Chapter- I

INTRODUCTION

1. Background of the study to

Family planning services are designed to reduce maternal and neonatal mortality to enhance child survival and to stabilize population. The main objective of the family planning programmers are to assist individuals and couples to space their children, to prevent unwanted pregnancies, to manage infertility and to improve their overall reproduction health.(Population and development,1995)

Over the past Years, some of the progress in maternal and child health (MCH) care has been in the field of family planning programmes. Currently 120 governments support such programmes, either directly or indirectly. World health organization (WHO) is the first worldwide health organization with 90nations as members. All member states of WHO, their commitment to the goal of "Health for all by the year 2000" have endorsed the attainment of the goal through a strategy based on primary health care, essential elements of strategy is maternal and child health including family planning . Each year more than 5, 85,000 women die from complication of pregnancy, child birth and unsafe abortion. Ninety nine percent of these deaths occur in developing countries. (Contraceptive safety, 1998).

The United Nation Conference on Human Rights at Teheran inn 1968 recognized family planning as basic human rights. The Bucha Cest Conference on the world Population held in August,1974 endorsed the same view and stated in its' plan of Action that all couple and individuals have the basic human right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so . (Population Report 1974)

The World Conference of the international women's year in 1975 also declared "the right of women to decide freely and responsibly on the number and spacing of their children and to have access to the information and means to enable them to exercises that right ".(United Nation,1975)

Thus during the past few years, family planning has emerged from whisper is private quarters to the focus of international concern as a basic human right and a component of family health and social welfare.

Women's Health

Pregnancy can bring serious problems for many women. It May damage the Mother's health endangers her life or even her life. In many developing countries, the risk of dying because of pregnancy is 10 to 20 times greater than in developed countries. The risk increase as the mother grows older and after she had 3 or 4 children. Family planning helps them to control the number, interval and timing of pregnancies and births and thereby reduces maternal mortality and morbidity and improves health.

In 1968, the government of Nepal established a national family planning programmed to reduce fertility and to show the population growth rate. The Nepal family planning program has made tremendous progress in past 20 years. The use of modern contraceptive method total fertility rate (TRF) is estimated to have declined from about 6.5 in the mid 1970s to 4.6 birth per women by 1996(department of Health services 1995).

More than 120 million married women in developing countries want or space future pregnancies but are not using contraception. Some women do not come to clinics or do not return in; they are treated rudely or have to wait too long. Social culture barriers, such as husband's disapproval, limited decision making power for women and family pressure to have more children also inhibit women from practicing family planning.

Contraceptive prevalence rate (CPR) is one of the main indicators being used for monitoring and evaluating the national family planning programmes. the CPR in Kathmandu is 64.5%Lalitpur is 94.8% Most contraceptive method is designed for women to use. And most family planning programmes target their information and services to women of the reproductive age. However, often times women are not involved in the decision making process regarding contraceptives use. In-laws decide for them. Family members particularly husbands, play a critical role in women's family planning use and continuation. When the parents are opposed to family planning, women can face sever consequence, such as violence and disapproval from family. There is need to empower women and to educate family members including husband. Most of the women are denied freedom to control their fertility because of the husband's desire to control it.(women's link 2000)because of the fear of being beaten, women may adopt a temporary family planning method in secrecy. They hide the contraceptive somewhere else, for example in bags of maize in the kitchen. Women are afraid of negative reaction. Women bear the physical burden and pain of child bearing and are primarily responsible for childcare. Some women say the final decision to use family planning should be theirs. However, some men say their role as financial provider gives them authority to decide how many children the family can afford.

Contraceptive methods are preventive methods o help women avoid unwanted pregnancies. They include all temporary and permanent measures. Contraception and fertility control are not synonymous. Fertility control

includes both fertility inhibition (Contraception) and fertility stimulation. While the fertility stimulation is related to problem of the infertile couples, the term contraception includes all measures temporary of permanent, designed to permanent, designed to prevent pregnancy due to the coital act. (Dutta, 1997)

1.1 Statement of the problem

Reproduction poses threat to women, half a million women die each year as a result of pregnancy or pregnancy- related causes. Since all but 6000 of these deaths occur in the developing world and a disproportionate share of the pregnancies in the developing world is unwanted, early extra risk or both the wide spread use of family planning could make a marked impacted on this situation.

Unwanted pregnancies may increase a women's health risk. The problem is complicated by deep-rooted religious and other beliefs and attitudes and practices. Examples, strong preference for male children, the belief that children are the gift of god, the number of children are determined by god, every Hindu must have a son. The problem of decision making of women in family planning is therefore the problem of social change. The use of contraceptives technology is not short cut to the problem what is more important is to stimulate social changes affecting fertility such as raising the age of marriage, increasing the status of women, education and employment opportunities and compulsory education of children .The solution of the problem may be one of mass education and communication so that people may understand the benefits of a small family.

Women are blamed if girl child is born and they have to go on bearing children until a son is born. This has been seen to have a very adverse effect on the health of women. Each year more than 585000 women die from complication of pregnancy, child birth and unsafe abortion; 99 percent occur in developing countries like Nepal. (Network 98)

In order to achieve the (Contraceptive Prevalence rate) a total number of 9, 12, 97,400 couple must be using contraception by the end of the 8th year plan. Having recognized the unmet need for space of children the family planning programme has placed greater emphasis on temporary method of contraception (Health report 1998).

In my search I want to know how many married women believe contraceptives and use. And why they believe these contraceptive and what problem they faced in her family, society and her relatives.

1.3 Objectives of study

The main objective of this thesis is the married women who get pressure the family planning devices and how to use and what is the condition of this contraceptive use and get problem her relativities and family.

a) To know the Social and Economic stats of the married women.
b) To discuss the awareness and practice of level of family planning measures among the married women.
c) To explain the problem faced by the married women in using the family planning measures.

1.4 Importance of the study/Rationale

Some NGOS and INGOS working on health issues are focusing on providing the different family planning devices, but they do not observe or study the difficulties faced by the women while applying family planning methods, for example family pressure for bearing more children in spite of observing women's health conditions. This study would be very useful to help women to recognized their self-right in decision making while applying different family planning methods women would became aware about different family planning methods and their human rights in the decision making process. This thesis study is very important to study to describe and to analyze the different situations or factors that influencing women for using or not using family planning methods. These situations may lead women into server consequences therefore it is important to study these situations.

1.5 Organization of the study

The study has been divided into six chapters. The first chapter deals with introduction part i.e. background of the study, statement of the problem, objectives and significance of the study, statement of the problem, objectives and significance of the study, importance of the study/rationale. Chapter two discuss the review of the literature i.e. Overview of relevant literature. Chapter three deals with the research methods of the study i.e. research design, study area universe of the study and sample size, nature of data, data collection technique, limitations of the study. Likewise, chapter four discuss study area and socio-economic characteristics of the respondents. Chapter five deals with awareness perforation and decision making i.e. women's awareness level on family planning method, age of marriage and so on. Similarly, chapter six contains summary, conclusion, and recommendation.

This study comprises of six chapter . Given below are the headings under which entire study has been categorized as follow:

Chapter I - Introduction
Chapter II- Review of Literature
Chapter III- Research Methodology

Chapter IV- Study area and socio-economic characteristics of married women
Chapter V- Awareness level of family planning and its measures
Chapter VI- Summary, Conclusion and Recommendations

The first chapter deals with the subject matter consisting introduction, focus of the study, statement of the problem, objectives of the study, organization of the study and chapter scheme of the study.

The second chapter deals with review of literature that include s the overview of relevant literature and review related with methods.

The third chapter describes research methodology employed in the study. It includes research design and nature of data , the universes nof the study and sample size , nature of data , limitation of the study and data collection technique used.

The fourth chapter describe the study area and socio-economic characteristics of married women. It includes study area, socio-economic characteristics, cast, education, age, no. of children occupation and family planning method.

The fifth chapter deals with awareness level of family planning and its measures.

The sixth chapter consists of main findings, future guidelines alongside summary, conclusion and recommendation. The bibliography and appendix are incorporate at the end of the study.

Chapter II

Review of Literature

The introduction part of this study has been presented in the first chapter. In this chapter, an attempt has been made to review the various relevant literatures in relation to support the study to receive some ideas for developing a research design.

this research aims to analyze the married women who use contraceptive and faced its effect and problem her family, relative and society.

2.1 Overview of Relevant Literature

The massive literature in the field of family planning show the academic richness of this sector various institutions, research scholars, demographers and public workers have undertaken several works concerning knowledge, attitude, awareness level, of family planning in the hospital setting has not been done till now, the research here is trying to review those literatures related to this study.

