Field Survey 2010

Islamic respondents watch/hear advertisement about FP method on radio and TV, where as only 32.1 percent Islam and 6.3 percent Hindu respondent does not watch/hear

Contraceptive methods advertisement on radio and TV. Among those who heard, 98.3 percent Hindu and 97.8 percent Islamic respondents said that style of FP advertisement is right. However, 2.2 percent Islam and 1.7 percent Hindu respondent said that advertisement style is wrong.

#### 5.1.4 Supply of Family Planning Method

There are difference sources to provide the family planning method in the study area. All the respondents knew about the different places where family planning services are currently provided major sources of method in study area are presented in table no. 5.5

**Table 5.5: Distribution of Respondents by their knowledge on Supply of Contraceptive**

Sources	Islam		Hindu	
	No.	Percent	No.	Percent
Hospital	36	64.3	32	50.0
Health Center	15	26.8	35	54.7
Medical	12	21.4	26	40.6
FP office	4	7.1	13	20.3
Health Worker	-	-	6	9.4
Don't know	7	12.5	2	3.1
Total	56	100.0	64	100.0

Source: Field Survey, 2010.

Out of total 120 respondents, 64.3 percent Islam respondents said that Hospital is sources of contraception supply, 26.8 percent said health center, 21.4 percent said medical, 7.1percent said FP office and 12.5 percent are doesn't know what source of contraceptive supply.

Among Hindu respondents, 50.0 percent said that Hospital is sources of contraceptive supply, 54.7 said health center, 40.6 percent said medical, 20.3 percent said FP office and 9.4 percent said Health worker but 3.1 percent respondent are doesn't know what source of contraceptive supply. It is followed by Hospital and Health center among both Hindu and Islam religious group.

### 5.1.5 Advantages of Family Planning Method

There are various advantages of FP methods. The advantages of FP method as told by the respondents of study area are illustrated in table no. 5.6.

**Table 5.6: Distribution of Respondents by Their view about Advantage of FP method.**

Type of Advantage	Islam		Hindu	
	No.	Percent	No.	Percent
To improve economic and education	2	3.6	8	12.5
To delay and to limit the birth	39	69.6	44	68.8
To make better health of child and mother	1	1.8	9	14.1
Don't know	14	25.0	3	4.7
Total	56	100.0	64	100.0

Source: Field Survey, 2010.

Table 5.6 shows that among 120 respondents, 3.6 percent Islamic people and 12.5 percent Hindu respondent believe that FP helps to improve economic condition and education, 69.6 percent Islam and 68.8 percent Hindu respondent said that FP helps to delay and to limit the birth, 1.8 percent Islam and 14.1 percent Hindu respondent said that the advantage of FP is to make better health of child and mother and 25.0 percent Islam and 4.7 percent Hindu respondents have no idea about the advantage of FP method.

Majority of Islamic and Hindu respondents agree that the family planning helps to delay and to limit the birth.

## 5.2 Use of Family Planning

### 5.2.1 Ever use of Family Planning Methods

Ever use meaning the use of family planning method at least once currently or in the past. Family planning devices helps the people to prevent from unwanted pregnancies. The Respondents were asked whether they had ever used a contraceptives method.



**Table 5.7: Distribution of Respondents by Ever use of Family Planning Method**

Use	Islam		Hindu	
	No.	Percent	No.	Percent
Yes	15	26.8	47	73.4
No	41	73.2	17	26.6
Total	56	100.0	64	100.0
Name of device				
Pills	3	20.0	12	25.5
IUD	-	-	3	6.5
Condom	1	6.7	12	25.5
Norplant	-	-	-	-
Sangini	5	33.3	5	10.6
Male Sterilization	2	13.3	-	-
Female Sterilization	4	26.7	15	31.9
Total	15	100.0	47	100.0

Source: Field Survey, 2010

From table 5.7 it can be seen that 26.8 percent Islam respondents have ever used contraceptive. While, 73.2 percent have not ever used any contraceptive method. Among Hindu respondents 73.4 percent have ever used contraceptive method and 26.6 percent have not ever used any method of contraception.

