REPRODUCTIVE HEALTH, CONTRACEPTION AND FERTILITY AMONG DUMMALI RAIS IN BHOJPUR DISTRICT, NEPAL

CHAPTER I

INTRODUCTION

1.1: General Background

Nepal is a land locked country inhabited by multi linguistic, multi religion and multi ethnic. Population of Nepal is 23,151423. Among them 11,563,921 are males and 11,587,502 are females. The population growth rate is 2.25 percent per annum. Sex ratio is 99.8 and population density is 157.3 people per sq. km. The total household number is 4,253,220. If the population increases in the same ratio it will double within in 31 years. The main cause to increase the population growth is continuous decline in death rate and low level of family planning methods use. The family planning prevalent rate was 39.9 percent among currently married women aged 15-49 year in 2006 (MOHP et. al, 2007).

The Cairo Conference, 1994 argued that the aim of family planning programs most to be enable couples and individuals to decide fairly and responsibly the number and spacing their children and to have the information choice and make available of full range of safe and effective methods. The success of population and family planning programs in variety of setting demonstrates that informed individuals everywhere. Can and will at responsibly in the right of their own needs and these of their families and communities. The principle of free choice if essential to the long term success of family planning programs (UNFPA, 1994).

The World Heath Organization (WHO) has defined reproductive health as a condition, in which the reproductive process as a state of complete physical, mental and social well-being. It was mentionable that this was not just the absence of disease or problems in the reproductive process. This implies that people have the ability to reproduce, regulate their fertility and engage in and enjoy their sexual relations, and that women may be go through the process of prengnancy and child birth with ought complication and also the fertility regulation may be achived without problems for health and that people may feel secure in sexual relations (Fathalla, 1991:1).

The government of Nepal had adopted family planning as official policy in 1959. When FP/MCH board was established family planning service was provided through static and mobile clinics and camps. Expansion continued still 1975 and is districts were covered. Family planning was integrated with others public health program in all is districts in 1988 and family planning was integrated in total health system since 1994. All these government action shows that family planning had been considered as one of the special program for the country.

Concerning the reproductive rights, equal relationship between women and men in matters of sexual relation and reproduction, including full respect for the integrating of the person, require are important and meant of respect, consent and shared responsibility for sexual behaviours and its consequence provided (UNFCH, 1994:4).

The International Conference on Population and Development (ICPD) heald in Cairo, under the UN was the major conference that brought the crucial issues of reproductive rights and reproductive helalth at global level. The conference almost brrowed from the WHO definition of reproductive health as a state of complete physical, mental and social well being and not merely the absence of diease or infirmity in all matters relating to the reproductive system and to its functins and process. Reproductive health, therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduct and freedom to decide if when and how often to do so. It also includes the sexual health the purpose of enhancement of life and personal relations and not merely counseling and care related to reproduction and sexually transmitted disease" (UN, 1994).

Despite the government determination, Nepl's family planning program operates under a number of handicaps, transportation is difficult because of the rugged terrain, and high illiteracy rates hamper getting the message to potential family planning techniques unavailable in certain areas. Nevertheless, organized program is being made (PRB, 1994).

Reproductive health recognized as a crucial part of overall health. It has been an influcencing factor of any human community. It iinvoves care of not only newborn babies, adolescents and persons of the reproductive age groups but also the elderly age persons therefore, it has been looked as a vital issue even at the international level (UN, 1994: 35).

The Ministry of Population and environment (MOP) was establish during the fourth year of eight plan keeping in new the need of the nation, commitment of the nation in this sector, the object of taking a hand of population program in an integrated manner

as stipulated in the population education at the school level and at the university level (CBS, 1995). Currently, this ministry is cited to ministry of health.

The UN system and the international community belive that RH includes family planning safe motherhoods and protection from the transmission of STDs icluding HIV/AIDS and from violence and sexual abuse should be avaible in all situation and circumstances based on the needs and represent demands of refugees with priority gives to the needs of women adolescent girls. Among essential component of RH can include family planning maternal health, preventing abortion and managing the compications of unsafe abortion, preventing and treating STDs including HIV/AIDS and eliminating traditional practice like female genital mutilations that hams are women's RH of well being (UNFPA, 2001:49).

Family planning program had made modest program with contraceptive prevalence rate having increased from three percent of married women aged in 1976 to 29 percent and 1996 and 39.3 percent in 2001 and knowledge of contraceptive reached from 21 percent to 98 percent among those women during the same period. The ninth plan aims to increased the contraceptive prevalence rate 30.2 (1996/97) to 37 in the year 2001/2002 where the tenth five year plan (2002-2007) aims to increase contraceptive prevalence rate to 47 in the year 2006. (MOHP et al, 2007).

One of the major innovations of the ICPD was the elaboration of sexual reproductive health with a right-based approach. The concept of sexual reproductive health and rights adopted at the ICPD had a turning point in the approach to fertility and family planning programmes. The programme of action defined sexual reproductive health broadly, as encompassing issues related to physical, mental and social well-being in matters related to the reproductive system. As its core was the promotion of helalthy, voluntary and safe sexual and reproductive choice for individuals and couples, including such decision as those on family sizes and timing of a marriage. Indeed, such promotion wsa fundamental to human well-being. Throughout human history, sexually and reproduction have been vital aspects of personal identy and key to creating fulfilling personal and social relationships (UN, 1994:35)

Rai is one of the smallest cast groups that ate culturally neglected and disseminated. They are Janajati group of Nepal. It is now remarkable essential to study the factors that play important role in adoption of family planning methods in this Rai community.

1.2: Statement of the Problem

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

Among all currently married women (99.9%) of reproductive age are familiar with at least one method of contraceptives (MOHP et al., 2007) where as CPR is 44.2 percent in 2006. There is a fundamental question why the knowledge of at least one method of contraceptive is high and why the CPR is so low.

Nepal is multi-linguistic, multi-religious and multi- ethnic country. Among them Rai is one ethnic group. Their population is 6, 35,151 in 2001(CBS, 2003).

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

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

1.3: Objectives of the Study

The general objective of this study is to collect and analyze the reproductive health, contraception and their fertility young women aged 15-49 ward of Sanodumma VDC of Bhojpur Districts.

The specific objectives of the study are as follows:-

- To study the reproductive health, contraception and their fertility by demographic variables.
- To examine the level of reproductive health, contraceptive and fertility by economic variables.
- To evaluate the reproductive health, contraception ans fertility by economic variables.

1.4: Significance of the Study

The research study is based at the Sanodumma VDC ward number 7, Bhojpur of the Rai ethnic group. So the finding of these studies does characterize the study area. The main purpose of this study is to find out the various socio-economic and demographic aspects of fertility of Rai community. Policy makers, planners, administrators and demographers are always seeking more detail information not only in the national level but also at the grass roots level. This study will provide little but essential information to this community as well as government that will be helpful in changing use of family planning methods and their fertility and implement in the effective planning program in the related sectors.

1.5: Limitations of the Study

- This study covers the reproductive health, contraception and fertility of family planning methods

- This study is limited to the Rai community of Sanodumma VDC Ward number 7, in Bhojpur district.
- The study only concentrated to the currently married women of age between 15-49 years.
- This study is based on small size; therefore, the findings may not be generalized to the whole nation.

1.6: Organization

This study is divided in to seven chapters. The first chapter deals with background of the study, Statement of the problem, significant of the study, objective of the study, organization of the study and limitation of the study respectively. Chapter two deals with theoretical literature, empirical literature, variables identified conceptual framework, conceptual framework and formulation of hypothesis. Chapter three provides methodology, which includes research design, sample design, selection of cluster, selection of households, selection of respondents, instrumentation , quantitative tools - questionnaire design, qualitative tools , data collection and processing, pre test of tools ,field operation ,data entry and processing, data quality, methods of analyses, consideration of ethical issues . Chapter four provides demographic characteristics, age and sex distribution of sample population, Social

employment, participatory characteristics. Chapter five deals with the analysis of reproductive health, analysis of reproductive health by social variables, analysis of reproductive health by economic variables, analysis of reproductive health by demographic variable, analysis of contraception , analysis of contraception by social variables, analysis of contraception by economic variables , analysis of contraception by demographic variable, analysis of fertility, analysis of number of children ever born by social variables, analysis of number of children ever born by economic variables, analysis of number of children ever born by demographic variable. Chapter six provides statistical analysis, analysis of correlation coefficients, regression analysis and others. Finally in the chapter seven summaries of findings, conclusions, recommendations for future area of researcher are recommendation for policy implication.

CHAPTER II

LITERATURE REVIEW

2.1: Theoretical Literature

The aim o family planning programme must be enable an individual to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choice and make available to full range of safe and effective methods. The success of population education and family planning programmed in a variety of setting demonstrates that informed individuals every where can and will act responsibility in the light of their own needs and those families and communities. The principle of unformed free choice is essential to the long-term success or family planning programme (UN, 1994).

According to research in family planning (1962), The Japanese birth rate (Number of birth per thousand per annum) fell from 34 in 1947 to 33 in 1949 then sharply to 23 in 1991, 22 in 1993, 19 in 1955 and 17 in 1947. This fall of the birth rate by 17 points in ten years has been accounted for as due to two causes. It seems possible to do this first by computing the “surgical abortion rates” and then and ding it to birth thousand people in Japan during the year 1949. In that year only one out of 34 pregnancies ended in surgical abortion. There were 33 child births during the year. In 1949, this drop of five points is clearly attributable to the growing use of contraceptives appliance. In the same year (1942) 12 out of the 29 pregnancies were terminated by surgical abortion, there by reducing the number of child to 17. Thus a drop of 12 points hand accrued as a result of surgical abortion.

The ILO/University of Nairobi household survey of 1974 throws some light of what kind of people are using family planning services. It indicates that young, urban and educated women are likely to visit the clinic than older, rural and less educated women. These different are significant. For example only 6 percent of the women in the sample who hand no formal education reported visiting a clinic in 1973 or 1974, where as about 35 percent of women which was graduated reported doing so. In addition better-educated women are much like to revisit (ILO, 1974).

The population and family study center of the ministry of public health and family has conducted a national survey of fecundity and fertility in Belgium in 1996, covering a sample 2,372 married women, less than 41 years. This survey has shown the knowledge, practice and effectiveness of contraceptive prevailing in Belgium. According to the study, 98 percent of the respondents have been able to use at least

one contraceptive method. More than 70 percent of the respondents know about them. IUD was almost unknown in 1978. (Cliquest, 1977, 190-191).

Similarly, sing's study in Sri Lanka indicated that, a variety of factors contributed to Sri Lanka's successive family planning program, it was a legacy of Buddhism, the religion of vast majority of people, where by every body has access to learning not just one particular caste as in India and a traditional that revered the healers. Hence even before the problem of excessive population growth came to attention of the country's policy planner, the essential infrastructure to tackle it in terms of health care and literacy was already in place. NGOs like the family planning association of SriLanka association for voluntary surgical contraception stepped in at a time that the government preferred to stay in the wings, testing the public reaction, when the government finally came out more forcefully with a population policy, there was close cooperation between government authorities and the NGOs volunteers that play a vital role in the program. The result was that the contraceptive prevalence rate rose to 66 percent. The total fertility rate dropped to 2.6 children per women or reproductive age and the annual population growth rate 1.4 percent (UNFPA, 1994).