The population and family study centre of the ministry of public health and the family conducted a national survey of fecundity and fertility in Belgium in 1996, covering a sample of 2372 women, less than 41 years of age and married. This survey showed the knowledge, practice and effectiveness of contraceptive then prevailing in Belgium. According to the survey, 98 percent of the respondents could name at least one contraceptive method. Calendar (rhythm) method and oral contraceptive were the best known methods. More than 70% of the respondents knew about them. Intrauterine devices (IUD) were still almost unknown in 1966. (**Cliqvet, 1977)**

The survey also showed that all methods, the primary source of knowledge was friends, the second most important source was reading.

It has been found that between 74 and 88 fertile married respondents were using contraceptives methods or had used one in the past. When a question concerning the possible future use of contraceptive methods is added to this, it is estimated that the approximately 94 percent of the respondents will use contraception at some time during their married life.

Study also revealed that the number of methods known varied directly with the amount of education and the level of scholastic attainment. However, the practice of contraceptive showed very little difference according to educational level and scholastic attainment.

The operations research group at Baroda, India conducted a National sample survey of the entire nation of India from July to December 1970. This survey covered 25,330 currently married individuals (evenly divided between men& women). **(Bogue, and et.al, 1977**)

In the survey, 85% of the respondents were ale to specify an ideal family size and three children were regarded as the ideal number; 88 percent of the respondents responded that one must have a son in the family, whereas only 12%respondents is not necessary to have a son. The reasons given for having a son were not directly linked to religious or social customs. The reasons given were primary 'to support the family' and carry on the line.

In the same survey, 83% of the husbands and 73% of the wives were found to be sufficiently aware of family planning to be able to mention spontaneously the reliable method of contraceptives.

The most known methods were vasectomy (72.8% of the spouses knew about it) and tubectomy (61.6% of the spouses knew about it). The least known methods were diaphragm. Jelly and foam tablets (only 7.d2%of the spouses knew about them).

The survey shows that, 59% of the couples approved the use of birth control while 41 percent disapproved. Disapproval was highly correlated with illiteracy and lack of information concerning individual method. It was found that, in the urban area, 27 percent of the respondents claimed to be current uses of family planning, while in rural areas only 10.6% of the respondents were users. The overall rate for India was 13.6% of the past users were only 8.6% and 3.7% of the respondents for urban and rural areas respectively. Thus, the overall rate of the past users in India was 4.6% only.

"Attitude and practice of family planning: Profile of a Bodovin community in Saudi Arabia" Mr. Zahir A.S has found that the patriarchal family of Bodovin community welcomed male children in the family and the average number of pregnancies per mother in the community was 5.2. In the study, 23 percent of the sample respondent women wanted more children, 23 percent no more children and the remaining 54 percent were indifferent. Children were wanted as a source of support in old age, power against enemies and after death help into heaven. **(Bouge, and et.al (1978)**

Study revealed that knowledge attitude, practices of family planning were critical subjects to ask about, and as the mothers were shy talking about them. In the study, selected knowledgeable people were interviewed about practiced method of birth control. In general, they did not accept contraceptive, as it is against their belief.

He has made a study on the topic 'differential in fertility, fertility preference, knowledge and use of family planning methods by literacy and educational status in Nepal and concluded that the number of women who had knowledge of family planning methods was significantly different from the number of women who had ever used such a method. She found that 21.3% had knowledge about family planning method but only 3.4% had ever used she found fertility preference was higher among literate women or women whose husbands were literate. It is also found that the literate want even less additional children than women with only husband literate and she says that his naturally indicates increased number of educated women will cut down fertility preference rate quicker than increased number of educated men.**(Pia, E. (1979)**

He has made a study on effect of education on fertility behaviour in Ilam town panchayat and summarized the most influencing variable is wife's education which provided with desired co-efficient and their statistically significant (total) ratio even in the one percent level of significance. Husband's education too was in all models with desired co-efficient and total ratio and he concluded that education was widely accepted factor, which lowers the fertility level, and even education of women has negative significant effects on fertility than men. **(Gurung. N. k. (1984)**

Family Planning Association (FPA), Nepal (1987) has made a comparative study between experimental, control areas of family planning of selected branches of FPA Nepal, and summarized that 90.2 and 80.1 percent respondents of the experimental and control area had knowledge of contraceptive methods. Knowledge and proper use of condom and sterilization found relatively higher compared to inject-able IUD's and other. The major source of information about family planning was the family planning workers.

The concept, attitude towards family planning was found favoravle in general, and relatively higher in the experimental area. There exists a substantial unmet demand for family planning services as indicated by 66.o percent of respondents of experimental and control are who expressed no desire for additional children and signification proportion had intention to use family planning methods in future.

About the use of contraceptive method, 12.4% 10.9% and 30.4% were found in average for a three years period (1985-87) at Morang, Rupandehi and Kanchanpur branches respectively. Lastly, the relationship between knowledge, attitude, practice, age, education, occupation and number of living children were found in significant between experimental and control areas.

According to Nepal Fertility and Family Health survey 1986, the current use of contraceptive among currently married and non-pregnant women aged 15-49 and non-pregnant women aged 15-49years was 15.1

percent. The corresponding figure for 1981 was 7.8 percent Nepal Fertility and Family health Survey 1996. (NFHS, 1996:49) Nepal fertility and family planning health survey 1996, asked married non sterilized women who knew off a contraceptive method, whether they approved or disapproved of family planning looking separately at the information for women and their husbands nine out of ten women said they approve of a couple using family planning and only 7 percent said they disapproved. Likewise 70 percent of women reported that their husbands approve famed that their husbands approve family planning and 15 percent said their husbands disapprove. Based on Nepal Contraceptive Prevalence Survey 1981 data, Tuladhar (1984) found that the proportion having knowledge of family planning was higher among women who were interviewed by female interviewers than those who were interviewed by male interviewers.

Husband, in-laws and others can hold strong opining against contraception use. In many culture, women gain status through child bearing. Also having many children represents security later in life, when children support their parents. If the married women do not get pregnant in three months, people will come and say, there is darkness in the house. 'Mother in-laws want daughter in-laws to prove fertility.' (Network, 1998) Mostly in our society, Mother- In-laws influence by saying that they will find another bride for their sons.

2.2 Review Related with Methods

There is need for limiting the family size at a personal level and for the control of population at a national level. The importance of birth control at a personal level has arisen at a personal level has arisen through increased cost of living, scarcity of accommodation, a desire for better education for children in the present competitive world, and an overall desire for an improved standard of living.

The population in Nepal has been growing rapidly. A method or system, which allows intercourse and yet prevents conception, is called a contraceptive method. This contraception may be temporary when the erect of preventing pregnancy lasts while the couple use the method, but the fertility returns immediately or within a few months of its discontinuation. The permanent contraception methods are surgical tubectomy in women and vasectomy in men.

Methods of contraception (Family Planning)

In the previous days, approximately 90% of the total population were illiterate, most of them were wild a live in jungle and eat whatever they get. They have no idea about family planning. They born a lot of children but were not consciousness about their brought up. Few of them died because of illness in lack of getting treatment and few are saved as a gift of god. At that time, we can say, there was high fertility and high mortality. Slowly, time

change and man become conscious about it. Many new things discovered during the time interval. They were aware and began to use family planning devices as their contraceptive means. So, now there is high fertility but low mortality. This results in the control of population and survival of the fittest. Family planning devices help to control unwanted birth. They are also useful for spacing children. There are various methods of family planning which are as follows:

Temporary methods

1. Natural methods

a) Calendar method

This is the rhythm method or the use of the safe period, which depends upon the avoidance of sexual intercourse around ovulation. In a 28 days cycle, ovulation normally occurs on the 14th day of the cycle, but may occur any time between the three days although their capacity to fertile the ovum diminishes after 24 hours. The safe period is, therefore calculated from the first day of the menstrual period until the 8th day of the cycle and from 18th to the 28th day. This method of contraception will result in approximately 25 pregnancies per 100 woman years. The failures result from irregular ovulation or from an irregular menstrual cycle.

b) Withdrawal (coitus interrupts)

Coitus interrupts is a common practice. Coitus takes place in a normal manner but the penis is withdrawal immediately before ejaculation. It costs nothing and it requires no device. It has a pregnancy rate of approximately 25 per 100 woman years. The main cause of the failure is not that ejaculation occurs inside the vagina but that prostatic fluids secreted prior to ejaculation, contains active spermatozoa.

c) Breast feeding

Field and laboratory investigations have confirmed the traditional belief that lactation prolongs post partum amenorrhea and provides some degree of protection against pregnancy. The failure rate is high i.e. 1-10%. Thus during breast feeding, additional contraceptive support should be given by condom. IUCD or inject able steroids where available to provide complete contraception.

2. Condom

In this method, the penis is completely covered by a very thin rubber, which is used only once. It is desirable to use a condom with a spermicidal agent to improve the effects of the method.