It shows that Hindu have more contraceptive prevalence rate than Islam. This study shows that a lower number of Islam respondents well using contraceptive at least once sterilization, pills and condom are the most popular method among both religious groups out of given devices.

### **5.2.2 Current Use of Family Planning**

Respondents are currently using the contraception in the period of field survey. The respondents were asked current use of family planning in study area is presented in table no. 5.8.

**Table 5.8: Distribution of Respondents by Currently Use of FP**

Current use of Contraception	Religion			
	Islam		Hindu	
	No.	Percent	No.	Percent
Yes	12	21.4	39	60.9
No	44	78.6	25	39.1
Total	56	100.0	64	100.0

Source: Field Survey, 2010

21.4 percent Islam and 60.9 percent Hindu respondents are currently using the contraception but 78.6 percent Islam and 39.1 percent Hindu respondents does not using contraception because there are so many causes just like Husband discourage, currently pregnant, religious restriction etc.

### 5.2.3 Reason for Not Using Family Planning Method

All the ever married couple has not ever used the contraceptive device, 'why the married people of reproductive age have not ever used the contraception.' Those respondents were requested to tell the reason for using any contraceptive methods which couple has never used the contraceptive. The reason for not using the contraception in the study area is presented in table no. 5.9.

**Table 5.9: Distribution of Respondents by Reason for not using contraception who have not ever used among those.**

Causes	Islam		Hindu	
	No.	Percent	No.	Percent
Not available	1	2.3	5	20.0
Husband discourage	7	15.9	6	24.0
Religious restriction	11	25.0	-	-
Currently pregnant	1	2.3	5	20.0
Other	24	54.5	9	36.0
Total	44	100.0	25	100.0

Source: Field Survey, 2010

Among 44 Islam respondents who were not using FP method, 2.3 percent reported reason as not available contraceptive device, 15.9 percent said Husband discourage to use FP;

25.0 percent said that they are not using family planning because it is religious restriction, and 54.5 percent respondents doesn't tell any reason for non using any contraception method.

Similarly among Hindu, respondents 20.0 percent said that not available of contraceptive device, 24.0 percent reported husband discourage to use of contraception, 20.0 percent reported they are currently pregnant and 36.0 percent respondents doesn't tell any reason for non use of contraception.

### 5.3 Appropriate Age of Child Bearing for Women

"Which is the appropriate age of child bearing?" There is no exact answer but below 20 years is risky for the health of child and mother. All currently married respondents asked about appropriate child bearing age at the time of survey. In the study area, respondents view about appropriate child bearing age at the time of survey. In the study area, respondents view about appropriate age of child bearing is presented in Table no. 5.10.

**Table 5.10 Distribution of Respondents by Their view about Appropriate Age of Child Bearing**

Age	Islam		Hindu	
	No.	Percent	No.	Percent
Under 20	24	42.9	19	29.7
20-24	28	50.0	30	46.9
25-29	1	1.8	12	18.8
Don't Know	3	5.4	3	4.7
Total	56	100.0	64	100.0

Source: Field Survey 2010

From table 5.10 it can be seen that 42.9 percent Islamic respondents perceive under 20 years of age as the appropriate for child bearing, 50.0 percent 20-24 years, 1.8 percent said 25-29 years and 5.4 percent have no idea about the appropriate age of child bearing.

Among Hindu respondents, 29.7 percent Hindu respondents perceive under 20 years of age as the appropriate for child bearing, 46.9 percent said for 20-24 years, 18.8 percent

said 25-29 years and 4.7 percent have no idea about the appropriate age of child bearing. Most of the respondent of Islam and Hindu perceive that 20-24 years of age as the appropriate age of child bearing.

#### 5.4 Birth Spacing

The difference between the times of two birth first and second birth interval is called as 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. Studies area's respondent's views about birth spacing are tabulated in Table no. 5.11.