Furthermore, John et al. (1992:1) study showed that paralleling the fertility decline had been an equal revolutionary change in the use of contraception. There were about 38-40 percent contraception users in developing countries in 1980 among married women of reproductive age (MWEA). By 1990, this rate reached about 51 percent of MWRA. Among the contraceptive methods, sterilization is the most prevalent method. More than 20 percent of all contraceptive rely upon it in 27 countries. IUD is the second prevalent method, which is used by 20 percent or more of all contraceptive users in ten countries mostly famous in china. The pills rank third it is used by 20 percent of more all contraceptive users in 20 countries. This study indicates that contraceptive use varies among the regions. About 70 percent of all MWRA use contraceptive in East Asia, and 60 percent do so in Latin America, South Asia have contraceptive prevalent rate of 40. North Africa and Middle East have a moderate rate of 36 percent, but Sub Saharan Africa has very low rate of 9 percent. It is also noted that actual number of users is of course target in East Asia due to China's large population and contraceptive prevalence. South Asia including India, Indonesia and Bangladesh came next, followed by the other regions with much smaller numbers.

A study of currently married women in Philippines shows that a total of 69 percent married women hand practiced contraception: the pills and condom were the method reported by the largest proportion of women (63% and 14% respectively). At the time of survey, 28 percent of women were using modern method and 18 percent using a

traditional one. The most widely used methods were female sterilization and the pills (each mentioned by 10% of women) followed by withdrawal and natural family planning (9%). No other method was relied, on by more that 4 percent women. Focusing on these perspectives, Sandik (1999:70), found (72%) contraceptive prevalence in Europe followed by North America (71%). The Latin America Caribbean (60%), Asia (59%) and Africa (19%) which is the lowest rate (UNFPA, 2005 cited in Guragai, 2005).

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

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

Nepal contraceptive prevalence Survey (1981) found that 51.9 percent over all knowledge of at least one method of family planning among currently married women of aged 15-49 years and currently married non pregnant women aged 15-49 years who were using modern contraceptive was 7.6 percent (MOH, 1983).

According to Nepal Contraceptive prevalence Survey (1986), over all knowledge of at least one method of family planning among currently married women of aged 15-49 years was 55.0 percent and ever use of contraception in only 15.8 percent (MOH,1987).

Nepal Fertility and Family Health Survey 1996 shows that 98 percent of both ever and currently married women aged 15-49 knew at least one method of family planning. This survey indicates that 38 percent of currently married women have ever used one method of family planning (MOH, 1997).

Majority of the currently married women 73.5 percent) Where familiar with at least one method of family planning, among the individual methods, female sterilization, pills and Injecatables (KC et al, 1998). Condoms (3.9%) are also used. Traditional and other methods are also used less than 3 percent. The current user of male sterilization, IUD and Norplant are not found.

New strategy of reproductive health adopted in 1996 by HMG/N has clearly defined the need of quality of services and also made an oath to all individual and couples by the year 2015 as has been stated by ICPD, 1994.

Nepal is characterized by an agriculturally based economy, rapid population growth, and a high human fertility rate. Four –fifths of the total population is primarily engaged in agriculture for its livelihood .The population increased by an annual growth rate of 2.27 percent during 1991-2001(CBS 2002) . The total fertility rate was estimated to be an average of 4.1 children per woman in 2004 (Population Reference Bureau 2004) , a decrease from 6.3 in 1971 (United Nations 1997). Despite this decrease in births, a high fertility rate is still one of the key determinants of Nepal's rapid population growth and therefore an ongoing concern.

The concept of family planning and reproductive health gained currency in the 1960s as a symbol of a fresh perspective on women's right and family planning. The premise of this perspective is the principle that every woman has a right to reproductive health, that is to regulate her fertility safely and effectively, to understand and enjoy her own sexuality, to remain free of disease, disability or death associated with her sexuality and reproduction, to hear and rear healthy children. A reproductive health programmed involves more than the delivery of maternal and child health (MCH) or family planning services as conventionally defined. It is multidimensional. It is right oriented as well as health oriented. And it recognizes that sexual as well as reproductive health as right is vital elements of physical and emotional well being (Muller, 1993).

Over the past three decades, the increasing availability of safer methods of modern contraception, although still in some respects inadequate, has permitted greater opportunities for individual choice and per responsible decision-making in matters of reproduction throughout much of the world. Currently, about 55 percent of couples in developing region use some method of family planning. This figure represents nearly a fivefold, increase the 1960s. Family planning programmers have countries, for about six to seven children per women in the 1960s to about three to four children at present. However, the full range of modern family planning methods still remains unavailable to at least 350 million couples worldwide, many of whom say they want to space of prevent another pregnancy. Survey data suggest that approximately 120 million additional women worldwide would be currently using a modern family planning method if more accurate information and affordable services were easily available, and if partners, extended families and community were not supportive (UN: 1994).

WHO 1994, reported that family planning services should be viewed in the largest context of reproductive health case for women. The overall goal of any program that addresses women's reproductive health issues should be to contribute to the improvement of the health and well being of women. Provision of an appropriate contraceptive method mix is integral component of a comprehensive reproductive health care program.

Chaudhary (2002) found that majority of currently married women (about 75 percent) are familiar with at least on contraceptive method among Tharu community in Sanodumma VDC of Dhang. The contraceptive prevalence rate was found 44 percent in which injectables (9.4%), female sterilization and condom (7.3%) and pills (6.0%).

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

The DHS 2006 showed that the knowledge of at least one modern method of family planning in Nepal was almost universal (99.9%) among both women and men. The most widely known modern contraceptive methods among currently married women are: injectibles (99%), female sterilization (99.0%), condom (97%), and male sterilization (96%). Eighty four percent of married women know of implants, about two in three have heard of the IUD and 7 percent of women have heard emergency/ contraception. About 44 percent of currently married women are using modern contraceptive methods. The most commonly used modern methods are: female sterilization (18%), injectibles (10.1%). male sterilization (6.3%), condom (4.8%), pills (3.5%), IUD (0.7%), and implants (0.8%). This shows interesting result that the proportion of women who are using a modern methods has increased by 25 percent over the past five years from the 35 percent reported in the 2001 NDHS to the current leave of 44 percent (MOHP et al, 2007).

2.2: Empirical Literature

The human rights of women include their rights to have control over and decide freely and responsibly on matters related their sexuality, including sexual and reproductive health. They should be free of coercion, discrimination and violence too. The ICPD ensure that there must be equal relationship between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, with mutual respect, consent and shared responsibility for sexual behaviors and its consequences.

Women were subjected to particular health risks due to inadequate responsiveness and lack of services to meet health needs related sexuality and reproduction. Complications related to pregnancy and childbirth was found among the leading caused of mortality and morbidity of women of reproductive age in many parts of the developing world (UN, 1995: 39).

Obviously, the access to RH was major public health concern, especially in developing countries like Nepal, for example, death and disability due to RH.

Accounted for 18 percent of the total disease burden among women of reproductive age (15-44) in 2001, through there was considerable regional variation. Due to large population the HIV/AIDS crisis, the reproductive health disease burden accounts fir only about one third of Africa's total disease burden, which was ever almost, double that of most other regions. The death and disability was only portion of the impact of RHCF on the quality of life and the prospects for development. The record of progress in RH in recent decades in mixed (UN, 1994:96).

Sexual and reproductive needs were found related to the demand for contraception. Demand for children and demand for contraception are complements to each other. Among the various sexual and reproductive health needs the safe abortion was one of the important service areas. Abortion was still a questionable behavior irrespective of its mental/psychological or physical effects on women. The RHCF knowledge was important for young women and girls in the context of Nepal (Acharya 2009.16).

Family planning continues to be priority highlights in the tenth development plan (2002-2007) the objectives of the national family planning program include gradually reducing the population growth rate. Promoting the concept of a small family norm to the population in general and the rural population more specially helps increase the validity and demand for family planning services. Providing high quality services and reducing on meet need. The national family planning program also aims to expanded and steam adequate family planning services at the community level utilizing all health facilities (Ministry of Health and population;2006).

Lower percent of current married rural women are practicing sterilization compared to urban women. It is noted that female sterilization (FST) is popular among currently women in Terai region and male sterilization is popular in mountain and hill region people believe that they can not work, if they sterilized ,so working female people less like to use sterilized .MEBDC survey 1996 showed that contraceptive knowledge varies with women age ,place of residence and women education .(Pathak , 1996: 75)

New ERA, 1990 conducted a base line survey on health status in Sinduli district for integrated hill development project (IHPO) and Swiss Development (co-operation (SDC) in Nepal concluded that 89.0 percent women know at least one method of family planning .This study find out in ethnic groups knowledge, Tamang, Magar, Chettris, and Brahmins have 61.8, 85.5, 90.0 and 85.5 percent respectively but current use 7.5, 11.3,27 and 34.3 percent respectively (New ERA 1990).

Pathak (2002) studies with objective to examine the knowledge of contraceptive use in married couples of reproductive age and to examine the reason for non use of contraceptive, it has found that current pattern of contraceptive use among users is obtained dominate by Depo-Provera and female sterilization in that study areas, the main reason for not using contraceptive of fear of side effective. The contraceptive method is found more by those women who are engaged non agriculture activities than those who are engaged in agriculture activities.

Wagle 2007 found that the percent of currently married women who have ever used family planning by specific method. Seventy five percent of currently married women had used a method in the past, and 69.1percent of currently married women have used a modern method .Among currently married women , the most commonly used modern methods were male sterilization (25.5 percent) ,inject able (19.2percent),female sterilization (10.6 percent) ,Condom (7.4 percent) ,Pills (3.2percent)and traditional methods (5 percent) ,use of traditional method is lower than the use of modern contrace The population and family study centre of the ministry of public health and family has conducted a national survey of fecundity and fertility in Belgium in 1966, covering a sample of 2372Married women under 41years .This survey has shown the knowledge practice and effectiveness of contraceptives prevailing Belgium . According to the study 98 percent of the respondents have been able to know at least one contraceptive method , calendar (rhythm) method and oral contraceptives are the best known methods more than 70 percent of the respondents know about them IUD was almost known in 1976 (Cliquit R.L. 1997:190-191).

WHO 1997, shows that contraceptive provides with a means to central the timing of births, which can greatly influence the health if their family. When WHO delay having children until age 18 or older and space pregnancies by at least two year reduces their chance of an infant or child dies compared to those who have early frequent birth.