Advantage

It is easily available, is cheap and requires no instruction. Condom prevents transmission of sexually transmitted diseases from one partner to the other. The occurrence of cancer of the cervix is low amongst woman whose partners use condom because sexual transmission of the viral infection causing this disease is prevented.

Disadvantages

The method is only partially, having a pregnancy rate of 10-14 per 100 women years.This is partly due to bursting of condom and partly due to non-compliance. Occasionally, a woman may develop vaginal irritation to the rubber. Some couples dislike the method because they do not obtain full sexual satisfaction. The failure rate of condom is 14 per 100 women years.

3. Intra Uterine Contraceptive Devices (I.U.C.D)

IUCD is not a new method of contraception. There two basic types of IUD; non-medicated and medicated. Both are usually made of polyethylene or other polymers, in addition, the medicated or bioactive IDUs release either metal ions (copper) or hormones (progestogens). The IUD has many advantages. Simplicity, i.e. no insertion, no hospitalization is required. Insertion takes only a few minutes. Once inserted IU stays in place as long as required. It is in expensive contraceptive effect is reversible by removal of IUD. However, as with most contraceptive methods, the IUD can produce side effects such as heavy menstruation and pain.

Types of devices

a) Biologically inert devices

These include Lippes loop, Saf T-coil etc. They can be left in situ for several years, provided they cause no sideffects.

b) Copper carrying devices

In these, Copper wire of surface area 200-250mm in wrapped round the vertical stem of polypropylene frame. Among these devices are Copper-T 200, Copper-T7, and Multiload Copper 250. The copper devices are more expensive than insert devices.

Advantages of IUCD

It is coital independent; one time in section gives continuous protection for long periods.

4. Oral pills

Hormonal contraception is one of the most effective methods available today. Since 1957 when Pincus first brought out an oral contraceptive drug, millions of women have used this method in once from or the other. (Shaw's textbook of Gynaecology, 1994)

There are three types of hormonal oral contraceptives, combined oral pills, triphasic combined and mini pills.

a) Combined oral pills

These pills usually contain a mixture of either ethinyl oestradiol or methanol in a does of 30mg and orally active progestogen which is usually a 19 nor steroid or a 17 hydro progesterone derivative. The tablets are taken starting on the 5th day of cycle for 21days. Pregnancy rate with combined pill is .01 per 100 women years, which is the lowest of all the contraceptives in use today. During the first cycle use, ovulation may not be suppressed and the patient is advised to use and additional method to prevent pregnancy. If she in no longer protected and must use a barrier method during that cycle. The majority of failures with oral combined pills are due to the failure to take the pills regularly.

Benefits of combined pills

a) It effectively controls fertility

b) It prevents anaemia by reducing the menstrual loss.

c) It has proved to lower the incidence of beginning breast cancer.

d) Menstrual bleeding can become very less or may stop creating fear to a women that she is pregnant.

e) Combined pills should not be offered to a women suffering from cancer of breast.

f) Combined pills may effect lactation.

g) Headache, depression, irritability increased weight can occur due to pills.

b) Triphasic Combined Pills

The triphasicpreparation of ethying estroadio (EE2) and levonorgstrol (LNG) are also plus 50mg LNG are also introduced. During 1st 6 days, 30mg EE2 plus 50mg LNG are taken, for the next five days 40mg EE2 side effects of estrogens. The tablet is taken daily without a break. Minipill does not have major side effects of combined pill. And it is suitable for lactating women. However, it has a pregnancy rate of 2-3 per 100 women years, which is higher than that of combined pill though comparable to IUCD.

5. Depot Injections (Depo-Provera)

Depo- Provera has been in use since 1960. The standard dose is an intra muscular injection of 150 mg every 3 months. It gives protection from pregnancy in 99 percent of women for at least 3 months. Depo-provera has been found to be a safe, effective and acceptable contraceptive which requires a minimum of motivation or none at all. It dose not affect lactation. Therefore in the experience of several countries, Depo-provera has proved acceptable during the postpartum period as a means of spacing pregnancies.

However, the side effects of depo are weight increase, irregular menstrual bleeding and prolonged infertility after its use.

6. Subdermal implants(Norplant)

The population council, New York has developed a subdermal implant known as Norplant for long-term contraception. It consists of 6 silastic (Silicon rubber) capsules containing 35mg (each) of levonorgestrel. The silastic capsules or rods are implanted beneath the skin of the forearm or upper arm. The contraceptive effort of Norplant is reversible on removal of capsules. The main disadvantages however, appear to be irregularities of menstrual bleeding and surgical procedures necessary go insert and remove implants.

Permanent family planning methods

Permanent surgical contraception also called voluntary sterilization is asurgical method where the reproduction function of an individual male or female is purposefully and permanently destroyed. The operation done on male is vasectomy and that on the female is tubal occlusion.

1. Vasectomy

It is a permanent sterilization operation done to the male. It consists of cutting the passage of sperms. The sperms are stored in the reproduction tract for up to 3 months.

Advantages

- It is an out-patient procedure.
- Local anesthesia is adequate

It is a minor surgical process and the man can continue duty after rest of one two days failure rate is minimal, 0.1%.

Disadvantage

- Infection sometimes occurs.
- **Recanalization may occur years after vasectomy.**

2. Tubal Occlusion

Occlusion by cutting of a segment of both the Fallopian tube is the widely accepted process. In this process and operation is done where a segment of both the fallopian tunes resects. The approach may be abdominal or vaginal. Abdominal includes either conventional or mini- lap.

- **Conventional (Laparotomy)**

The operation can be done under general or local anesthesia. It is easy, safe and very effective. The failure rate is 0.1-0.3%. The cut ends become independently sealed off and retract widely from each other.

- **Mini laparotomy (Mini- Lap)**

When the tubectomy is done through a small abdominal incision along with some device, the procure is called mini-lap. It has been popularized by Uchida of japan since 1961.

- **Vaginal**

Tubectomy through the vagina route be alone with vaginal plastic operation or in isolation. Operation can be done only by a surgeon expert with vaginal plastic operation general or specific anesthesia is usually needed.

- **Laparoscopic sterilization**

It is commonly employed method of sterilization. It is becoming more popular. The procedure is done under local anesthesia. The procedure can be either with single puncture or two puncture technique. The tubes are occluded either by a silicone ring devised by fallopian or clips. Laparoscopic can be carried out as an outdoor procedure even in the camp. Less period of hospital stay. The failure rate is 0.2-0.6%. The instrument is costly and requires adequate maintenance. Apart from the minor large complications, there may be change of intestinal or large vessels injury, cardio- respiratory embarrassment which may cause death.

The individual should have the liberty to choose any of the currently available methods. The institution of family is as old as man himself. It is the basic social cell. The need for its discipline has only recently dawned because of changing economic, social and cultural patterns in the world, and above all, because of concern of what might be called quality of life, criteria. (Park's Text book of preventive and social medicine, 2000) sociologists and economists shown that it will be difficult to raise the living standards of the people while population growth continues unchecked.

While talking about the awareness, attitude, knowledge level of family planning of women, it depends upon education, the sources of its information and facilities. If married women are provided adequate knowledge and information of family planning, they can accept and adopt various contraceptive methods. Formal and non formal education programs should be conducted. Awareness and backward group have lower knowledge and practice family planning methods.(Dahal, 1992)

Chapter III

3.1 Research Design

Research design in the plan, structure and strategy of investigation so as to obtain answer to research question. The study is analytical and descriptive in nature, as it will analyze and describe the situation of women in decision

making process related to family planning. This is exploratory because the condition of women using family planning method was not studied earlier. Descriptive is also designed to deal with social-economic condition. The research is mainly focus to describe the impact of family planning methods for women.

3.2 Study area

Research has purposefully selected Patan Hospital as a study area. It is situated in Lalitpur district of central Nepal. Kathmandu is the capital city of Nepal . Kathmandu, Lalitipur and Bhaktapur are popular known as Kathmandu valley or Capital. Most of the central institutions are located here. Also, hospitals are in Kathmandu like Bir Hospital, Tribhuvan University Teaching Hospital, Maternity Hospital, Kathmandu medical College teaching Hospital , Nepal Medical college Teaching Hospital, Army and Police Hospital. Besides this, Bhaktpur Hospital, Patan Hospital and numerous nursing homes and private hospitals are catering services to people all over the country. These hospitals provide services regarding family planning. Researcher selected Patan Hospital as a study area because it is located in the heart of the country and have separate clinic for Family Planning. The hospital holds many facilities for the patient of any kind; it also holds various types of machines, gyneaclogy services, family planning etc. It has experienced Doctors for different diseases so the researcher find the Hospital as a right place to study in with a hope to get accurate data.