**Table 5.11: Distribution of Respondents about Their View on Birth Spacing**

Birth Spacing	Islam		Hindu	
	No.	Percent	No.	Percent
1 year	-	-	3	4.7
2 year	39	69.6	26	40.6
3 year	14	25.0	14	21.9
4 year	1	1.8	9	14.1
Above 4 year	-	-	8	12.5
Don't Know	2	3.6	4	6.3
Total	56	100.0	64	100.0

Survey: Field survey, 2010

From Table no. 5.11 it can be seen that 69.6 percent Islam respondents said that two year birth spacing is better for health of women and child whereas, 25.0 percent said three year and 1.8 percent said four year as the appropriate birth spacing time 3.6 percent have no idea about appropriate birth spacing. Among Hindu respondents 40.6 percent said two year, birth spacing is the better for health of women and child whereas, 4.7 percent said one year, 21.9 percent said three year, 14.1 percent said four year, 12.5 percent said above four year and 6.3 percent have no idea about appropriate birth spacing. Most of the respondents have knowledge about the birth spacing probably. It may be reason of Mass media's advertisement.

### 5.5 Desire for Additional Children

"Do you want (additional) after children?" Among Islam respondents 37.5 percent said that they want more children (additional) but 62.5 percent said that they do not want more children.

Similarly 32.8 percent Hindu respondents said they want more children and 67.2 percent did not want more children, which shows that Islamic people are interested to more children than Hindu respondents.

**Table 5.12: Distribution of Respondent who wants to have more children**

Want more child	Islam		Hindu	
	No.	Percent	No.	Percent
Yes	21	37.5	21	32.8
No	35	62.5	43	67.2
Total	56	100.0	64	100.0
Sex of Child				
Son	18	85.7	20	95.2
Daughter	3	14.3	1	4.8
Total	21	100.0	21	100.0

Source: Field Survey, 2010

Among Islam respondents who want child, 85.7 percent want son and 14.3 percent want more daughters. Similarly among Hindu group 95.2 percent respondents want son and 4.9 percent want daughter. The above information shows that Hindu respondent want to have more sons than Islam respondents.

### 5.6 Ideal Family Size

"Two children are the gift of god" is popular slogan of family planning association. The family which has more than two children is not ideal family. A ideal family size of Hindu and Islam religious group is study area is presented in Table no. 5.13.

**Table 5.13 Distribution of Respondents by their Ideal Size of Family**

Ideal Family Size	Islam		Hindu	
	No.	Percent	No.	Percent
One son and one daughter	6	10.7	35	54.7
One daughter and Two son	14	25.0	19	29.7
Two son	13	23.2	5	7.8
Two daughter	2	3.6	-	-
Two son and Two daughter	11	19.6	1	1.6
Don't Know	10	17.9	4	6.3
Total	56	100.0	64	100.0

Source: Field Survey, 2010

Table no. 5.13 shows that among 56 Islamic respondents, 10.7 percent people have ideal family size of one son and one daughter, 25.0 percent preferred one daughter and Two sons, 23.2 percent preferred Two son, 3.6 percent preferred Two daughter, 19.6 percent preferred Two son and Two daughter and 17.9 percent have no idea about ideal family size. Among Hindu respondents, 54.7 percent people have ideal family size of one son and one daughter, 29.7 percent preferred one daughter and two son, 7.8 percent preferred two son, 1.6 percent preferred two son and two daughter and 6.3 percent have no idea about family size.

Hindu respondents preferred two children for ideal family size but Islamic respondent preferred 3 children for ideal family size. It was noted that though we have been continuously debating about the equality of son and daughter, the deeply rooted traditional Nepal thinking of a need for a son is still powerful in our society.

### **5.7 Side Effect of Contraceptive Devices**

There is different negative effect of medicine in human life; Contraceptive method also shows the negative effect in some cases. Some side effects of contraceptive device occurred to user of study area is presented in Table no. 5.14.