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

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

The new benchmarks on closing the gap between the proportion of individuals using contraception and those expressing a desire to apace or limit their families respect a significant challenge. About one third of all 80 million pregnancies occurring in a year are believed to be unwanted or mistimed. Over the next 15 years the number of contraceptive users in developing countries is projected to increase by more than 40 percent from 525 million to 742 million as population continues to grow, programmers expanded and an increasing proportion of couples want to practice contraception (UNFPA, 2000).

In Nepal his Majesty's government adopted a policy of family planning and supported the provision of contraceptive service through maternal and child health section of Department of health. This service, however were available at first only to the population of Kathmandu Valley. Later the he services were gradually expanded including other part of the country. In 1968 a Semi autonomous body called Nepal Family Planning and Maternal Child Health (FP/MCH). Board was established as FP/MCH project. FP/MCH services to the entire population to the whole society. There are 40 districts office of the project with carry the national programs in 52 out of 75 districts of the kingdom in 1996. The community health and integrated project under the ministry of health is responsible for providing family planning services in the rest of the 23 district (NCPS 1983:10-13).

There are several studies related to family planning in Nepal. Many national level surveys have tried to collect the information related to family planning since the last 30 years .The major surveys, which have collected over all information, were NFS(1976),NCPS(1981),(NFFSK(1986),NFFHS(1991) and NFFHS(1996).Nepal Fertility Survey (1976)was the first survey , which covers the data in the field of family planning . It gives useful data on fertility and related to knowledge, attitude and practice of family planning, family size preference and breast –feeding.

According to Nepal fertility survey (1976), overall knowledge of at least a method of family planning among currently married women aged 15-49 years was 22.1 percent (NFS, 1976).It also shows that 4.9 percent were even users of family planning among currently married women by specific method of family planning .It interviewed 550 currently women by specific method of family planning (NFS, 1976) based on Nepal Contraceptive Prevalence Survey's data. Tuladhar (1986) found that the preparation of currently married women with knowledge of family planning significantly higher among women who wert interviewed by female interviewers. According to Nepal

Contraceptive Prevalence Survey 1981, overall knowledge of at least one method of family planning among currently married women aged15-49 years was 15.9 percent (NCPS, 1981).

The Nepal fertility and Family Health Survey 1986, the large percentage of currently married found women want more of living children especially at least one living son. They desire to have more children even through they have four or more living children with no living sons (NFFS, 1986).So the knowledge, attitude and practice of family planning were not effectively adopted in Nepal.

According to the Nepal Fertility and Family Health Survey, 1986 over knowledge of at least a method of family planning among currently married women aged 15-49 years was 55.9 percent (NFHS, 1986:98).

Nepal Fertility and Family Health Survey, 1996 showed that 98 percent of both over married and currently married women aged 19-49 years knew at least one method of family planning (NFHS, 1996:49).

29.9 percent of currently married women were using contraception at the time of survey. This is 1.5 percent higher than that found in the DHS, 1996. Seven –tenth of the prevalence rate was contributed permanent methods .The other mostly used methods were inject able (45%) pills (1.8%) and condom (1.8%). Differential in contraceptive use is widely pronounced while considering the place of residence, women education and number of living sons. These finding can be important policy implication in that increases in women's education can have a tremendous effect in increasing the reversible method users in Nepal, (Subedi, 1997).

Risal and Shrestha (1989:33) have reported that a strong positive relationship between contraceptive use and education of women and husband. Their study reveals that the level of current use varies from 14.2 percent among women with no education to 39.9 Percent among those with middle level of schooling. It is well known that for a given level of demand for family planning, the higher the accessibility of services out let and the larger will be the contraceptive use rate (Gonzalez 1990).

Fertility decline theory Suggests that once the transition has begun and couples have adopted birth control, they before to perceive the advantage of the birth control, they are more likely than before to perceive the advantage of the national aggravate contraceptive prevalence rates, this degree of controlled fertility is the expectation and not the rule in the country (Aryal, 1996)

The NDHS, 2006, shows that the knowledge of one modern method of family planning in Nepal is almost universal (99.9%) between women and men. The most widely

known modern contraceptive methods among currently married women are injectables (99%), female sterilization (99%), Condom (97%), male sterilization (96%) and contraceptive (95%), eight four percent of married women known of implants, about two in three have heard of IUD, and seven percent of women have heard emergency contraception .About 44 percent of currently married women using modern contraceptive methods. The most commonly used modern methods are: female sterilization (18%), inject able (10.1%), and male sterilization (6.3%), Condom (4.8%), Pill (3.5%), IUD (0.7%) and Implants (0.8%). This shows interesting result that the proportion of women who are using a modern method Hs increased by 25% over the past five years from the 35% reported in the 2001 NDHS to the current level of 44percent (NDHS,2006).

Ptive method.

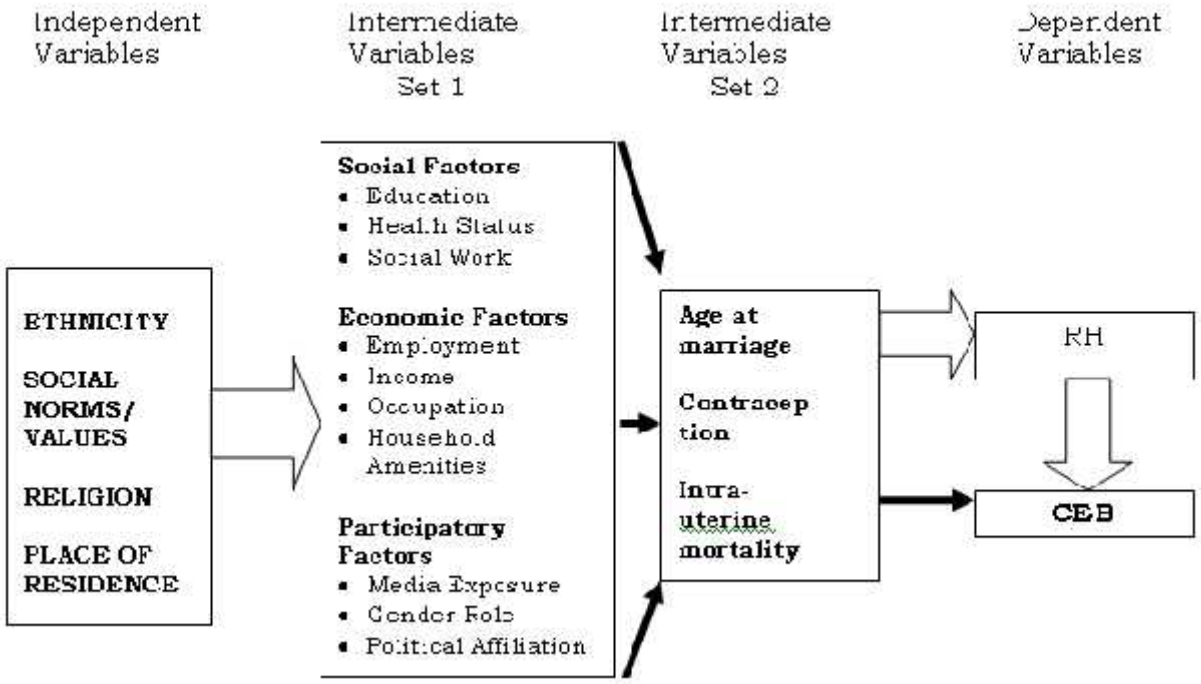
Various studies show that the knowledge of family planning is universal in Nepal. There has been an impressive increase in the use of contraception in Nepal over the last is years. Two main reason for not intending to use contraception in the future among currently married women are sub fecundity /infecundity and fear of side effects.

2.3: Conceptual Framework

The main objective of this research is to study reproductive health, contraception and fertility methods in Rai community of married women aged 15-49 in Sano dumma ward number 7 keeping in view socio-economic, and demographic .The independent variables are ethnicity, social norms/values, religion and place of resident. Similarly, intermediate variables set I are health status, employment, income, household amenities, participation in political, social, media expose, amenities and occupation. These variables were related to the intermediate variable set II, which directly affects to the dependent variable.

The intermediate variables set I, determines the set II, as well as dependent variables. The set II are age at marriage, contraceptive use and intra-uterine morality. The set II variables were directly related with the dependent variable. Like age at marriage is directly affecting on RH. The intermediate variable set II is nearest to the dependent variables that's why it helps to identifying the status of dependent variables.

Figure 1: Conceptual Framework



2.4: Formulation of Hypotheses or (Research Questions in Qualitative Research)

On the basis of conceptual framework, following hypothesis could be formulated to carry on the study. The major hypothesis or arguments of research are as:

*Higher the level of education higher the knowledge on RH

*Higher the age at marriage higher the level on RH

*Higher the level of income, lower the level on fertility

*Higher the media access lower the level on RH

CHAPTER III

METHODOLOGY

This chapter deals with the research methodologies. It is use to collect quantitative and qualitative data which is needed for the study. Especially this chapter discusses the research design, sample design, selection design, selection of cluster, selection of households, selection of respondents, instrumentation, quantitative tools-questionnaire design, qualitative tools, data collection and processing, pre test of tool, field operation, data entry and processing, data quality, methods of analysis and consideration of ethical issues in the study area.

3.1: Research Design

Descriptive and cross-sectional analysis has been used in this study. This study tends to find out the reproductive health, contraception and fertility in dungmali Rai community using non experimental research design.

3.2: Sampling and Sample Size

Out of total household of Rai community in the study area 165 are selected and on currently married women of age group 15-49 from each household is selected as a respondent for the study. In this study all 165 selected households have been visited to get information**.**

3.2.1: Selection of Households

Although, there were 180 households in study area but the prescribed sample was 165 and it required a minute fraction to select 165 out of the total of 180.Therefore, the intention of the study coverage was a complete enumeration of 180, but exactly 15 households are found with no female members within the age of 15-49. So that, the sample size become of 165 households. The selected household consisted of at least one female-aged 15 to 29. In which houses there was only one female within this age, there was no problem of selection of respondent. However, in those households where the number of eligible females was more than one, the married one selected as respondent.

3.2.2: Selection of Respondents

The selected household consisted of at least one female-aged 15 to 29. In which houses there was only one female within this age, there was no problem of selection of

respondent. In those households where the number of eligible females was more than one, the married one selected as respondent.

3.3: Data Collection and Processing

The data is collect through a structured questionnaire by direct interview method. The household information is collect from the knowledgeable member of the household and the individual questionnaire was asked to the selected respondent of age 15-49 years.

The researcher filled in all questionnaires. A point was to be noted that a few of the respondents were hesitate in responses and that might have affected the factual situation. Therefore it was the case for a few and it would not had have the significant effect in the over all trend of respondents.

3.4: Data Analyses

The questionnaire was pre-coded and it was checked manually also after completing data collection to avoid the risk of data errors. After completion of checking, the data were entered in to computer using software SPSS. Gathered descriptive data and information are presented in different tables. The frequency tables mean and cross tabulation are used in the analysis of data.