3.3 The universe and sample

On the basic of purposive sampling, Patan Hospital is selected. For the study, those married women, who came in Patan Hospital for the purpose of family planning is selected. There were approximately 100 patients visiting the hospital in a day. Among the total patients, only 40 respondents are selected by simple random sampling for the convenience.

3.4 Nature and Source of Data

The study is based on primary and secondary data. Primary data is based on the, questionnaire, to the married women of Patan Hospital their experience, and what we see in front and secondary data is collected from statistical analysis from review literature, hospital setting etc. It is also extra from published or unpublished books, news paper, journal and other thesis. Two types of data are collected here, one is qualitative data and the other is quantitative data. Qualitative data is taken by observation whereas quantitative data is taken by counting.

- Annual report of the hospital

3.5 Data collection Technique

During the research study, the data have been gathered from hospital schedule, i.e. charts hanging on the wall, observation like attitude of the patients, and interview taken by the researcher. Key informants were interviewed with the nurses of hospital, gynaecologists' doctor, administrative staffs, ticketing staffs etc.

a. Questionnaire:

b. Interview :- Researchers and married women talked about family planning devices who came the patan hospital and use family planning devices.

3.6 Limitation of the study

The study could not be generalized to women of all the area of Nepal because the study is focused only to the patient of Patan Hospital. This is not an extensive research, which can represent the population a whole.

Chapter- IV

Socio Economic Characteristics

4. Background

The study site is within the Hospital. This chapter provides information about location, climate, introduction about different departments and services provided by the hospital etc.

4.1 Study Area: - An overview

Patan Hospital is located in ward no.5 of Lalitpur sub-metropolitan. It is a multidisciplinary hospital catering services to the people all over the country. However most of the patients are from Lalitpur, Bhaaktapur and Kathmandu. It is situated near Lagankhel Bus- stand and Mental Hospital. Late King Birendra Bir Bikram Shah Dev inaugurated this hospital in 2039 B.S. This was fromed by combing Santa Bhawan Missions Hospital and lalitpur District Hospital.

Most of the expenses of the hospital are by payment for the patients for various services. However His majesty Government and United Mission to Nepal (UMN) also provide fund regularly for various infrastructure and equipments. The hospital has about 400 beds for in patients including medicine, surgery, gynaecology, orthopaedics and paediatrics. However, the hospital does not have super speciality services such as Cardiac Surgery, etc.

According to Patan Hospital record, from 1990 till now, about 300,000 patients get services in O.P.D. and referral clinic each Hospital record, from 1990 till now; about 300,000 patients get services in O.P.D. and referral

clinic each year. More than 15000 patients are admitted in various services in a year. The department of gynaecology is an important department in the hospital. They run out- patient services and about 16,000 patients are here each year. This department has low risk delivery center called birthing center where low risk deliveries are done. It has high risk delivery canter also where high risk deliveries are conducted. In an average 600 deliveries are done each month in the hospital. Approximately 15 to 20% of these deliveries are caesarean case. The department also provides prenatal check up and maternal and child health (MCH) clinic. It also provides services for family planning including counselling, orientation and various operative permanent procedures like vasectomy, laparoscopy sterilization etc.

The hospital gives emphasis on male permanent family planning procedure rather than female. It is because vasectomy is associated with less morbidity compared to female permanent methods. This hospital also has emergency service dealing with emergencies of all aspects. There are about 35,000 patients each year in the emergency. This includes about 20% cases of gynaecological and obstetric emergency.

The hospital is also running OPD services in Plastic Surgery and ENT recently. There is about 600 staff in the hospital. About 70 of them are full time doctors. Each year 20 to 25 of them get training in the hospital and are serving in different part of country. This hospital has social service department for poor and destitute. The department helps those who are not able to pay the hospital bills.

4.2. Social-Economic Characteristics.

The purpose of this chapter, which is divided into two sections, is to discuss the characteristics of 40respondents. The first section of the chapter discusses the demo graphic 29/10/2009characteristics and second discusses the socio-economic characteristics.

4.2.1 Caste/ Ethnicity

Caste and Ethnicity are related to each other. Each ethnicity belongs to certain caste. They have their own themselves. Even then, because of lack of education, low economic status and others, some of them are backward. They don't have enough to feed, far about literacy.

According to the caste, the respondents are classified as follows:

Table No. 1: Population Distribution by Caste/Ethnicity

Caste	Number	Percentage (%)
Bahmin	9	22.5
Chherti	4	10
Newar	21	52.5
Others	6	15

Total	**40**	**100**

Source: Field survey,2010

The table below shows that 52.5% of respondents were Newar. Newar are rich and well educated, they stand in first position (place) in the society literally and culturally. Here 10% of the respondents were chhetri. As shown in the table below22.5% of the respondents were Bahmin and 15% belonged to various castes such as Magar, Rai and tamang etc.

4.2.2 Education

Respondents belonging to various educational back grounds were interviewed during the field study. Among them, the majority of 42.5% were educated up to S.L.C.

Table 2: distribution by Education

Education	Number	Percentage (%)
litrtate	7	17.5
Illiterate	1	2.5
S.L.C	17	42.5
Graduate	14	35
Higher education	1	2.5
Total	**40**	**100**

Source: Field survey, 2010

4.2.3 Number of children

Now a days parents prefer one or only two children because today's world is very expensive . So, they focous on how they can give their child maximum satisfaction on their brought- up. They prefer a son and daughter.

Table 3: Population distribution by Number of Children

Category	**Number**	**Percentage(%)**
One	24	60
Two	13	32.5
More than two	3	7.5
Total	**40**	**100**

Source : Field survey, 2010

4.2.4 Residence

The table below shows that high majority 75% of the respondents were from urban area. In rural areas, there are health posts where there is less or not at all facility of the case. If they have then they are out of reach of good doctors, medicines, medical equipments etc. They are from low economic status. They are not well educated also. Thus, patients are forced to come a long way for their treatment. Patients dwelling in urban areas come to this hospital because it is a mission hospital and have good doctors. So, instead of going to the clinic they come to the hospital. They have high economic status in the society and are well educated.

Table 4: Distribution by residence

Residence	Number	Percentage(%)
Urban	27	67.5
Rural	13	32.5
Total	**40**	**100**

Source: Field survey, 2010

In the above table, 67.5% of the respondents were from urban area and 32.5% of the respondents were from rural area.

4.2.5. Age

It was random sampling without considering particular age group. Who ever I met in the hospital were respondents.

Table 5: Population Distribution by age composition

Age group	**Number**	**Percentage(%)**
16-20	6	15
21-25	25	62.5
26-30	7	17.5
Above 31	2	5
Total	**40**	**100**

Source: Field survey 2010

The above table shows that majority of 62.5% of respondents were in the age group of 20-30. Actually this age group falls under the reproductive period. In other words, the respondents having this age group has high fertility rate than other words, women get married in this age. Among respondents, 17.5% were above 30 years of age, whereas respondents 15% were below 20 years of age group.

4.2.6 Occupation

Regarding the occupation as shown in table, majority of the respondents 62.5% were involved only in the household work.

Table 6: Population distribution by Occupation

Occupation	**Number**	**Percentage (%)**

Household work only	19	47.5
Agriculture	4	10
Service	6	15
Business	11	27.5
Total	**40**	**100**

Source: Field Survey, 2010

As shown in the above table, 47.5% of the respondents were confined within the household work only, 10% of the respondents were involved in Agriculture. Only 15% of the respondents were engaged in Service, 27.5% were engaged in Business. There are some Newar, Brahmin, Chetteri and other cast are work both business and agriculture, service but specially Rai and Limby work in his field.

4.2.7. Economic Condition

During the hospital visit, there were respondents from various economic statuses. Some were from low economic background who was facing hard times. And some of them were from advantage groups. According to which, they were classified as following .

Table 7: Distribution by economic Condition

Economic Status	Number	Percentage (%)
Not enough to feed	5	12.5
Enough to feed	32	80
Left over (surplus)	3	7.5
Total	**40**	**100**

Source: Field Survey, 2008

The table shows that a great majority of respondents 12.5% were belonged to economically lower level. Similarly, 80% of respondents belong to middle economic status. Among all the respondents only 20% were from higher economic status. Some of them were from land holding group and have small house. They work in fields to earn there living. Some of them live in the rented houses and they have jobs. Whereas some have their own house, have good occupation and again get income from the house rent.

Family Planning Method

There are three types of family planning methods.

They are :- a) Temporary b) Permanent c) Natural

Temporary methods are commonly used for postpone or space births

- **Condom**

Condoms are made of latex sheath or skin. It is the most widely practiced method used by the male. Condoms have no side effect, cheaper, easy to carry, simple to use and disposable.

- **Intra Uterine Contraceptive devices (IUCD)**

IUCD device is not a new method of contraception. IUCD are devices to prevent un wanted pregnancies by biochemical and histological changes in the endometrium.