**Table 5.14: Distribution of Respondents by side effects of family planning**

Side effect	Islam		Hindu	
	No.	Percent	No.	Percent
Yes	6	50.0	11	28.2
No	6	50.0	28	71.8
Total	12	100.0	39	100.0
<b>Types of Side Effects</b>				
Headache	5	83.33	10	90.9
Weakness	1	16.7	1	9.1
Backache				
Weight loss				
Disturbed of ,menstruation				
Total	6	100.0	11	100.0

Source: Field Survey, 2010

12 Islam and 39 Hindu respondents are currently using the contraception in the period of field survey. Among Islam respondents of current users, 83.3 percent feel headache and 16.7 percent feel weakness. Among Hindu, 90.9 percent feel headache and 9.1 percent feel weakness.

### **5.8 Traditional value about family planning**

These values which transfer from one generation to another generation are known as traditional value. In every society have different types of traditional value in every sector. In family planning and marriage there are also some traditional values in different religious group. Some traditional values about family planning in study area in different religious groups are described in below. In family planning there are different traditional value and norms in Hindu and Islam religious group in a study area which are presented in Table no. 5.15.

**Table 5.15: Distribution of Respondents by Traditional value, Norms and Religious Restriction towards FP Methods**

Is there any traditional norms, values and religious restriction	Religion			
	Islam		Hindu	
	No.	Percent	No.	Percent
Yes	40	71.4	-	-
No	16	28.6	64	100.0
Total	56	100.0	61	100.0

Survey: Field Survey, 2010

From the Table no. 5.15, it is seen that 71.4 percent Islam respondents said there is religious restriction regarding use of FP method but 28.6 percent said no restriction. In Hindu religion there is no any traditional restriction regarding use of FP method.

### 5.8.1 Level of Restrictions

Among Islam respondents 72.5 percent respondent said strong restriction for use of contraception, 27.5 percent said very strong restriction for use of contraception. So the data show that the Islam respondent cannot use contraception easily.

**Table 5.16: Distribution of Respondents by level of Restriction about Family**

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Strong the restriction	Islam		Hindu	
	No.	Percent	No.	Percent
Strong	29	72.5	-	-
Very Strong	11	27.5	-	-
Normal	-	-	-	-
Total	40	100.0	64	100.0

Source: Field Survey, 2010

### 5.8.2 Feeling about Restriction

From the given Table no. 5.17, it can see that 67.5 percent respondent agree that the restriction of family planning is good but 32.5 percent not agree about restriction of family planning.

**Table 5.17: Distribution of Respondents by feel good or bad about the restriction of use of FP**

Feeling about Restriction	Islam	
	No.	Percent
Good	27	67.5
Bad	13	32.5
Total	54	100.0

Source: Field Survey, 2010

They should want to change about restriction of family planning because family planning is there right.



## Cross Tabulation

### 5.9 Prevalence of Currently Using of Contraception

From the field survey data, there are 51 Respondents who are currently using of contraception and it is shown on following tables from selected background characteristics.

**Table 5.18 Distribution of Respondents by Prevalence of currently using of Contraception by Various Background Characteristics**

Background Characteristics	Are you/your partner currently using contraception?		Total	
	Yes	No	Number	Percent
	Percent	Percent		
Age group				
15-19	33.3	66.7	12	100.0
20-24	46.7	53.3	15	100.0
25-29	39.3	60.7	28	100.0
30-34	52.6	47.4	19	100.0
35-39	40.9	59.1	22	100.0
40-44	42.1	57.9	19	100.0
45-49	10.0	60.0	5	100.0
First age at marriage				
< 10 yrs	53.3	46.7	15	100.0
10-14 yrs	40.4	59.6	57	100.0
15-19 yrs	36.4	63.6	33	100.0
20 <sup>+</sup> yrs	53.3	46.7	15	100.0
Number of ever born children				
No child	30.0	70.0	20	100.0
1-2	40.7	59.3	27	100.0
3	52.9	47.1	34	100.0
more than 3	41.0	59.0	39	100.0
Childless experience				
Yes	87.5	12.5	8	100.0
No	39.3	60.7	112	100.0
Level of education				
Illiterate	42.9	57.1	56	100.0
Primary	44.7	55.3	38	100.0
Secondary	20.0	80.0	10	100.0
SLC and above	61.5	38.5	13	100.0
Only literate		100.0	3	100.0
Husband education				
Illiterate	64.0	36.0	25	100.0
Primary	47.7	52.3	44	100.0
Secondary	43.8	56.3	16	100.0
SLC and above	31.6	68.4	19	100.0
Only literate	6.3	93.8	16	100.0
Total	42.5	57.5	120	100.0