3.5: Data Quality

The age heaping problem always occurs in such research. The age always concentrated on the terminal digit 0 and 5 for the measuring and correcting the data quality and age heaping researcher used to Myers' Blended Index. The Meyers' blended Index is one of the popular measures of age misreporting in demography. Meyers' Index measures the digit preference of age between ranges of 10-89 years. The Index may range from zero to ninety. If the index appears approximate, to zero indicates there is no age heaping in the given age data and ninety shows the absolute misreporting of age data (Shryock and Sigel 1976:116).

The Meyers' index calculated was found to be 7.09, which appeared near zero and that meant less age heaping for the total population of sample households. This indicated the quality of data was relatively high.

3.6: Consideration of Ethical Issues

The sample households were visited personally by the researcher. Since they were known and familiar already there were no disagreements regarding the data collection. The respondents were persuaded in a friendly manner and made sure that

they could answer to the questions they want. The information collected was only for the research purpose was well communicated to them and they were also assured of the no possibility of misuse of the data. The respondents were not threatened of miss-treated verbally or by gesture of any means. They were rather cooperative and well mannered.

CHAPTER IV

INTRODUCTION TO STUDY POPULATION

4.1: General Introduction to the Study Area

Bhojpur is beautiful district in Eastern region of Nepal. Among the six districts (Dhankuta, Bhojpur, Terathum, Sankhuwasava, Morang, and Sunsari) in Koshi Zone, Bhojpur is relatively more developed. Topographically it is situated between the longitude of 68 3' to 68 59' in east to west, latitude of 31 43' to32 46' in north to south and its altitude ranges between132 and 4564 meter from the sea level. In Bhojpur district the climate is , average temperature in summer ranges from 29.5 to 15.8 Celsius and in winter it ranges from24.7 to 6.2 Celsius. Famous River in Bhojpur is Arun.

The district headquarter of Bhojpur is Bhojpur. Ward number 7 of Sanodumma VDC is for this study area. Its border is ward number 6 in the west. Ward number 9 in the north and Arun River in the south. Total population of ward number 7 (Sanodumma VDC) is 567 out of females are 298 and males are 269 average annual population growth of this district is 0.21percent per annum, which is lower than national figure of 2.25 percent. Literacy rate of this district is 54.8 percent, 44.4 percent among females 66.1percent among males (VDC Profile, 2010:98)

4.2: population Structure and Demographic Characteristics

A study of the structure and characteristic of population is an important aspect of the study of population. As pointed out earlier, the study of population, among other things, attempts to answer the question: what kinds of people were found in any given population and how do these in one group different from those in another? The study of the structure and characteristic of population, which is also known as the study of the composition of population, covers this aspect of population studies, which embraces the following basic personal social and economic characteristics or attributes of any population: age, sex, religion, language, martial status, household and family composition, literacy and education attainment, employment status. The demographics characteristic are most important factors on the studying the population and other related field. Demographic characteristic are those variables they are closely related on the population increasing, decreasing, growth rate of population migration status and other many more (Bhende and Kanitkar, 2003:139).

4.2.1: Age and Sex Distribution of Sample Population

Age and sex structure is the primary basis of demography for classification of vital statistics. Age and sex are very important variables in the study of fertility, mortality and migration. Although, sex is a personal characteristic of a person, information on sex can normally be obtained without difficulty.

Table 1 shows the distribution of study population by age and sex the population of study household has been classified in to five years age group. From 165 households a total of 970 persons were enumerated consisted 514 males and 456 females. The sex ratio is found to be 112.7, which shows that male population is relatively larger than female population. The age group 15-19 years consist the highest percent of population of male (16.3%) and the highest percent of female population consists in 10-14 years age group i.e. (12.9%). The age group 35-39 years shows that male and female population differences were larger than in other age groups.

Table1: Percentage distribution respondent of total population by age and sex, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

	Male		Female		Total		
Age group	No	%	No	%	No	%	sex ratio
0-4	20	3.9	27	5.9	47	4.8	74.1
5-9	48	9.3	39	8.6	87	9	123.1
10-14	70	13.6	59	12.9	129	13.3	118.6
15-19	84	16.3	52	11.4	136	14	161.5
20-24	47	9.1	43	9.4	90	9.3	109.3
25-29	30	5.8	35	7.7	65	6.7	85.7
30-34	20	3.9	20	4.4	40	4.1	100.0
35-39	29	5.6	57	12.5	86	8.9	50.9
40-44	51	9.9	34	7.5	85	8.8	150.0
45-49	27	5.3	22	4.8	49	5.1	122.7
50-54	17	3.3	13	2.9	30	3.1	130.8
55-59	11	2.1	12	2.6	23	2.4	91.7
60-64	6	1.2	17	3.7	23	2.4	35.3
65+and above	54	10.5	26	5.7	80	8.2	207.7
Total	514	100	456	100	970	100	112.7

Source: Field Survey, 2010.

4.2:2 Social Characteristics Education

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

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

The table 2 shows that 15.7 percent populations are illiterate and 84.3 percent are literate in the study area. The percentage of literate males 90.3 is higher than that of females 77.4. The percentage of literate males is 84.3 and that of illiterate is 9.7. Similarly the percentage of literate female is 90.3 and that of illiterate is 22.6.

Table2: Percentage distribution respondent of total population by education and sex, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

	Sex				Total	
	Male		Female		N	%
Education	N	%	N	%		
Illiterate	48	9.7	97	22.6	145	15.7
Only literate	75	15.2	69	16.1	144	15.6
2-9 class	131	26.5	96	22.4	227	24.6
Test passed	55	11.1	46	10.7	101	10.9
SLC	94	19.0	58	13.5	152	16.5
IA	62	12.6	47	11.0	109	11.8
Bachelor +	29	5.9	16	3.7	45	4.9
Total	494	100.0	429	100.0	923	100.0

Source: Field Survey, 2010.

4.2.3: Marital Status of Study Population

Marital status is one of the important characteristics for this study show the marital status of the study area is given in the table 3.

Table 3: The Percentage of distribution respondent of total population by marital Status,Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Marital status	Sex				Total	
	Male		Female		N	%
	N	%	N	%		
Married	223	50.0	225	57.7	448	53.6
Unmarried	210	47.1	160	41.0	370	44.3
Widow/er	13	2.9	5	1.3	18	2.2
Total	446	100.0	390	100.0	836	100.0

Source: Field Survey, 2010.

Table 3 provides marital status of household population of ten years and above in the study area. Among the total population aged ten years and above 446 are males and 390 females. Only about 47.1 percent males and about 44.3 percent females are unmarried. The study finds that married population is highest (53.6%), followed by unmarried (44.3%), widow/err (2.2%) separately.

It is interesting to note that in the study area at the time of survey, no one was found married under the age of 15 years. It may be due to the advocacy of different women's group like small women farmer development group are by the socio-economic factor like Aama samuha, Local club and different NGO.

4.2.4: Occupation

Occupation is that factor which helps to improve socio-economic condition of the people. In Dummali Rai community the major household occupation is agriculture. But nowadays, in generation the attraction on the agricultural occupation is decreasing.

Table4: Percentage distribution respondent of total population by occupation, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Occupation	Sex				Total	
	Male		Female		N	%
	N	%	N	%		
Agriculture	117	26.2	113	29.0	230	27.5
Services	103	23.1	42	10.8	145	17.3
Business	37	8.3	15	3.8	52	6.2
Housework	31	7.0	92	23.6	123	14.7
Dependent	157	35.2	128	32.8	285	34.1
Others	1	.2			1	.1
Total	446	100.0	390	100.0	836	100.0

Source: Field Survey, 2010.

Table 4 shows that there are only four types of working sector one is agriculture second is services third is business and last one is housework. From this table, the major occupation of households' population is found to be agriculture which comprises 27.5 percent.

4.2.5: Participatory Characteristics

The participation of characteristics of the respondents in the study area is given below.

Table5: The Percentage of Gender Roles in Family, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

The main decision maker of the household	.00	
	N	%
Female	13	7.9
Husband	92	55.8
Father	34	20.6
Mothers	25	15.2
Others male	1	.6
Total	165	100.0

Sources: Field Survey, 2010.

The table shows that the highest percentage of respondents (55.8%) husband takes main decision followed by father (20.6%), mother (15.2%), female (7.9%) and other males (0.6%).

CHAPTER V

REPRODUCTIVE HEALTH, CONTRACEPTION AND FERTILITY AMONG DUMMALI RAIS

5.1. Analysis of Reproductive Health

Reproductive health was fundamental to the social and economic development of communities. It's also the component of a more equitable society. By and large, women can be provided with better sexual and reproductive health care that saves their lives and reduces the sufferings. All active men and women should be abele to make their own decision related to reproductive life. The UNFPA (2003) assumed that this situation would represent a vital contribution to making the world a fairer place.

Reproductive health education was an educational experience, which was aimed at developing capacity of the adolescent to understand their sexuality in the context of biological, Psychotically, Socio-cultural and reproductive dimension and to acquire skills in making responsive decision. The level of awareness among women and young girls was to be enhanced in the area of sexual and reproductive health behavior particularly protecting themselves from unwanted pregnancies, STDs, risky sex, sexual abuse, unsafe abortion and development of respect for the human body as well as sensitivity and equity in gender relations (UNESCO 1991:45).

5.1.1: Analysis of Reproductive Health by Social Variables

On the basis of reproductive health, the following social variables are given below:

5.1.1.1: Analysis of Reproductive Health by Education of Respondent

The percentage of illiterate is 28 persons among the total of 165 persons. Among them only 39.3 percent have knowledge about reproductive health and 60.7 percent have the knowledge about reproductive health. The 45.2 percentage of literate person have knowledge about reproductive health and vice versa 54.8 percent.

In the study area the highest proportion 87.8 percent of the households have the knowledge about reproductive health followed by 87.5 %, 63.6%, 45.2% and 39.3% .

Table6: the Percentage of Education of Reproductive of health, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

	Knowledge about Reproductive Health				Total	
	Male		Female		N	%
Education	N	%	N	%		

Illiterate	11	39.3	17	60.7	28	100.0
Literate	19	45.2	23	54.8	42	100.0
Primary/Lower secondary	14	63.6	8	36.4	22	100.0
Secondary	28	87.5	4	12.5	32	100.0
SLC+	36	87.8	5	12.2	41	100.0
Total	108	323.4	57	176.6	165	100.0

Sources: Field Survey, 2010.

Similarly in the study area the highest proportion 60.7% did not have the knowledge about reproductive health followed by 54.8%, 36.4%, 12.5% and 12.2% did not have the knowledge of reproductive health.

5.1.1.2: Analysis of Reproductive Health by Social Participation

In the study area 64.2% males are have knowledge about reproductive health who are participate on any community group and only 35.8% females have the knowledge about reproductive health who are participate on any community group but the only 6 persons did not have knowledge about reproductive health and who do not take part any community group.

Table 7: The Percentage of Social Participation of Reproductive Health, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Participation on any community group	Knowledge about Reproductive Health				Total	
	Male		Female		N	%
	N	%	N	%		
Yes	102	64.2	57	35.8	159	100.0
No	6	100.0			6	100.0
Total	108	164.2	57	35.8	165	100.0

Source: Field Survey, 2010.