- **Oral contraceptive (Pills)**

The widely used oral contraceptives consist of tablets containing Oestrogen and Progestogen compounds. The pill should be started from the fifth day of cycle.

- **DMPA**

DMPA or Depo-Provera (Sangini) is inject able from containing medroxprogesterone acetate given in the muscle every three months. It is safe effective and acceptable contraceptive.

- **Norplant**

It consists of six silastic (Silicon) capsules containing 35 milligram of levonogestrel in each capsules. The capsules are implanted beneath the skin of the forearms or upper arms.

Permanent family planning methods

Permanent family planning method is a surgical method where the reproductive function of an individual male or female is permanently destroyed. The operation done on male is vasectomy and that on the female is tubal occlusion.

- **Tubectomy**

It is operation where resection of a segment of both the fallopian tubes is done to achieve permanent of a segment of both the fallopian tubes is done to achieve permanent sterilization.

- **Mini Lap**

The tubectomy is done through a small abdominal incision along with some device, the procedure is call minilap.

- **Laparoscopic Sterilization**

It is the commonly employed method of endoscopic sterilization.

Natural family planning method

- **Breast feeding**

Prolonged and sustained breast feeding offers a natural protection of pregnancy. This is more effective in women who are not menstruating than those who are menstruating.

J Calendar method

calendar method is based upon the principle that ovulation occurs from 12 to 16 days after menstruation. If sexual intercourse is avoid around this period there will no need of contraception.

Chapter V

Awareness Beliefs and practice level of Family Planning Measure

5.1. Women's Awareness Level on Family Planning Method

The chapter contains the understanding of women awareness level regarding family planning. According to the study done among 40 respondents most of them think family planning methods are important.

5.1.1 Age of Marriage

Most preferred age at marriage and education is 16-20 years. So, most of these

Respondents are from this age group. In this age women have high fertility capacity. The capacity becomes less when the age exceeds. Like we can see through the table the age group of 31-40 and above are less in number than 20-30

Table 8: distribution of sample by age at marriage

Age	Number	Percentage
16-20	20	50
21-25	9	22.5
26-30	6	15
Above 31	5	12.5
Total	**40**	**100**

Source: - Field Survey, 2010

The above table shows that 50% of the respondents married at teenage. Respondents were in the age group of 16ss-25, this age group falls under the reproductive periods. In other words the respondents having this age group has high fertility rate than others. so ., most women get married in this age.

Among the respondents,12.5% were above 31 years of age, whereas respondents 15% were 26 years age group.

5.1.2 Number of Children

Now- a- days, parents prefer one or only two children because today's world is very expensive. So, they focus on how they can give their child maximum satisfaction on their brought-up. They prefer a son and a daughter. Regarding the number of children, the respondents were asked questions. The result of which is follows:

Table 9: Distribution by number of children

Category	**Number**	**Percentage (%)**
One	24	60
Two	13	32.5
More than two	3	7.5
Total	**40**	**100**

Source: Field Survey, 2010

The above table reveals that 32.5% of the respondents have only one child. Likewise, 6O% of the respondents have two children. Remaining 7.5% have more than two children.

5.1.3 Contraceptive Means

Contraceptive means are for couples to space their children, to prevent unwanted pregnancies, to manage infertility and to improve their overall reproduction health.

Table 10: Distribution by using contraceptive means

Category	**Number**	**Percentage%**
Using contraception	36	90
Not using contraception	4	10
Total	**40**	**100**

Source:- Field Survey, 2010

Among the respondents 10% of them don't use contraceptive means whereas 90% respondents want use it. 10% respondents don’t use because of husband and wife both are understand their relation.

5.4.1 Knowledge about any family planning methods

All the respondents were asked whether they know any devices of family planning methods. Everybody responded positively. That means 100% of respondents knew about family planning methods.

5.1.5 Source of Inspiration

All the respondents were inspired by others to apply various contraceptives. They were asked about who inspired them to be aware and use family planning methods. They respond as follows:

Table 11: Distribution by sources of inspiration

Category	Number	Percentage (%)
Husband	10	25
Doctor	2	5
Family member	4	10
Friends	10	25
./Others	4	10
Husband+ Doctor+ friends	4	10
Husband+ friends	2	5
Friends + Family	4	10
Total	**40**	**100**

Source: Field Survey, 2010

According to the table, 25% of respondents were inspired through their husband, 5% were inspired through Doctor, 10% were inspired through family members and 25% were inspired through friends. Whereas for 10%, the sources of inspiration were others, 10% from husband, doctor and friends 5% from husband and friends and at last friends and family were the sources of inspiration for 10%of the respondents. Majority of respondents were inspired through their husband and friends, whereas a few respondents were inspired through their Doctor and Husband + Friends.

5.1.6 Awareness regarding various family planning devices

In order to analyze the awareness level of respondents regarding various family various family planning devices, they were asked whether they knew

them or not. All of them answered n 'yes'. They thought it is important due to various reasons such, it controls the unwanted birth, it helps to regulate interval between pregnancies, to determine the number of children and for women's health.

Table 12: Distribution by Awareness regarding various family planning devices

Category	Number	Percentage (%)
Permanent family planning	2	2
Condom	27	67.5
Depo-Provera	6	15
Pills	5	12.5
Total	**40**	**100**

Source: Field Survey, 2010

According to the above table, all the respondents were aware of family planning devices. 2% were aware on permanent family planning methods, 67.5% were on condom, 15% were aware on Depo-Provera and 12.5% of the respondents were aware on Pills.

5.1.7 Importance of family planning methods

All of our respondents were asked if they felt family planning methods are important. All of them gave positive answers but some respondents not use.

Causes of Importance of family planning methods

In order to know the causes of importance of family planning methods the respondents were asked in what way they think the importance of it.

Table 13: Distribution by Causes of Importance

Category	Number	Percentage (%)
Unwanted birth	2	5
Interval between pregnancies	1	2.5
No. of children in the family	1	2.5
Women's health	5	12.5
All of the above	31	77.5

Total	40	100

Source: Field Survey, 2010

The table reveals that 5% of the respondents through family planning methods control the unwanted birth.2.5% thought that it helps to regulate interval between pregnancies. 2.5% thought it is important to determine the number of children in the family. Whereas 12.5% of the respondents respond it is important for women's health and the major percentage of the respondents 77.5% respond all of the above where most of these respondents were literate. They thought it is important due to various reasons such as, it controls the unwanted birth, it helps to regulate interval between pregnancies, to determine the number of children and for women's health. That means education plays a vital role in thinking ability.

5.1.8 Sources of learning family planning methods

In order to know about the different sources of learning family planning methods respondent were asked the question, where did you learn about family planning methods? And it was found that majority of respondents learned about family planning methods from their school, media and friends.

Table 14: Distribution by Sources of learning family planning methods

Category	Number	Percentage (%)
School	7	17.5
Family	3	7.5
Friends	5	12.5
MCH Clinic	4	10
Media	8	20
School + Media + Friend	7	17.5
Family + Friend + Media	6	15
Total	**40**	**100**

Source: Field Survey, 2010

According to the table 20% respondents learned family planning methods through the media. 17.5% of respondents learned through the school.12.5% of respondents learned about the various family planning methods through their friends and among them. Other 15% of respondents learned about family planning through the means of family, friend and the media. Family

became the means of learning institution only for 7.5% of respondents. 10% of the total respondents learned about family planning methods through the visit of MCH (Maternity and child health) clinic.

5.2. Most preferred family planning methods

There are numerous methods of family planning. They have advantages and disadvantages. The choice of using these methods depends upon various factors. Knowledge about the method, age. Any disease process etc. For example, new couple usually prefers condom as it is safe, easier to use and have no side effect. O.C.P (Oral contraceptive Pills) is not to be used by those with previous lever disease, age more than 35 years, previous history of cardio vascular disease; breast and endometrial etc. medical professionals have to educate people regarding the advantages and disadvantages of family planning methods. For example 25 years lady comes to the clinic for contraception. She can't be given IUCD as this is contraindicated in women with PID (Pelvic inflammatory disease). She may better be given OCP if there are no other contraindications.

In study several questions were asked to women who visited Patan hospital regarding the method of preference.

During the field survey, respondents were asked a question; which of the following do you believe? Three categories were given for them to choose. And all of the respondents (100%) believed that we should determine the number of children in the family.

5.2.1 Distribution based on use or non use of family planning methods.

Regarding the collected data majority of the respondents 72.5% had used family planning methods before. Among those respondents, 55% were literate and 17.5% were illiterate. Literate people get more information and knowledge regarding the family planning methods and they attempt for any one of the devices.