Source: Field Survey, 2010

By age perspective, 33.3 percent respondents from 15-19 years age groups are reported that they currently using contraception but 66.7 percent does not use any contraception. 25-29 years age group respondents reported that 39.3 percent are using currently contraception. Similarly 30-34, 35-39, 40-44 and 45-49 years age group respondents reported that 52.6 percent, 40.9 percent, 42.1 percent and 40.0 percent are using currently contraception.

By first age at marriage perceptively, 53.3 percent respondent married at below 10 years reported that they currently using contraception but 46.7 percent does not use any contraception. Similarly 10-14 year, 15-19 year and 20 above married respondent reported that 40.4 percent, 36.4 percent and 53.3 percent are using currently contraception.

By number of ever born children, 30.0 percent respondents who have no any children reported that they currently using contraception but 70.0 percent does not use any contraception. Same of 1-2, 3 and more than 3 children who have they reported that 40.7 percent, 52.9 percent and 41.0 percent are using currently contraception.

By level of education, 42.9 percent respondents who are Illiterate reported that they currently using contraception but 57.1 percent do not use currently contraception. Similarly Primary, Secondary, SLC and above and Non formal education respondent reported that 44.7 percent, 20.0 percent and 61.5 percent are using currently contraception.

By level of husband education, 64.0 percent Illiterate respondent reported that they are currently using contraception but 36.0 percent Illiterate respondent does not currently using contraception, same as primary, secondary, SLC and above and only literate respondent reported that 47.7 percent, 43.8 percent, 31.6 percent and 6.3 percent are using currently contraception.

## CHAPTER SIX

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 Summary

The main purpose of the comparative study was to access the knowledge, attitude, practice of family planning and religious restriction in Hindu and Islam religious group in Ramgram Municipality of Nawalparasi. 15-49 years women were selected from purposive sampling. In this study data were collected from field survey. To find out the knowledge of contraceptive method and traditional restriction on family planning in Hindu and Islam are the objectives of the study.

The major findings of the study are as follows.

##### 6.1.1 Individual Characteristics

- More than 16 percent Islam and 28 percent Hindu respondents have 25-29 years age group.
- Majority of Islam and Hindu respondents marry at the age of 10-14 years (57.1% of Islam and 39.1 percent of Hindu)
- It was found that 50.0 percent Islam respondents are illiterate and 43.8 percent Hindu respondents. Only 32.1 Percent Islam and 31.3 percent Hindu respondents have Primary education.
- More than 39 percent Islam have more than three children and 34 percent Hindu women have three children.
- Majority of respondents occupation is own agriculture among Hindu (53.1%) but Islam majority of respondents occupation is Housewife which is 57.1 percent.

##### 6.1.2 Household Characteristics

- It was found that 75.0 percent Islam and 93.8 percent Hindu have land for agriculture. Among them 19.0 percent Islam and 20.0 percent Hindu have more than 2 bigaha of land and 71.4 percent Islam and 83.3 percent Hindu have sufficient food for one year.

- Majority of Hindu and Islam people's source of drinking water is Tube well, (87.5% for Islam and 65.6% for Hindu). Among 69.6 percent Islam and 56.3 percent Hindu respondents does not have Toilet facilities.
- It was found that more than 98 percent Islam and 98.4 percent Hindu have Electricity. Similarly, 75.0 percent Islam and 73 percent Hindu have Telephone, 64.3 percent Islam and 64.1 percent Hindu have Radio, 64.3 percent Islam and 76.6 percent Hindu have Television.
- It was found that 51.8 percent Islam and 50.0 percent Hindu respondents have more than Rs. 20,000 annual household income.
- It was found that about 39 percent Hindu and 33 percent Islam respondents said that their husband have Primary level education.