5.1.2: Analysis of Reproductive Health by Economic Variable

On the basis of reproductive health, the following economic variables are given below:

5.1.2.1: Analysis of Reproductive Health by Landholding

Nepal is an agricultural country and about 80% (CBS) people depend agricultural sectors. The size of landholding may determine level of socioeconomic status of population. The following table presents the landholding size of the household in the study area.

Table8: The Percentage of Landholding by Reproductive Health, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Land ownership of the household members	Sex				Total	
	Male		Female		N	%
	N	%	N	%		
<20 ropani	31	79.5	8	20.5	39	100.0
20-30 ropani	62	66.7	31	33.3	93	100.0
30-40 ropani	10	37.0	17	63.0	27	100.0
>40 ropani	5	83.3	1	16.7	6	100.0
Total	108	266.5	57	133.5	165	100.0

Source: Field Survey, 2010.

The table shows that among the 165 households in the study area the highest proportion (83.3%) of the males have less than 40 ropani of land followed by 79.5, 66.7 and 37.0 percent males having 1-20, 20-30 and 30-40 ropani of land.

Similarly the highest proportion (63.0%) of the females have 30-40 ropani of land followed by 33.3, 20.5 and 16.7 percent females having 20-30, 1-20 and below 40 ropani of land.

5.1.2.2: Analysis of Reproductive Health by Income

The main source of income of Dummali Rai community is agriculture. Most of them are engaged agriculture sectors. Annual income determines level of reproductive health.

Table9: The Percentage of Income of Reproductive Health, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Total household income per months	Sex				Total	
	Male		Female		N	%
	N	%	N	%		
<5000	25	43.9	32	56.1	57	100.0

5000-10000	66	74.2	23	25.8	89	100.0
10000 or more	17	89.5	2	10.5	19	100.0
Total	108	207.6	57	92.4	165	100.0

Source: Field Survey, 2010.

It shows that in the study area, the proportion of males having annual income in between Rs. 10,000 or more is highest (89.5%), 43.9% of males have relatively less annual income which is less than Rs. 5,000.

Similarly the proportion of females having annual income in between Rs. 5,000-10,000 is the highest (89%), 19% of females have relatively less annual income which is less than Rs. 10,000 or more.

5.1.3: Analysis of Reproductive Health by Demographic Variable

On the basis of reproductive health, the following demographic variables are given below;

5.1.3.1: Analysis of Reproductive Health by Household Size

The table shows that highest percentage of males (96.9%), have the knowledge about reproductive health whose family size is five or more but the least percentage of males (56.4%), have the knowledge about reproductive health and their family size is 5-6.

While the talking about the highest percentage of females (43.6%), followed by (40.0%) and (3.1%) have the knowledge about reproductive health whose family size is 5-6, below 6 and more than5 respectively.

Table10: The Percentage of Household Size of Reproductive Health, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

	Male		Female		Total	
Family size	N	%	N	%	N	%
<5	31	96.9	1	3.1	32	100.0
5-6	44	56.4	34	43.6	78	100.0
>6	33	60.0	22	40.0	55	100.0
Total	108	213.3	57	86.7	165	100.0

Source: Field Survey, 2010.

5.1.3.2: Analysis of Reproductive Health by Age at Marriage

Marriage usually takes place at very early age in Nepal. As the literacy rate in Nepal is low, age at marriage makes a real difference in governing fertility.

Table11: The Percentage of Age at Marriage of Reproductive Health, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

	Male		Female		Total	
Age at marriage	N	%	N	%	N	%
<20	59	67.8	28	32.2	87	100.0
20	31	73.8	11	26.2	42	100.0
>30	18	50.0	18	50.0	36	100.0
Total	108	190.6	57	108.4	165	100.0

Source: Field Survey, 2010.

The table shows that the highest percentage of the male (73.8%), have the knowledge about reproductive health in the age of 20 years. Then below the 20 years they have the knowledge about reproductive health only (67.8%).

Similarly the highest percentage of the females (50.0%), followed by (32.2%) and (26.2%), have the knowledge about reproductive health in the age of below 30 years, above 20 years and 20 years respectively.

5.1.3.3: Analysis of Reproductive Health by CEB

The table shows that among the 165 households in the study area the highest proportion (48.2%), of the females have more than one children ever born followed by 40.0, 6.3 and 2.9 percent females having the knowledge reproductive health and their CEB is below one, one and two.

Table12: The Percentage of CEB of Reproductive Health, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

	Male		Female		Total	
Children ever born	N	%	N	%	N	%
0	3	60.0	2	40.0	5	100.0
1	15	93.8	1	6.3	16	100.0
2	33	97.1	1	2.9	34	100.0
3+	57	51.8	53	48.2	110	100.0
Total	108	65.5	57	34.5	165	100.0

Source: Field Survey, 2010.

5.2. Analysis of Contraception

This section describes the finding on the knowledge of family planning methods. The study collects information about the knowledge of family planning in spontaneous and proved basis. Currently married women of reproductive age have initially asked whether they have heard about any family planning methods. If they say 'yes' then

they have been asked means of contraceptive. Their responses have been based on spontaneous knowledge of contraceptive on the one hand, while on the other, if they say 'yes' but are unable to tell any name of contraceptives methods, then the names of different methods are given to the respondents. Then they have been asked whether they heard of the particular method. Their response to this question formed the basis of probed knowledge of family planning methods.

Among the total respondents, vary less percentage can say spontaneously and high percentages are not able to say the name of different modern and traditional contraceptive methods.

5.2.1: Analysis of Contraception by Social Variables

On the basis of contraception, following social variables are mention below:

5.2.1.1: Analysis of Contraception by Education of Respondent

Literacy levels in Nepal have increased significantly, particularly during the last two decades.

Table13: The Percentage of Education of Contraception, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

	Knowledge about contraception				Total	
	Yes		No			
Education	N	%	N	%	N	%
Illiterate	4	14.3	24	85.7	28	100.0
Literate	11	26.2	31	73.8	42	100.0
Primary/Lower secondary	10	45.5	12	4.5	22	100.0
Secondary	22	68.8	10	31.3	32	100.0
SLC+	31	75.6	10	24.4	41	100.0
Total	78	230.4	87	268.7	165	100.0

Sources: Field Survey, 2010.

Further, the 85.7 percent illiterate respondents did not have knowledge about contraception but only 14.3 percent have knowledge about contraception and followed by 73.8, 31.3, 24.4 and 4.5 percent respondent having literate, secondary, SLC above and primary/lower secondary level educate respondents.

The table shows that among the165 household in the study area the highest number 41 of the SLC and more between 75.6 percent have knowledge 24.4 percent did not have knowledge about contraception. Only 68.8 percent of secondary followed by 45.5

percent of primary and 26.2 percent of literate respondent have the knowledge about contraception.

5.2.1.2: Analysis of Contraception by Social Participation

On the basis of contraception, following social participation are given below:

Table14: The Percentage of Social Participation of Contraception, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Participation on any community group	Male		Female		Total	
	N	%	N	%	N	%
Yes	73	45.9	86	54.1	159	100.0
No	5	83.3	1	16.7	6	100.0
Total	78	139.2	87	70.8	165	100.0

Source: Field Survey, 2010.

Although with highest male percent (83.3%) didn't have the social participation on any community group comparing with female 16.7% and 45.9 percent of male are involved in any community group vice versa female are 54.1 percent are participation on any community group.

5.2.2: Analysis of Contraception by Economic Variables

On the basis of contraception, the following economic variables are given below:

5.2.2.1: Analysis of Contraception by Landholding

The size of land holding may determine level of socioeconomic status of population. The following table presents the land holding size of the contraception in the study area.

Table15: The Percentage of Landholding of Contraception, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Land ownership of the household members	Yes		No		Total	
	N	%	N	%	N	%
<20 ropani	26	66.7	13	33.3	39	100.0
20-30 ropani	42	45.2	51	54.8	93	100.0
30-40 ropani	6	22.2	21	77.8	27	100.0
>40 ropani	4	66.7	2	33.3	6	100.0
Total	78	199.8	89	209.2	165	100.0

Source: Field Survey, 2010.

The following table shows that the highest proportion (66.7%), have the contraception their land ownership of the household members is above 20 ropani and below the 40 ropani. The least proportion (22.2%), have the contraception by 30-40 ropani land ownership of the household members.

Similarly the highest proportion (77.8%), did not have contraception and the least proportion (33.3%) did not have the contraception by their 30-40 ropani and above 20 ropani to below 40 ropani.

5.2.2.2: Analysis of Contraception by Income

The main source of income of Dummali Rai community is agriculture. Annual income of household of respondents is presented below.

Table16: The Percentage of Income of Contraception, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Total household income per months	Yes		No		Total	
	N	%	N	%	N	%
<5000	18	31.6	39	68.4	57	100.0
5000-10000	46	51.7	43	48.3	89	100.0
10000 or more	14	73.7	5	26.3	19	100.0
Total	78	156.0	87	143.0	165	100.0

Source: Field Survey, 2010.

The table shows that in the study area, the proportion of respondents having annual income in Rs. 10,000 and more is highest (73.7%), have contraception.

5.2.3: Analysis of Contraception by Demographic Variable

On the basis of contraception, the following demographic variables are given below:

5.2.3.1: Analysis of Contraception by Household Size

The table 17 provides data on the percentage 78.1 have the contraception and their family size is more than 5 and the least proportion (21.9%) household did not have contraception. Then, the least 5-6 family size has the contraception of household size.

Table17: The Percentage of Household Size of Contraception, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Family size	Yes		No		Total	
	N	%	N	%	N	%
<5	25	78.1	7	21.9	32	100.0
5-6	28	35.9	50	64.1	78	100.0

>6	25	45.5	30	54.5	55	100.0
Total	78	159.5	87	140.5	165	100.0

Source: Field Survey, 2010.

5.2.3.2: Analysis of Contraception by Age at Marriage

All currently married women are asked about the contraception method at the time of field surveys, the result is presented the following:

Table18: the percentage of Age at Marriage of Contraception, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Age at marriage	Yes		No		Total	
	N	%	N	%	N	%
<20	43	49.4	44	50.6	87	100.0
20	23	54.8	19	45.2	42	100.0
>30	12	33.3	24	66.7	36	100.0
Total	78	137.5	87	162.5	165	100.0

Source: Field Survey, 2010.

Table 18 shows that highest percentage of respondents (54.8%) reported that the measure contribution of contraceptive use age at marriage in 20 years. Like wise (49.4%) age at marriage in 20 years and above and (33.3%) age at marriage below the 30 years have the contraception use.

So in this survey, (66.7%) did not use the contraception at the age of below the 30 years and the least proportion (45.2%) did not use the contraception at the age 20 years.

5.2.3.3: Analysis of Contraception by CEB

All the respondents in the study area were asked about their attitude towards children ever born of woman and the result is presented in table.