Table 15: Distribution by use or non use of family planning device before

Category	Number	Percentage (%)
Used before	29	72.5
Not used before	11	27.5
Total	**40**	**100**

Source: Field Survey, 2010

The above table reveals that 27.5% of the respondents had not used the family planning devices before. There may be various reasons behind this.

One of those reasons may be due to lack of literacy. Among those respondents 20% were literate and 17.5% were illiterate.

5.2.2 Methods used by respondents

The respondents were asked about the methods used by them. They respond as follows:

Table 16: Distribution by methods used

Category	Number	Percentage (%)
Pills	8	20
Depo-Provera	15	37.5
Norplant	3	7.5
Condom	14	35
Total	**40**	**100**

Source: Field Survey, 2010

Among the respondents who had used family planning devices before, another question was asked to them regarding their method of preference. That means which method they had applied before. And it was found that majority of them i.e. 37.5% used Depo- Provera as their means. Among them 27.5% were in the age group of 20-30, 5% were 31-40 and 5% were above 41 years, where as none used Depo- Provera who are below 20 years. 20% of the respondents applied pills as their family planning device. 10% respondents belonged to the age group of 20-30, 5% belonged to the 31-40 and 5% belonged to 41 above. None were below 20 years of age. Only 7% of the respondents used Norplant. They were from age group of 20-30, 31-40 and above 41 years, in this case also, none were below 20 years. According to the table 35% of the respondents applied condom as their means of family planning devices.

5.2.3. Interval between pregnancies

According to my study, all the respondents had children. All of them were asked if they made interval between pregnancies

Table 17: Distribution by Interval between pregnancies

Category	Number	Percentage (%)

Made interval between pregnancies	26	72
Not Made interval between pregnancies	14	28
Total	**40**	**100**

Source: Field Survey, 2010

The above table reveals that majority of the respondents 72% made interval between pregnancies where 50% of them were in the age group of 13-19, 7.5% were in the age group of 20-30,5% of them were in the age group of 31-40, 25% were in the age group of 41 above. In the same way, 28% of the respondents had not made interval between pregnancies were 25% of the respondents were in the age group of 13-19, 7.5% were in the age group of 20-30, 2.5% were in the age group of 31-40 and there were no respondents who were in the age group of 41 above and not made interval between pregnancies.

5.2.4 Application of family planning device in future

All the respondents were asked whether they want to apply family planning device in future or not. Here is the table to show the status:

Table 18: Distribution by wanted to apply and not wanted to apply family planning device in future:

Category	Number	Percentage (%)
wanted to apply	36	85
Not wanted to apply	4	15
Total	**40**	**100**

Source: Field Survey, 2010

The table reveals that 85% of the respondents wanted to use family planning devices in future. Among them 70% were 13-19 years, 5% were 20-30years, 5% were 31-40 years and 5% were above 41 in age. Likewise, 15% of the respondents do not want to apply family planning device. Among them, 5% were below 20years of age, 5% were 20-30 years, 5% were 31-40 years and 5% were above 41 years.

5.2.5 Method of preference in future

40 numbers of respondents were asked which method of family planning they would prefer in future. They were given names of several scientific contraceptive devices.

Table 19: distribution by method of preference in future

Category	Number	Percentage (%)
Depo-Provera	11	27.5
Pills	6	15
Condom	4	10
Copper T	10	25
Norplant	1	2.5
Others	8	20
Total	**40**	**100**

Source: Field Survey, 2010

Majority of respondents i.e. 27.5% apply Depo-Provera. And other 25% of respondents preferred Copper-T as their contraceptive device. The table also shows that 20% of respondents preferred to use other devices in future. 10% of respondents preferred condom as their future use. And few percent i.e. 2.50% respondents preferred Norplant as their family planning device. These data collected during the researcher's study can be concluded that majority of women prefer Depo-provera as their best method of family planning to use in future.

5.3. Decision making level in family planning

In this chapter researcher has tried to show the decision making level among women regarding family planning methods.

5.3.1. Getting help from family member in household activities

The research had been made about getting help and not getting help from the family members. The result is shown in table.

Table 20: Distribution by getting help and not getting help from their family members in household activities:

Category	Number	Percentage (%)
Getting help	32	80
not getting help	8	20
Total	**40**	**100**

Source: Field Survey, 2010

Regarding the collected data, majority of the respondents i.e. 80% get help from their family members in household activities. 62.5% . According to the table, 20% of the respondents do not get help in the household activities.

5.3.2. Sources of getting help in household activities

32 numbers of respondents who got help in their household activities were asked another question regarding the active role played in helping them in their household activities.

Table21: Distribution by different sources help in household activities

Category	Number	Percentage (%)
Husband	15	37.5
Sister-in- law	6	15
Mother-in- law	6	15
Servant	6	15
Husband and Servant	7	17.5
Total	**40**	**100**

Source: Field survey, 2010

According to the collected data majority of the respondents 37.5% get help from their husband. The table show that 15% of respondents get help from their mother-in- low. 15% of the respondents get help in their household activities from their servant. Sister-in- law also pay activities for 15% of the respondents. In the same way, 17.5% of the respondents get help in the household activities from their husband and servant. Likewise, 15% of the respondents seemed to get help from their servant.

5.3.3. Decision making regarding bearing of chid

In our society, there are various types of mankind. They have different thinking. Like in the case of decision making regarding bearing of child. In some family, husband and wife both decide about it whereas in some families, in-laws, husband only and parents decide about bearing of child. So, we can that all women are not free to make a decision for bearing a child. Some are forced to become a pregnant.

Table 22: Distribution by decision making regarding bearing of child

Category	Number	Percentage (%)
Self	2	5

Husband	4	10
Both	30	75
In-Laws	3	7.5
Parents	1	2.5
Total	**40**	**100**

According to the above table, majority of respondents 75% said both of them (husband & wife) engage in the decision making process regarding the bearing of child. According to 10% of respondents their husband makes decision regarding the bearing of child. 7.5% of the respondents replied their in laws made decision in the house to bear the child. According to the data in the table, only few percent 2.5% respondents said parents made decision regarding the bearing of child.

5.3.4. Responsibility for caring and rearing of child

In our society, mother rather than father take care of their children in household, school and other activities. Mother is more is more responsible than father in all cases. The work of father is said to be just earning bread for the family. Even then, some father because of their children in different activities but that is not his compulsion. Mother on the other hand, has compulsion to bear and care her child in aspect of life. Here is the table about responsibility of caring and rearing of child:

Table 23: Distribution by responsibility for caring child at home

Category	**Number**	**Percentage (%)**
Husband	5	12.5
Self	2	5
Both	29	72.5
In-laws	4	10
Total	**40**	**100**

Source: Field Survey, 2010

The above table shows that in majority of cases both husband and wife are involved in caring of child at home. In the same way, 12.5% of the respondents answered that their husband take responsibility regarding the caring of child. According to 5% of the respondents they took responsibility by themselves. Rest of responds give view that in-law took responsibility for caring and rearing of child.

5.3.5 Decision making for family planning

In order to understand how women in our society make decision regarding family planning methods, question was asked to respondents. The question was who decides about use of family planning methods?

Table 24: Distribution by decision making for family planning methods

Category	Number	Percentage (%)
Husband	8	20
Self	4	10
Both	27	67.5
In-Law	1	2.5
Total	**40**	**100**

Source: Field Survey, 2010

According to the collected data, majority of the respondents 67.5% said both husbands & wife make decision for family planning methods. The data in the table shows that 20% of respondents make decision regarding the family planning methods by their husband. According to 10% of the respondents, they themselves make decision regarding family planning. In- laws also play active role in decision where all of them planning 2.5% of the respondents said their in-law made decision.

5.3.6 Respondents child of preference

Though our society has changed a lot and reached in 21st century, there are some phenomena which have not changed yet. May be it take time or it may remain unchangeable. Like the case about chid of preference. People prefer son first instead of daughter. However, a son and a daughter are preferred. In some cases, when a daughter is born as a first baby, she is considered as 'Goddess Laxmi.' but the second preference will be a son. Let's be clear from the below table.

Table 25: Distribution by child of preference

Category	Number	Percentage (%)
Boy child	12	30
Girl child	5	12.5
Both	23	57.5
Total	**40**	**100**

Source: Field Survey, 2010

The table shows that the majority of respondents 57.5% prefer to have both (girls & boy) children. According to the table, 30% of respondents preferred to have boy child. Few percent of respondents 12.5% preferred girl child.

5.3.7 Husband's child of preference

According to the researcher's some of them are forced by their husband to bear a particular child i.e. if she has a baby girl as a first child, then she should give birth to baby boy as a second baby, or it can be like this, if she tow, three, or four daughters already, she is forced to become pregnant to deliver a son

Table 26: Distribution by husband's child of preference

Category	Number	Percentage (%)
Boy child	13	32.5
Girl child	7	17.5
Both	20	50
Total	**40**	**100**

Source: Field Survey, 2010

The table above shows that according to 50% of respondents their husband preferred both children (girl & boy). Husband preferred boy child according to 32.5% of the respondents. A few percent i.e. 17.5% of the respondents replied their husband preferred girl child. From those data we can say that mostly girl child are not given priorities in our society.