### **6.1.3 Knowledge, Attitude and use of contraception**

- It is quite encouraging to know that cent percent Hindu respondents have knowledge of contraceptive devices. Among Islam respondents 87.5 percent have knowledge of contraception.
- Condom is a most popular method of contraceptive among Hindu 65.6 percent and operation method is most popular among Islam 66 percent
- This study also shows that mass communication (Radio\TV) is major source of knowledge about family planning in both religious group.
- More than 80.0 percent Islam and 93.8 percent Hindu respondents have heard family planning advertisement in Radio\TV among them 98.3 percent Hindu and 97.8 percent Islam said that its style is good.
- Majority of Islam respondents 64.3 percent said that hospital is a major source of FP method provider and 54.7 percent Hindu respondent said that Health center is a major source of FP method provider.
- About 50.0 percent Islam and 46.9 percent Hindu respondents said that appropriate age of child bearing for women is 20-24 years of age.
- Most of the Islam (69.6%) and Hindu (40.6%) respondents said that more than 2 year birth spacing is good for health of child and mother.

- About 38 percent Islam and 33 percent Hindu respondents want more children among them 85.7 percent Islam want son and 14.3 percent want daughter, 95.2 percent Hindu want son and only 4.8 percent want daughter.
- About 25.0 percent Islam respondents said that one daughter and two son is ideal size of family but 54.7 percent Hindu respondents agree that one son and one daughter is ideal size of family.
- Majority of Islam (69.6%) and Hindu (68.8%) respondents said that advantage of family planning method is to delay and to limit the birth.
- About 27 percent Islam and 73 percent Hindu have ever used of family planning method and pills, condom and sterilization is the most popular method among both religious group.
- Among the 25.0 percent Islam respondents who have not ever used contraception they said the cause of religious restriction and 54.5 percent does not describe any reason. Similarly 24.0 percent Hindu respondents said that their husband discourage the use of contraception.
- About 21 percent Islam and 60.9 percent Hindu respondents are currently using contraception. Among them 6 Islam and 11 Hindu faced side effects in various ways like Headache, weakness etc.
- No one said there is any traditional restriction to use family planning among Hindu where as 71.4 percent Islam respondent said that there is traditional restriction to use family planning.
- Among them, 73 percent said the religious restriction is strong and 67.5 percent said that it is good for traditional values but 32.5 percent said that it is bad because they want to safe sex life.

## **6.2 Conclusions**

As the main objective of this study, the current state of knowledge, attitude, and practice of family planning and religious restriction among the ever married women of two major religious group of Madeshi Community of Ramgram Municipality of Nawalparasi District. From the study it is clear that knowledge of FP is nearly to the national level among Hindu but among Islam it is quite lower than Hindu. Though the study, it becomes

clear that the CPR is higher in Hindu religious than Islam religious. The major contributing factor for this was that in the recent years, district hospital, health post, FPAN district office, youth club and other NGOS, have been continuously providing family planning services in this area through various ways.

The knowledge and attitude toward family planning methods in the study area at present is found to be satisfactory. Nearly all Hindu respondents have knowledge but among Islam knowledge is comparatively low. The practice of family planning method is low in both groups compared to knowledge and Islam religious groups are mostly low. Low use of contraception have some specific reasons which are as follows, against the religion, lack of knowledge, desire of more child, husband discourage, social problem etc.

Since the majority of the respondents had ever used contraception method, the understanding of people towards having small family size was recognized in the study area. This indicates that the family planning program is creating positive value towards having small family size norms in this area.

In Islamic community people are very conservative towards use of contraceptive device. They also use contraceptive method but they were not exposed. The respondents said that their religious restriction is very strong so use of contraception very low. Many of respondents want to change their religious and social norms or values for contraception because they want to freedom to choose the family planning method and healthy sexual life.

From this study it is found that mass communication plays vital role to give the information of FP method to the grass root level public and people have more chances to know about modern contraceptive method.