Table19: The Percentage of CEB of Contraception, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Children ever born	Yes		No		Total	
	N	%	N	%	N	%
0	2	40.0	3	60.0	5	100.0
1	14	87.5	2	12.5	16	100.0
2	28	82.4	6	17.6	34	100.0
3+	34	30.9	76	69.1	110	100.0
Total	78	47.3	87	52.7	165	100.0

Source: Field Survey, 2010.

The table shows that highest percent of respondents (87.5%) in the study area have contraception and one CEB. The highest percentage (69.1%) did not have contraception and their CEB is more than 3.

5.3: Analysis of Fertility

The educated persons experience lower fertility, and if the proportions of the population in these classes are increasing, then this could be a factor causing the over all birth rate to fall.

5.3.1: Analysis of Number of Children Ever Born by Social Variables

On the basis of number of children ever born, the following social variables are given below:

5.3.1.1: Analysis of Number of Children Ever Born by Education of Respondent

The table shows that (4.8%) of literate respondent have below one year child and illiterate (3.6%) respondents also have below one year child. The (2.4%) of literate respondents have one child and the highest (26.8%) SLC and more educate respondent also one child. The illiterate (7.1%) have least two children having highest proportion (34.4%) secondary level of respondent also two children. The highest percent (90.9%) of primary or more respondent have three or more children and least percent (34.1%) of SLC and more educate respondent have three and more children.

Table20: The Percentage of Education of Respondent Number of Children Ever Born, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Education	Children ever born								Total	
	0		1		2		3+		N	%
	N	%	N	%	N	%	N	%		
Illiterate	1	3.6			2	7.1	25	89.3	28	100.0
Literate	2	4.8	1	2.4	5	11.9	34	81.0	42	100.0
Primary/Lower secondary					2	9.1	20	90.9	22	100.0
Secondary			4	12.5	11	34.4	17	53.1	32	100.0
SLC+	2	4.9	11	26.8	14	34.1	14	34.1	41	100.0
Total	5	13.3	16	41.7	34	96.6		348.4	165	100.0

Source: Field Survey, 2010.

5.3.1.2: Analysis of Number of Children Ever Born by Social Participation

The table shows that (16.7%) have no one child who is not participation on any community group. The (8.8%) of respondent have one child taking participation on

any community group. The (33.3%) have two children participation on any community group. The highest percent (68.6%) have 3 or more children and participation on any community group only (16.7%) have 3 or more children not taking participation on any community group.

Table21: The Percentage of Social Participation of Number of Children Ever Born, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Participation on any community group		Children ever born								Total	
		0		1		2		3+		N	%
		N	%	N	%	N	%	N	%		
	Yes	4	2.5	14	8.8	32	20.1	109	68.6	159	100.0
	No	1	16.7	2	33.3	2	33.3	1	16.7	6	100.0
	Total	5	19.2	16	42.1	34	53.4	119	85.3	165	100.0

Source: Field Survey, 2010.

5.3.2: Analysis of Number of Children Ever Born by Economic Variables

On the basis of number of children ever born, following economic variable are mention below:

5.3.2.1: Analysis of Number of Children Ever Born by Landholding

Table22: The Percentage of Landholding of Number of Children Ever Born, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Land ownership of the household members		Children ever born								Total	
		0		1		2		3+		N	%
		N	%	N	%	N	%	N	%		
	<20 ropani	1	2.6	5	12.8	14	35.9	19	48.7	39	100.0
	20-30 ropani	3	3.2	8	8.6	19	20.4	63	67.7	93	100.0
	30-40 ropani	1	3.7	1	3.7	1	3.7	24	88.9	27	100.0
	>40 ropani			2	33.3			4	66.7	6	100.0
	Total	5	9.5	16	58.4	34	60.0	110	272.0	165	100.0

Source: Field Survey, 2010.

The highest percent (3.7%) have below one year child having 30-40 ropani of land ownership of the household members. The below 40 ropani of land ownership of the household members have only one child. But the least percent (3.7%) have one child of 30-40 ropani of land ownership of the household members. The more than 20 ropani of land ownership of the household members have two children. The highest

percent (88.9%) have more than three children having 30-40 ropani of land ownership of the household members.

5.3.2.2: Analysis of Number of Children Ever Born by Income

The table shows that the highest percent (10.5%) have below one year child and their total household income per months is more than 10,000. The (12.4%) have only one child and their total household income per months is 5,000-10,000. The least percent (5.3%) have one child and their total household income per months is more than 10,000. Who have more than 10,000 of total household income per months have two children. More than three children (71.9%) have 5,000 above of total household income per months.

Table23: The percentage of Income of Children Ever Born, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Total household income per months	Children ever born								Total	
	0		1		2		3+		N	%
	N	%	N	%	N	%	N	%		
<5000	2	3.5	4	7.0	10	17.5	41	71.9	57	100.0
5000-10000	1	1.1	11	12.4	17	19.1	60	67.4	89	100.0
10000 or more	2	10.5	1	5.3	7	36.8	9	47.4	19	100.0
Total	5	14.1	16	24.7	34	73.4	110	186.7	165	100.0

Source: Field Survey, 2010.

5.3.3: Analysis of Number of Children Ever Born by Demographic Variable

On the basis of number of children ever born, following demographic variables are given below:

5.3.3.1: Analysis of Number of Children Ever Born by Household Size

The table shows that below one year child (6.3%) having more than five more than family size. The highest percent (28.1%) have one child of family size is more than five. The percent (7.3%) have two children and their family size below the six. The (9.4%) have more than three children and their family size is more than five and (89.1%) have the more than three children of family size is below six.

Table24: The percentage of Household Size of Children Ever Born, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Family size	Children ever born	Total

	0		1		2		3+		N	%
	N	%	N	%	N	%	N	%		
<5	2	6.3	9	28.1	18	56.3	3	9.4	32	100.0
5-6	3	3.8	5	6.4	12	15.4	58	74.4	78	100.0
>6			2	3.6	4	7.3	49	89.1	55	100.0
Total	5	10.1	16	38.1	34	79.0	110	172.9	165	100.0

Source: Field Survey, 2010.

5.3.3.2: Analysis of Number of Children Ever Born by Age at Marriage

The percent (7.1%) have below one year child their age at marriage is 20 years. The percent (16.7%) have only one child at the age at marriage of below 30 years. The percent (26.2%) have two children having 20 years of age at marriage. The highest percent (71.3%) have more than three children having more than 20 years of age at marriage but the percent (57.1%) also have more than three children having 20 years of age at marriage.

Table25: The percentage of Age at Marriage of Number of Children Ever Born, Ward 7, Sano-Dumma VDC, Bhojpur District, Nepal, 2010.

Age at marriage	Children ever born								Total	
	0		1		2		3+		N	%
	N	%	N	%	N	%	N	%		
<20			6	6.9	19	21.8	62	71.3	87	100.0
20	3	7.1	4	9.5	11	26.2	24	57.1	42	100.0
>30	2	5.6	6	16.7	4	11.1	24	66.7	36	100.0
Total	5	12.7	16	33.1	34	69.1	110	195.1	165	100.0

Source: Field Survey, 2010.

CHAPTER VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1: Summary of Findings

Sano Dumma VDC of Bhojpur District composed by various caste/ethnicity. The report was prepared with field survey and discussed with related respondents. In the following section basic finding of the survey have been summarized and conclusion were drawn. The researcher point some recommendations of implementation plan and policy of level on RHCF. Survey was based in Sano Dumma VDC of Bhojpur District and 165 sample sizes had taken for study. They all were aged 15-49 years of women and girls. The research on reproductive health, contraception and fertility was to find out many things and factors were given below.

- The total population in the age group 0-4 to 65+ was 970, male 514 and female 456.
- Sex ratio at birth was 112.7 of the sample population.
- Out of total respondent's majority, the main religion of the study area was Kirant.
- Out of the total population of 84.3 percent are literate in the study area.
- Out of the total population of 15.7 percent are illiterate in the study area.
- The majority 27.5 percent of the population engaged in agricultural work.
- There was positive relation between monthly income and level of RH.

6.2: Conclusions

The topic reproductive health contraception and fertility was included on the various independent, intermediate and dependent variables relationship. The main independent variable was ethnicity, which was directly affecting on intermediate variable like education, health status, occupation/employment /income, household facilities, media exposure. The intermediate variable directly affected on the dependent variable which was RH. The relationship of independent variable with intermediate variable set I, II and the dependent variable.

Similarly, the religion directly affecting on the intermediate variables set I and II which was directly related on dependent variable. The other independent variables were social norms and values, place of residence and psychological factors. This was closely

related on dependent variables. Mainly the relationships between both all variables we related to each other.

6.3: Recommendation

Because of limitations time duration and other many practical and technical problems, more attempts could not be done in this study to cover diverse area of the level on RH in many diverse fields. Give proper knowledge on the all level of people on RH.

- The literacy rate is increasing but the knowledge is not increase so, giving knowledge able problem on grassroots level.
- The government should be included on awareness program of their policy making level.
- Giving knowledge on fertility contraception and reproductive health related educational program for young age population in the grassroots level.
- The economic condition helps to increase the status, so improve the economic status of the people.
- The child was encouraged to for school the age of school going.
- Government should establish the health facility center in each ward of the VDC.

APPENDICES

Tribhuvan University

Central Department of Population Studies

Kirtipur, Kathmandu

Reproductive Health, Contraception and Fertility among Dungmali Rais Community in Bhojpur, District Nepal

Questionnaire

The letter written in Italic is instruction. No tick mark please, only circle, and do not Write more than one number in one box

General Information

Q1. Name of the Respondent (Optional)……							
Q2.District:			Q3. VDC: ……		Q4. Ward: ……		
Q5. Mother tongue of the Respondent ……							
Q6. Caste/ Ethnicity……							
Q7. Religion of the Respondent 1.Hindu 2. Buddha 8. Don't' know 9. Not stated							
Q8. Caste Structure of the family: is all members of your households are as a same caste/ethnicity?							
Q9. What is your religion structure of the family? All the family members are same religion? 1. Yes 2.No 3. Don't know 4.Not stated							

Q10. How many members are there in your family?

S.R. 10,a	Name 10.b	Sex 10.c	Age 10.d	Occupation 10.e	Education 10.f	Marital status 10.g	Survey Identification 10.h	Others
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
11								
12								
13								
14								
15								

Q.1 Sex 1. Male 2. Female

Q.2 Age 1. In years.....