5.3.8. In laws child of preference

In my field survey, respondents were asked about their in-laws child of preference. And it was found as follow:

Table 27: distribution by in –law child of preference

Category	Number	Percentage (%)
Boy child	18	45
Girl child	5	12.5
Both	17	42.5
Total	**40**	**100**

Source: Field Survey, 2010

The above table reveals that majority of the respondents 45% said that their in-laws preferred boy child.According to the table, 42.5% of the respondents said their in-laws preferred both children. 12.5%. in-laws preferred girl child.In the male dominated society like ours, male children are given more preference than female. May be due to the culture beliefs existing in our society that son takes care of the parents in the future than daughter, son is a care taker, he can purify the death of parents etc.

5.3.9. Number of children husband wants

In order to find out the number of children husbands want the question was asked as, "How many children your husband wants?" the result was found out like this:

Table 28: Distribution by number of children husbands wants

Category	Number	Percentage (%)
One	7	17.5
Tow	24	60
Three	5	12.5
More than three	4	10
Total	**40**	**100**

Source: Field Survey, 2010

Majority of respondents 60% said their husband wanted two children. 12.5% respondents replied that their husband wanted three numbers of children in which 10% of them want more than three. The above table shows that 17.5% of respondents said their husband wanted only one child.

5.3.10. Thought of husband regarding interval between two children

Normally, as we see in our society, most of the husbands want that minimum five years interval between tow children is good. In order words, when first baby begin to go to school, it is good to bear second one. Media also focuses on the same matter. But every thing is not like what we expect. We are forced to act according to the reality. The researcher's respondents have answered in the same way. Let us be clear from the below table.

Table 29: Distribution by thought of their husband regarding interval between two children

Category	Number	Percentage (%)
One year	6	15

Tow year	12	30
More then Two years	22	55
Total	**40**	**100**

Source: Field Survey, 2010

Through the collected data in the above table, we can Say majority of respondents 55% said their husbands wanted more than two years interval between two children. The table show that the husband of 30% respondents thought two years of interval between two children is needed. Only 15% thought one year is needed as interval between two children.

5.3.11. Pressurization to become pregnant

Every women have right to bear baby. In our society, some if them are forced to become so. Women from remote areas are forced to become pregnant by their husband or in-laws. Especially, when they have baby girl as their second, third or fourth baby. This phenomenon depends upon literacy and illiteracy.

Table 30: Distribution by pressurization to become pregnant

Category	Number	Percentage (%)
Get pressure	4	10
Do not get pressure	36	90
Total	**40**	**100**

Source: Field Survey, 2010

According to the collected data thought the field survey, majority of respondents, 90% did not get pressure to become pregnant. In the same way 10% of them total respondents get pressure to become pregnant because child brings become happy. Specially husband and mother in law get pressure. Mother in law want to see her grand son after death.

5.3.12. The statement that the respondents believe most:

Thought the globe has revolved a lot, some culture and traditions has not changed a bit. Especially, in our society, there is a belief that son takes care of parents than daughter which the researcher think is the opposite. They believe that the purifies the 'bansha' and daughter dose not .On the other hand, there is a belief that he purifies the death of his parents. So researcher here tries to point out the importance to bear a son. If the son is born, they do not have to hear any things from the society.

Table 31: Distribution by believing most:

Category	Number	Percentage (%)
Son takes care of parents in future than daughter	4	5
Society want the birth of son	14	35
Son & daughter are equal	22	60
Total	**40**	**100**

Source: Field Survey, 2010

The table reveals that majority of respondents i.e. 60% believed that son and daughter are equal. In the same way, 35% of the respondents believe that the society wants of birth of a son. It means for the social norms and values also there is the need of a son in the family. May be due to the reason women become unwanted pregnant. Even thought the majority of respondents were literate, they also think the society wanted son. Only few percent i.e. 5% thought that son takes care of parents in future. And those women (respondents) were literate.

5.3.13. Respondents view on decision making

All the respondents were asked what should be done to improve the position of women in decision making for the family planning. According to collected data 18% respondents said women should be aware on their right of self decision making 6% respondents told that there is need of destruction of culture beliefs. 6% of the respondents said women's opinion should be respected. Only 3% of respondents said there may be other reasons as well and majority of respondents 67% said that all the above mentioned points are important for improvement of the position of women in decision making for family planning.

Chapter- VI

SUMMARY, CONCLUSION AND RECOMMENDATION

6.1. Summary

From the beginning of time, women have been considered subordinate to men. They are perceived to be lagging behind men in every aspect (socially, economically). It is obvious that women do not make decision by themselves only. Other family members and husband have influence on women. This

thesis has dealt with decision making process of women regarding family planning. It also highlights the awareness level on women about family planning and the method of preference.

This study is the out come off literature review, conducted with the married women who visited patan Hospital, consulting with hospital personals. Lalitpur district is taken as the universe of study area. 40 married women samples were selected randomly. They were in the age group starting from 16- to 31 and above. High majority of the respondents, were from urban areas. Regarding the caste of respondents, 50% were Brahman, 22.5% of the respondents were Newar and 15% were belonged to various castes such as Magar, Rai, Tamang etc. Only 12.5% were chhetri.

Respondents belonging to various education backgrounds were interviewed during my field study. 50% were educated up to school level. 17.5% were graduated where as only 7.5% were educated up to higher studies. And rest 25% were illiterate.

Altogether, 62.5% of the respondents were confined within household work only. 17.5% of the respondents were involved in service. 10% were engaged in agriculture, 5% of them were engaged in Business and few of the respondents 5% were wage labours.

A great majority of respondents 80% belonged to middle economic status, 12.5% belonged to economically lower level. Similarly, 7.5% of women belonged to higher economic state.

While talking about the age of marriage, 40% of the respondents were married at teenage (considered in the study as 13- 19). 45% were married at the age between 20-30 years. 15% married at the age of 31-40 and none of them married above 41 years.

There were 32.5% respondents having one child. Among them, 20% were literate and 12.5% were illiterate. 60% of them had two children. 50% of them were literate and 10% were illiterate. And 7.5% had more children, 5% were literate and 2.5% were illiterate.

Regarding the respondents knowledge on family planning methods, majority of the respondents were aware about various family planning methods. They were on temporary method such as pills, condom, copper-T, Depo-Provera, Norplant and permanent family planning device. 15% of the respondents were aware on Depo- provera only. 2% were aware on permanent family planning and 1% of respondents were aware on copper-T

The respondents thought family planning methods are important due to various reasons. Such as, it controls the unwanted birth, it helps to regulate interval between pregnancies, to determine the number of children and for women's health 12.5% of the respondents thought family planning methods are important for women's health.2.5% thought family planning method are

important as is helps to regulate interval between pregnancies. 2.5% respondents thought to determine the number of children in the family, various methods of family planning is important 5% thought it controls the unwanted birth and 77.5% of respondents thought that all family planning are equally important.

About the source of learning family planning methods 17.5% learned from the school, media and friends. All of them were literate. 20% learned media. 17.5% learned from the school. 12.5% learned from their friends. 15% respondents learned from their family, friends and the media. Only family become the source of learning institution for 7.5% of interviewed women. And the rest 10% of total respondents learned thought the visit of MCH clinic. Regarding the distribution of respondents on the basis of use or non of family planning methods, 72.5% had applied family planning methods before. 27.5% had not used before.

According to the study, all women had children. And among them 72% made interval between their pregnancies. Whereas rest 28% had not made interval between pregnancies. The respondents were asked about their choice in future of family planning method, among them 25% wanted to apply copper T, 20% preferred other methods to apply. 27.5% respondent wanted to use Depo-provera as their device. 15% go for pills, 10% preferred condom and only 2.5% wanted Norplant.

Regarding the collection data majority of the respondent's i.e. 80% get help from their family members in household activities. 20% did not get help. 37.5% get help though husband. 15% get help from their servant. Sister –in –law play active role in helping the household activities for 15% of the respondents. 17.5% get help though their husband and servant and 15% get help in household activities from their mother-in-law.

On the aspect of decision making of women for bearing of child 75% respondents said both (husband & wife) of them engaged in the decision making process. According to 10% their husband made decision regarding the bearing of child. 7.5% replied that their in laws made decision. Only few percent 2.5% said that parents are the decision maker and 5% replied that they decide themselves.

In regard to the responsibility for caring and rearing of the child according to majority of women, 72.5% of both husband and wife involved in caring of child at home. 12.5% answered their husband take responsibility. 5% of respondents involve themselves in caring and rearing of the child. And for the rest 10% their in laws take responsibility.