### **6.3 Recommendations**

The knowledge and practice towards family planning method is low in the context of Nepal because having low level of socio-economic and educational status has been facing high maternal mortality and low health status. It shows that women are most facing problem in sexual health. Lack of education and occupation, poor economic condition, lack of knowledge about contraception, fear of side effects, traditional values and norms and so many causes many people are not using contraceptive methods. In this way focusing of above study following recommendation is presented.

- Knowledge, attitude and practice of family planning are dependent upon level of women education. Therefore formal and non-formal intensive education should be provided to the women of the rural areas.
- The, plan and policy should be targeted women health, education and overall involvement of women's empowerment program.
- The availability and accessibility of contraceptives should be increased.
- Family planning awareness program should be launched based on the society by GOs and INGO.
- This study covers the comparative study of FP and religious restriction between two religious groups. Similar types of study with larger sample size would help generalization finds to community at large.
- Furthermore qualitative researches are required to develop interventions that help increased prevalence rate of contraception, minimizing maternal and infant mortality.

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Knowledge and use of contraception in Madeshi Community.

(A comparative study of Hindu & Muslim Women in Ramgram municipality)

Interview Schedule)

(Section A)

..... District .....Municipality

Name of Head of the households.....

Ward No.....

Tol.....

Religion.....

Islam.....1

Hindu.....2

Type of Family.....

Nuclear.....1

Joint.....2

Cast\Ethic.....

**Section A 1 : Household Information**

S.N.	101	102	103	104	105	106	107	108	109
	Name of the HH member first HH head	Relationship to Head of the HH	Sex	Age	Marital Status	Age at in Married	Literacy	Education Level	Occupation 5+year
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Male.....1      Married.....1  
 Female.....2      Unmarried.....2  
 Literate.....1      Agriculture.....1  
 Illiterate.....2      Service.....2  
                                  Daily wage.....3  
                                  Housewife.....4

2.

S.N.	Question	Coding	Skip
110	Does your Family have own land for agriculture?	Yes.....1 No.....2	
111	If yes how much	Bigha..... Kattha..... Dhur.....	
112	How many month do you depend on own agriculture production food?	Whole Year..... Monthly.....	
113	Does your family have domestic Animals? (if yes please tell me name)	Yes No Cow/Buffalo 1 2 Horse/Donkey 1 2 Pig 1 2 Sheep/Goat 1 2 Hens/Duck 1 2 Other (Specify).....	
114	How much monthly income does your family get from them?	Rs.....	
115	How much is your annual family income?	>5,000 1 5,000-9999 2 10000-19999 3 20000. and above 4 Other (specify)	
116	What are the facilities in your house?	Yes No Electricity 1 2 Telephone 1 2 Radio 1 2 T.V 1 2 Magazine 1 2 Newspaper 1 2 Vehicle 1 2 Other (Specify).....	
117	What Sources do you depend on for drinking water?	Piped water (1) Tube-well 2 Well 3 Other(Specify)	
118	What kind of toilet facilities does your family have?	Flush 1 Pan 2 Traditional 3 No.....4	
119	What kind of roof is there in your house?	Lettered 1 Iron still 2 Khabeta/Tyle 3 Khare/Paral 4 Other(Specify)	

## Section 2

### Individual schedule from curtly married population age 15 to 49 years

#### A. Respondent General Information

S.N.	Question	Coding	skip
201	How old are you?	.....years	
202	How old were you at the time of marriage?	.....years	
203	What is your main occupation ?	Own agriculture 1 service....2 Business.....3 daily wage.....4 (ager+non ager) .....5 housewife...6 Other (Specify)	
204	Do you have any children?	Yes ....1 No.....2	17
205	If you yes, how many children are born?	Son.... Daughters.... Total.....	
206	How many children are still alive?	Son... Daughter..	
207	How many children die?	Son.....Daughter....Total	
208	How you read and write?	Yes...1 No....2	
209	If yes, which level have you passed?	Primary...1 secondary....2 SLC and above....3 only literate...4	
210	What is your husband education?	Primary...1secondary...2 secondary and above...3only literate...4	
211	What is your husband main occupation?	Agriculture...1service...2Business...3daily wage (AGR+non AGR)...4 nothing....5	