Q.3 Occupation 1. Agriculture 2. Employ 3. Business 4. Household 5.Dependent 6. Others

Q.4 Education 1. Illiterate 2. One class 3. Two class 4. Test pass 5. S.L.C 5. I.A 6. B.A or above Q.5 Marital status 1. Married 2. Unmarried 3. Widow/er 5. Divorce 6. Others Q.6 Survey Identification 1. Head of the household 2. Respondent 3. Other member		
Economic Status of Family		
Q.11 How much land is ownded by your family members? Written in unit		
1. BIgha**/**Kattha/Dhur		
2. Ropani/Ana/Paisa		
3. Halko melo/Muri/Pathi/Mana		
Q12. Is agricultural product is sufficient for your family during hole year? Yes 2. No 3. Don't know 4. Not state Q13. For how many month is agricultural product product is sufficient your family? 1.1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,		
Q14. While comparing to your neighouber how you evaluate status of your family? 1. Prosperious 2. More than average 3.Avarage 4. Lower than average 5. Low land 6. No land 7. Don't know 8. Not said.		
Q15. How many pet animals do you have with your family? a. Animal, cow, ox, buffalo etc...b. Goat, Ship. Pig...c. Chicken, Duck, Birds type...d. Bee, fish...e. others Q16. Which type of house do you have own your family? Kachchi, Roof of polithin, temporary wall 2. Kachchi, khar, roof of paral 3.Wall of mud, khar 4. Wall of mud and corrugated, slat 5.Wall of stone, khar 6. Wall of stone corrugated and slat 7. Cemented wall and roof of corrugated and slat 8. Cemented wall and pakki 9. Home less 10. Others		

Q17. What is the total gross monthly income of your family?						

Q18. Usually your family members go to toilet?

1. On toilet 2. Open place 3. River side 4. Forest 5. Others → 20

Q19. Since how many years you have your own toilet? Write in years.....

Q20. Is there water source near your house?

1. Yes → 22 2. NO

Q21. Normally, what time is consumed for fetch water for your family? Write in minute.....

Q22. Who fetch water for your family?

1. Male 2. Female 3. Boys 4. Girls 5. Both (Male, Female) 6. Both (Boys, Girls) 7. Others

Q22. What following facilities are available in your family?

1. Radio	1.Yes 2. No 3. Don't know 4.Not state
2. Cycle	1.Yes 2. No 3. Don't know 4.Not state
3. Bus, truck	1.Yes 2. No 3. Don't know 4.Not state
4. Solar	1.Yes 2. No 3. Don't know 4.Not state
5. Electricity	1.Yes 2. No 3. Don't know 4.Not state
6. TV	1.Yes 2. No 3. Don't know 4.Not state
7. Bio gas	1.Yes 2. No 3. Don't know 4.Not state
8. Others	1.Yes 2. No 3. Don't know 4.Not state

Q23. While comparing your family with your neighbours in terms of facilities & income what do you feel about your family?

1. More facilitied/rich 2. Over the average 3. Average 4. Under the average 5. Poor income& facilities 6. Not have the income & facilities 7. Don't know 8. Not stated.

Q24. While comparing your family with your neighbours in terms of facilities and income what do you feel about your family?

1. Prosperious 2. More than average 3.Avarage 4. Lower than average 5. Low income 6. No income & facilities 7. Don't know 8. Not state.			
Gender Role Family and Community			
Q25. Who is the final decision maker in your family? (*only one options/answers)*		1. Self 2.Husband 3. Father/ Father inlaw 4. Mother/Mother inlaw 5. Other (specify)	
Q26. To what extent are your suggestion considered while doing decision in your family?	1. Always considered 2. Usually considered 3. Sometime considered 4. Hardly considered 5. Never considered.		
Q27. (if married) Who did decision of your marries?	1. Self 2. Father 3. Mother 4. Uncle, brother in law 5. Sisters 6. Other man 7. Other female 8. Others		
Q28. Do all the children of 14 below go to school?	1. All children 2. All boys' children 3. Only all girls' 4. Some boys only 5. Some girls only 6. Some boys and girls 7. Not all boys and girls		
Q29. Who occupy more expenditure on education between boys and girls?	1. Boys 2. Girls 3. Equal 4. Don't know 5. NOt stated		
Q30. Is of the following property given in your name? 1. Land along with resident 2. Only land asset 3. Livestock, Goat, Hens etc 4. Jewelries 5. Shop, Mill		1. Yes 2. No 3. If yes, mention price.... 1. Yes 2. No 3. If yes, mention price.... 1. Yes 2. No 3. If yes, mention price.... 1. Yes 2. No 3. If yes, mention price.... 1. Yes 2. No 3. If yes, mention price....	

Q31. Who does the following dailly work?	1. Always female 2. Usually female 3. Both 4. Always male 5. Usually male
1. Cooking	
2. Fetch water	1. Always female 2. Usually female 3. Both 4. Always male 5. Usually male
3. Milling	1. Always female 2. Usually female 3. Both 4. Always male 5. Usually male
4. Firestock	1. Always female 2. Usually female 3. Both 4. Always male 5. Usually male
5. Caring of animal	1. Always female 2. Usually female 3. Both 4. Always male 5. Usually male
6. Biling of electricity	1. Always female 2. Usually female 3. Both 4. Always male 5. Usually male
7. Daily shopping	1. Always female 2. Usually female 3. Both 4. Always male 5. Usually male
8. Selling a vegetable	1. Always female 2. Usually female 3. Both 4. Always male 5. Usually male
Q32. Do you have to take permission for personal expences?	1. No 2. No need 3. Hiding 4. Taking permission 5. Requirements re purchased by other 6. Ignore my demand
Q33. Do you need to ask any one to spend your own income? 1. NO 2. Husband 3. Other male members 4. Other female members	
Q34. Who of your family members are the members of the following agencies? 1. Yes 2. No → 37 3. Don't know	
Q35. Are you involved to any organigation? 1. Yes 2. NO →37	

	Q36. If you involved what is your position? 1. Ward/ VDC 2. District 3. National

Q37. Who of your family members are the members of the following agencies?	Self 2. Other female 3. Other mlae 4. Both 5. No one
A. Community forest consumer community	Self 2. Other female 3. Other mlae 4. Both 5. No one
B. Road and drain consumer committe	Self 2. Other female 3. Other mlae 4. Both 5. No one
C. Drinking water consumer committe	1. Self 2. Other female 3 Other mlae 4. Both 5. No on
D.School/collage management committe	1. Self 2. Other female 3 Other mlae 4. Both 5. No one
E. Mother group/ organization	1. Self 2. Other female 3 Other mlae 4. Both 5. No one

Q38. What is your position in such rganization you have involved?	Exucative personeal/ decision maker General member 3. Participant
Q39. Generally, when does the menstruation start?in.....year	

	Q40. How much did you clean your body during menstruation period? 1. So often 2. A lot 3. To some time 4. Not have 5. No.
	Q41. How much do you both besides purifying (?) during menstruation period? Only for purifying 2. Every 3. Days 4. Everyday 5. Clean sexul organ through Not having both. 6. Others.
	Q42. How do you manage the blood excereted through menstruation? Using sanitary pad 2. Using new cloth from market 3. Using old piece of cloth 4. 4. Remain (No thing) so and so 5. Other
	Q43. Where do you stay/ sleep during menstruation? 1. Own bed 2. Inside home but separate place 3. Outsid home 4. Shed 5. Other's home 6. Other place
	Q44. Do you face any other health problem or not during menstruation? 1. Yes 2. No →54

	Q45. What kinds of problem? a. Low abdomenpain 1. Yes 2. No 3. Don't know 4. Not stated b. Over bleeding 1. Yes 2. No 3. Don't know 4. Not stated c. Fever 1. Yes 2. No 3. Don't know 4. Not stated d. Weakness 1. Yes 2. No 3. Don't know 4. Not stated e. Dizziness 1. Yes 2. No 3. Don't know 4. Not stated f. Vomiting 1. Yes 2. No 3. Don't know 4. Not stated g. Body pain 1. Yes 2. No 3. Don't know 4. Not stated

Q46.	Where do you go for treatement while having this problem? A. Goverenment 1.Yes 2. No 3. Don't know 4. Not stated. B. FPAN clinic 1.Yes 2. No 3. Don't know 4. Not stated. C.Private clinic 1.Yes 2. No 3. Don't know 4. Not stated. D. FCHV 1.Yes 2. No 3. Don't know 4. Not stated. E. Sorcerer 1.Yes 2. No 3. Don't know 4. Not stated. F. Active women 1.Yes 2. No 3. Don't know 4. Not stated. G. No where
Q47.	Who do you take while understanding treatement in the time of menstruation and others? 1. Friends 1.Yes 2. No 3. Don't know 4. Not stated. 2. Husbend 1.Yes 2. No 3. Don't know 4. Not stated. 3. Mother 1.Yes 2. No 3. Don't know 4. Not stated. 4. Sister 1.Yes 2. No 3. Don't know 4. Not stated. 5. Nephew 1.Yes 2. No 3. Don't know 4. Not stated. 6. Father 1.Yes 2. No 3. Don't know 4. Not stated. 7. Others.

Q48.	How much you work at the time of menstruation? 1. Friends 2. Husdund 3. Mother 4. Sister 5. Nephew 6. Father 7. Other.
Q49.	Who halp you to work at the time of menstruation? 1. Friends 1.Yes 2. No 3. Don't know 4. Not stated. 2. Husband 1.Yes 2. No 3. Don't know 4. Not stated. 3. Mother 1.Yes 2. No 3. Don't know 4. Not stated. 4. Sister 1.Yes 2. No 3. Don't know 4. Not stated. 5. Father 1.Yes 2. No 3. Don't know 4. Not stated. 6. Nephew 1.Yes 2. No 3. Don't know 4. Not stated. 7. Others
Q50.	Is there any religious restriction in you? Your family and society at the time of menstruation? 1. Yes 2. No
Q51.	What do you do during menstruation period? 1. Worshiping 1.Yes 2. No 3. Don't know 4. Not stated. 2. Cooking 1.Yes 2. No 3. Don't know 4. Not stated. 3. Having and cow milk 1.Yes 2. No 3. Don't know 4. Not stated. 4. Caring cow, calf and etc 1.Yes 2. No 3. Don't know 4. Not stated. 5. Working at kitchen 1.Yes 2. No 3. Don't know 4. Not stated. 6. Using usual cloth 1.Yes 2. No 3. Don't know 4. Not stated. 7. Touching other males 1.Yes 2. No 3. Don't know 4. Not stated. 8. Staying separate while traveling 1.Yes 2. No 3. Don't know 4. Not stated. 9. Having sexual intercourse 1.Yes 2. No 3. Don't know 4. Not stated. 10. Others

Q52.	What action does your family members take, while you consciously or unconsciously touch them or something? 1. Verbal1.Yes 2. No 3. Don't know 4. Not stated. 2. Physical abuse 1.Yes 2. No 3. Don't know 4. Not stated. 3. Avoid taking meal1.Yes 2. No 3. Don't know 4. Not stated. 4. Barries to visit friends1.Yes 2. No 3. Don't know 4. Not stated. 5. Bariers to go own interested place1.Yes 2. No 3. Don't know 4. Not stated. 6. Others…….
Q53	What do you feel about religious restricis in the period of menstruation? 1. Positive 2. Somewhat agree 3. Neutral 4. Somewhat disagree 5. Disgree.
Q54.	How you think, doing work at the time of menstruation? 1. As usual 2. Less usual 3. No work 4. Whole rest 5. Don't know 6. Not stated.