**B. Questioners related to contraception knowledge**

S.N.	Question	Coding	Skip
301.	Have you ever hard about contraption?	Yes.....1....No.....2Don't No....3	25
302	Have of name any method of contraption?	No..... Yes.... Condom.... 1 2 IUD 1 2 Inject able 1 2 Oral 1 2 Operation 1 2 Natural Method 1 2 Folk Method 1 2 Withdrawal 1 2 Other (Specify)	
303	What are the source of information about the family palling method ?	Radio\TV.....1 clinics.....2 Hospital...3 Relative friends...4 Teacher...5 Fp office....6 Other...	
304.	Do you watch\listen family planning advertisement on radio \TV?	Yes....1no...2	28
305	Is family planning advertisement style in radio\TV right or wrong?	Right...1 Wrong.....2	
306	If wrong why?	i..... ii.....	
307	What are the sources o contraceptive supply?	Hospital....1 Health center....2 Medical....3 P office...4 Health worker...5 Other(specify)...	

308	What is the best age of woman for bearing a child?	Under20.....1 20-24.....2 25-29.....3 Above 30.....4 Don't know.....5	
309	Which birth spacing do you think better for good health of mother and child?	One yea.....1 Two years.....2 Three years.....3 Four years.....4 Above 4years.....5 Don't know.....6	

**C. Attitude of family planning method.**

S.N	Question	coding	skip
401	How do you feel about the use of contraception?	Positive.....1 Negative.....2 Neutral.....3	33 33
402	If negative why?		
403	Do you think of producing additional children?	Yes.....1 No.....2	37
404	Do you want to have your baby as a daughter or son?	Son.....1 Daughter.....2	
405	How many children do you prefer for ideal family?	1 Son and 1 daughter.....1 1 Daughter 2 son.....2 2 Son 1 daughter.....3 2 Daughter.....4 2 son and 2 daughter.....5 Don't know.....6	
406	What do you think the advantages of family planning?	To improve economic and education.....1 To delay and to limit the birth.....2 To make better health a child and mother .....3 To make appropriate care for child.....4 Other (specify)....	
407	Does your husband suggest used contraception method	Yes.....1 No.....2	
408	Which one (specify)		
409	In your opinion Decision must?		

### D. Practice of family planning

S.N	Question	Coding	Skip
501	Have you used any contraception?	Yes.....1 No.....2	43
502	If yes which method do you/your partner used	No Pills 1 2 IUD 1 2 Condom 1 2 Depo-provera 1 2 Norplant 1 2 Sangini 1 2 Male sterilization 1 2 Female sterilization 1 2 Other (specify) 1 2	
503	Are you/your partner currently using contraception?	Yes.....1 No.....2	
504	If use which method? How long have you been using it?	Year..... Month..... Days	
505	If no why?	Not available.....1 Husband discourage.....2 Religious restriction.....3 Currently pregnant.....4 Other (specify)	
506	Have you felt any side effect?	No Headache 1 2 Weakness 1 2 Backache 1 2 Weight less/gain 1 2 Disturbed of menstruation 1 2 Allergy 1	

		2 Don't Know 2	1	
507	Have you Consulted to Doctor about the side effect?	Yes.....1 No.....2		49
508	Are you satisfied with it?	Yes.....1 No.....2		
509	If not what is /are reason for not using family planning method?	Against religion.....1 Fear of side effect.....2 Desire for more children.....3 Other (specify)		

**E. Traditional value of family planning.**

S.N	Question	Cording	Skip
601	Does your religion poses restriction for the use of contraception?	Yes.....1 No.....2 Don't know	
602	If yes, hoe is the restriction describe		
603	How strong the restriction	Strong.....1 Very strong.....2 Normal.....3	
604	Do you feel good or bad about the restriction?	Good.....1 Bad.....2	
605	If good why?		
606	If bad why?		
607	If restriction not followed what is the consequences in your life?		