	Sex Related
Q55.	In your opinion, what is the right age to first sexual intercourse for femal? In ……. Years.
Q56.	In your opinion, what is the right age to first sexual intercourse for male? In ……. Years.

Q57.	Have you ever been sexual intercourse with others? 1. Yes 2. NO→62	

Q58.	How old were you when you (Tools) get first sexual intercourse? …….
Q59.	How old was your sexual partner at the time of sexual intercourse? …

Q60.	Who was your first sexual partner? 1. Friends2. Husband3. Relative4. Known person5. Unknown person6. Others ……
Q61.	What were the causes of that sexual relaation? 1. Love and own interest 2. Emotion 3. Fear and threat 4. Rape 5. Others
Q62.	How many close friends do you have now? 1. More 2. Some 3. Only 4. No one.
Q63.	Among them how many males? …….
Q64.	Are they males are sexual friends? 1. All 2. Some 3. Only one 4. No one 5. Not stated.
Q65.	Do you know about safe period in the menstruation cycle? 1. Yes 2. No.

Q66.	What /which methods are used? (These/this are both knowledge and practice so one option choosen is necessary) Netural method 1. Withdrawl 1. Yes 2. Know but not use 3. Don't know 2. Use safe period method 1. Yes 2. Know but not use 3. Don't know 3. Veginal mucus method 1. Yes 2. Know but not use 3. Don't know	
	Mechanical method 4. Use of male condom 1. Yes 2. Know but not use 3. Don't know 5. Use copper 1. Yes 2. Know but not use 3. Don't know 6. Use famidom 1. Yes 2. Know but not use 3. Don't know	

	Chemical method 7. Daily use pills 1. Yes 2. Know but not use 3. Don't know 8. Use norplant 1. Yes 2. Know but not use 3. Don't know 9. Use depo-provera 1. Yes 2. Know but not use 3. Don't know 10. Use emergency contraceptive tablet 1. Yes 2. Know but not use 3. Don't know 11. Use foamtablet 1. Yes 2. Know but not use 3. Don't know Surgical method 1. Yes 2. Know but not use 3. Don't know 12. Minilap 1. Yes 2. Know but not use 3. Don't know 13. Vasecotomy 1. Yes 2. Know but not use 3. Don't know
Q67.	Did you feel any problem after use contraceptives tools? 1. Yes 2. No 3. Don't know 4. Not state
Q68.	If the problem, tell the tools?
Q69.	What kind of effect? Description of effect……
Q70.	Do you know about the following symptoms of sexual (disease) infection? 1. Smell discharge 1. Yes 2. No 3. Don't know 4. Not state 2. Reproductive tract infection 1. Yes 2. No 3. Don't know 4. Not state 3. Sexual organ itching 1. Yes 2. No 3. Don't know 4. Not state 4. Uterus problem 1. Yes 2. No 3. Don't know 4. Not state 5. Fallopian tube infection 1. Yes 2. No 3. Don't know 4. Not state 6. Fever in evening 1. Yes 2. No 3. Don't know 4. Not state 7. Problem of fent historia 1. Yes 2. No 3. Don't know 4. Not state 8. Others ……

Q71.	On your opinion/knowledge, which of the following are sex related disease/ infection? 1. Gonoriya 1. Yes 2. Know but not use 3. Don't know 2. Syphilis 1. Yes 2. Know but not use 3. Don't know 3. HIV/ AIDS 1. Yes 2. Know but not use 3. Don't know 4. Other
Q72.	Which tools is most useful to prevent sexual disease? 1. Condom 2. Copper T 3. Pills 4. Fome tablet 5. Depo-provera 6. Noraplant 7. Natural method 8. Other……

Q73. Have you ever seen the following?

1. Smell discharge 1. Yes 2. Know but not use 3. Don't know
2. Reproductive tract infection 1. Yes 2. Know but not use 3. Don't know
3. Sexual disease 1. Yes 2. Know but not use 3. Don't know
4. Uterus problem 1. Yes 2. Know but not use 3. Don't know
5. Fallopin tube 1. Yes 2. Know but not use 3. Don't know
6. Fever in evening 1. Yes 2. Know but not use 3. Don't know
7. Problem of fent historia 1. Yes 2. Know but not use 3. Don't know
8. Others ……

Q74. Have you ever checked the sexual disease?

Yes 2. No

Q75. Have you faced the following disease?

1. Smell discharge 1. Yes 2. No 3. Don't know 4. Not state
2. Reproductive tract infection 1. Yes 2. No 3. Don't know 4. Not state
3. Sexual organ itching 1. Yes 2. No 3. Don't know 4. Not state
4. Uterus problem 1. Yes 2. No 3. Don't know 4. Not state

5. Fallopian tube infection 1. Yes 2. No 3. Don't know 4. Not state

6. Fever in evening 1. Yes 2. No 3. Don't know 4. Not state

7. Problem of fent historia 1. Yes 2. No 3. Don't know 4. Not state

8. Others .....

Q76. Where do you go for treatement while having this problem?

A. Goverenment 1.Yes 2. No 3. Don't know 4. Not stated.

B. FPAN clinic 1.Yes 2. No 3. Don't know 4. Not stated.

C.Private clinic 1.Yes 2. No 3. Don't know 4. Not stated.

D. FCHV 1.Yes 2. No 3. Don't know 4. Not stated.

E. Sorcerer 1.Yes 2. No 3. Don't know 4. Not stated.

F. Active women 1.Yes 2. No 3. Don't know 4. Not stated.

G. No where

Q77.	Sucessful your treatement? 1. Yes 2. Some 3. No 4.Don't know 5. Not stated.	
Q78.	Did your sexual friends also treatement? 1. Yes 2. No 3. Don't know 4. Not stated.	
Q79.	In your opinion the knowledge of sexual disease are necessary? 1. Absoluately 2. Need. 3. No need 4. Absoluately not	
Q80.	In your opinion what kind of information will benifite for you/ 1. ..... 2. ..... 3.	

Access of Service

Q81. How much time does it take to go family planning or sexual health center? ..... minute.

Q82. Do you take those facilities easily?

1. Yes 2. No 3. Don't know 4. Not stated.

Q83. Do you can manage the expenditure to travel and other for take facilities?

1. Yes 2. No 3. Don't know 4. Not stated.

Q84. If you want to take family planning and sexual health service, how do you manage economy/money?

1. Own income 2. Household income 3. Husband and boyfriend income 4. Borrow from relative. 5. Free service fromcenter 6. Relative help 7. Others .....

Pregnancy and its check up

Q85. How old were you when you got married? .....

Q86. HOw old were your husband was the age of married? ....

Q87. From where, do you obtain the information related to family planning, pregnancy and so on?

1. Radio 1Yes 2. No 3. Don't know 4. Not stated.

2. T.V 1.Yes 2 No 3. Don't know 4. Not stated.

3. Newspaper1.Yes 2. No 3. Don't know 4. Not stated.

4. School Book1.Yes 2. No 3. Don't know 4. Not stated.

5. Teacher1.Yes 2. No 3. Don't know 4. Not stated.

6. Friends1.Yes 2. No 3. Don't know 4. Not stated.

7. Friends of FPAN1.Yes 2. No 3. Don't know 4. Not stated.

8. Health worker1.Yes 2. No 3. Don't know 4. Not stated.

9. Husband/ Male Partner1.Yes 2. No 3. Don't know 4. Not stated.

10. Other male member in family1.Yes 2. No 3. Don't know 4.

Not stated. 11. Other female member in a family1.Yes 2. No 3. Don't know 4. Not stated.								
Q88. Have you ever been pregnant? 1. Yes 2. No→→115								
Q89. How old were you, when you pregnant at first time?								
Q90. Have you ever faced the problem of marriage? 1. Yes 2. No								

Q91. How many of your own sons are living with you?			
Q92. How many of your own daughters are living with you?			
Q93. How many of your own sons are living other place?			
Q94. How many of your own daughters are living other place?			
Q95. How many of your own sons died?			
Q96. How many of your own daughter died?			
Q97. Is there total number of your children .....?			
Q98. What was the age when you given birth your baby? The year completed			
Q99. Did you give birth any child within last month? 1. Yes 2. No			
Q100. What is the age of your youngest child? The year completed			
Q101. Do you ever experience miscarriage? 1. Yes 2. No			
Q102. Do you know about the spontaneous abortion facility when women do not want to give live birth the pregnancy? 1. Clearly 2. Some what? 3. Don't know			
Q103. Do you check up your last pregnancy? 1. Yes 2. No→→108			

Q104 Where did you go? Went for check up? 1. PHC, HP, SHP 2. FPAN clinic 3. Private clinic 4. FCHV 5. Knowledgeable female in village 6. Others		
Q105. How many times did you check up?		
Q106. Did you take any injection while the pregnancy? 1. Yes 2. No		

Q107.	Did you take iron tablet? 1. Yes 2. No	
Q108.	Did you ever abort your unwanted pregnancy? 1. Yes 2. No→115 A. If yes, how many times did you aborted?	
Q109. Q110.	What was the reason while the abortion? 1. Parents suggestion 1. Yes 2. No 3. Don't know 4. Not stated 2. Low age 1. Yes 2. No 3. Don't know 4. Not stated 3. Pressure of husband1. Yes 2. No 3. Don't know 4. Not stated 4. Body is weak1. Yes 2. No 3. Don't know 4. Not stated 5. Doctor's suggestion1. Yes 2. No 3. Don't know 4. Not stated 6. Rap1. Yes 2. No 3. Don't know 4. Not stated Where and from whom did you take suggestion about aborted? 1. PHC 2. FPAN clinic 3. Private clinic 4. FHW 5. Knowledgeable female in village 6. Other	
Q111	Where and from who did you aborted? 1. PHC 2. FPAN clinic 3. Private clinic 4. FHW 5. Knowledgeable female in village 6. Other	

Q112 Q113.	How many rupees (cost) did it take in the clinic? (eccept own and medicine cost) Rs…… Did you face any health problem abortion? 1. Yes 2. No→115	
Q114	What was the reason? a. Over bleeding1. Yes 2. No 3. Don't know 4. Not stated b. Infection uterus 1. Yes 2. No 3. Don't know 4. Not stated c. Cann't pregnant after abortion1. Yes 2. No 3. Don't know 4. Not stated d. Pain in sexual inter course1. Yes 2. No 3. Don't know 4. Not stated e. Body is weak1. Yes 2. No 3. Don't know 4. Not stated f. Fever1. Yes 2. No 3. Don't know 4. Not stated g. Others	
Q115.	In your opinion, if pregnant women want to abortion, what does it do? 1. To give birth 1. Yes 2. No 3. Don't know 4. Not stated 2. Aborted on mother wish1. Yes 2. No 3. Don't know 4. Not stated 3. To do on family advice1. Yes 2. No 3. Don't know 4. Not stated 4. To do on doctor advice1. Yes 2. No 3. Don't know 4. Not stated 5. Others	

In the case of reproductive, what is your advice for?

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