According to the collected data in researcher's field survey, 67.5% women involved in decision making process with their husbands regarding family planning. 10% women made decision by themselves only. And for 20% of respondents husband made decision. And in-laws also played important role in decision making process for 2.5% of respondents.

57.5% of interviewed women prefer both children (boy & girl). 30% want to have boy child and only 12.5% prefer girl child. According to 50% of women, their husband preferred both children (girl & boy) 32.5% of respondents' husband prefers boy child and only 17.5% husband prefer girl child. And regarding the in-laws child of preference 42.5% said in laws prefer both children (boy & girl) 45% in laws prefer boy child and only 12.5% prefer girl child.

In order to know the number of children their husband wants, question was asked to them. And it was found out that majority of their husband i.e. 60% of the husband wanted two children. 12.5% respondents replied their husbands wanted three children. 17.5% said husband wanted only one child and few 10% wanted more than three children.

It was found out that 55% husbands want more than two years interval between two children. 30% husband thought two years of interval is good and 15% thought one year is needed as interval between two children.

90% respondents do not get pressure to become pregnant, whereas 10% get pressure.

Majority of women i.e. 60% believed that son and daughter are equal, 35% thought society want the birth of son. Only few 5% thought son takes care of parents in the future.

All the respondents were asked on what should be done to improve the position of women in decision making for family planning. 20% women thought women should be aware on their right of self decision making. 6% thought the need of destruction of culture beliefs. 5% said women's opinion should be respected. Only 3% said there may be other reasons as well. And the majority 66% said all of the above mentioned points are important for important for improvement of position of women in decision making for family planning.

6.2 Conclusion

Throughout the research, it has been found out that women themselves do not decide for using and not using family planning methods. Their husband and in- laws involve in decision making process. Women are denied their right on willing or not willing to become pregnant. Despite, the country has leaped forward in the sector of education; women still have to depend on the decision making of other for using family planning. In my research, it is found that most of the respondents were aware of some from of family planning methods. Those who did not know anything about family planning methods, were illiterate thus, education plays a vital role in teaching people about family planning methods.

In the thesis women chose Depo-provera and Copper-T to be the preferred method of family planning.

This was attributed to long duration of action once applied.

6.3 Recommendation

This thesis has dealt with the study on knowledge, beliefs and practices of family planning among the visitors. The research has developed the following recommendations in relating this topic.

Talking about the awareness level on women, regarding family planning methods though women are aware and feel family planning is important to maintenance of human life, there is still need to increase the awareness level regarding family planning. The government and non-government organizations who are working on health related issues could provide awareness regarding family planning to the people of different communities.

. Awareness can be spread though media by conducting different programs.

. Education regarding family planning could be given from the primary school level. Health subjects should be compulsory in the school level, which may involve family planning subjects.

. There is a need for recognition of self right by the women regarding family planning decision making process. Women themselves should be aware on their own reproductive rights.

. Most of the women may visit hospital with their mother in-laws and with husbands therefore health workers of hospital can provide appropriate counselling to mother-in laws regarding the family planning method and its importance in human life, bad consequences of continuous birth or late pregnancy.

. Pregnant patients and those coming for prenatal and postnatal visits in the hospital should be given easy access or registration of their name.

. The researcher has found that the health workers focus only on providing service, rather than giving counselling or educative services. Therefore, clients just visit the clinic and get their works don and again visit the clinic in next session when she is called.

. Limited decision making power of women can lead lots of consequences. Women herself can feel inferior that she has been used only as a human making machine in the family. Having more children can lead to confine only within the four walls of the house. She could not manage time for job or other extra additional is interested activities thought she is interested. It can lead women socially, economically and psychologically ill. There is a

need for a change in attitude through education of both men and women too accept equal reproductive rights.

. In the process of data collection, one respondent told her husband provides financial support of the family. So it is his right to decide for the bearing of children women themselves are not aware on their right of self-determination. If men support to family then of course women are also providing the support by engaging themselves in the household activities. Women engaged in triple work (household, reproduction and employment). Therefore, they also have the right to determine the number of children in the family.

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Appendix A: Name list of total respondents

1. Manita Manandhar
2. Urmila Shakya
3. Subrna Rajbhandary
4. Sapana Shaky
5. Dipa Manandhar
6. Susma Pardha
6. Madhuri Sijapati
8. Sashi Manandhar
9. Alina Shrestha
10. Sapana Manandhar
11. Sarmila Thapa(magar)
12. Manju panday
13. Mira Khatiwaaa
14. Asha Chuke
15. Karima Begam (Khan)
16. Sushila Shrestha
17. Lina Rai
18. Ranjana Shrestha
19. Salma Khan
20. Ranjita Poudel
21. Ramola Pardhan
22. Dugra Sharma
23. Rajani Kafle
24. Shobha Lama
25. Pramila Shrestha
26. Maya Thapa(rai)
27. Shita Tamrakar
28. Sarada Kunwar
29. Sarswati Bashal
30. Bandana Ranjitkar
31. Anjali Sharma (manandhar)
32. Krishana Shrestha
33. Chaya Piya
34. Bindu Poudel
35. Rina Sharma
36. Bina Chauhan
37. Rajani Awale
38. Sumitra Chetteri
39. Kamala Kafle
40. Shobha Tandukkkar

Appendix B: Questionnaire for the locals

पारिवारिक विवरण

नाम

उमेर

जात

क्र स	परिवार सदस्य	उमेर	लिंग	सम्बन्ध	पेशा	शिक्षा	धर्म	भाषा
१								
२								
३								
४								
५								
६								
७								
८								
९								
१०								
११								

१२								

१) तपाईको परिवार कस्तो किसिमको हो ?

क) एकल ख) संयुक्त ग) वृहत

२) परिवार सदस्य कति छन् ?

क) एक देखि तीन ख) तीन देखि पाँच ग) छ देखि माथि

३) तपाईले कस्तो प्रकारको विवाह गर्नु भएको हो ?

क) प्रेमख) मागी ग) कोट म्यारिज

४) विवाह गर्दा तपाईको उमेर कति थियो ?

क) १६ देखि २० ख) २१ देखि २९ ग) ३० भन्दा माथि

५) तपाईका कति वटा सन्तान छन् ?

क) एक देखि दुई ख) तीन देखि पाँच ग) पाँच भन्दा बढी

६) तपाईको शैक्षिक स्थिति कस्तो छ ?

क) निरक्षर ख) साक्षर ग) शिक्षित

७) तपाई विरामी पर्दा उपचार गर्न कहाँ जानु हुन्छ ?

क)

८) तपाईले छोरा वा छोरीमा कसलाई बढी प्राथमिकता दिनुहुन्छ ?

क) छोरा ख) छोरी

९) किन ?

.....

.....

<u>आर्थिक अवस्था</u>

१) तपाईको जग्गा कति छ ?

.....

२) तपाईको मुख्य पेशा के हो ?

क) कृषि ख) नोकरी ग) व्यवसाय घ) समाजसेवा ङ) अन्य

३) तपाईको वार्षिक आम्दानी कति छ ?

.....

४) तपाईले के के मा खर्च गर्नु हुन्छ ?

क) खाना ख) लत्ता कपडा ग) शिक्षा घ) विवाह/चाडपर्व ङ) विविध

५) तपाईको घर कस्तो प्रकारको हो ?

क) पक्की ख) कच्ची ग) टायल लगाएको घ) टीनले छाएको ङ) अन्य

६) के तपाईलाई परिवार नियोजनका साधन बारे थाहा छ ?

क) छ ख) छैन

७) यदि थाहा छ भने के थाहा छ ?

.....

.....

८) तपाईले परिवार नियोजनका साधनबारे कहाँबाट थाहा पाउनु भयो ?

क) रेडियो ख) टिभी ग) पत्रपत्रिका घ) स्वास्थ्य कार्यकर्ता

ङ) घरपरिवारका सदस्य च) अन्यत्रबाट

९) तपाईले अहिले परिवार नियोजनका साधन प्रयोग गर्नुभएको छ ?

क) छ ख) छैन

१०) यदि छ भने कुन साधन प्रयोग गर्नु भएको छ ?

क) स्थायी ख) अस्थायी

११) यदि छैन भने किन नगर्नु भएको हो ?

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१२) परिवार नियोजनका अस्थायी साधन मध्ये तपाईले कुन चाँही प्रयोग गर्नु भएको छ ?

क) पिल्स ख) कपर टी ग) नरप्लान्ट घ) अन्य

१३) किन तपाईले यो साधन नै प्रयोग गर्नु भएको हो ?

क) सजिलै उपलब्ध हुने ख) जन्मान्तरको लागि

ग) खाँदा कुनै खरावी नभएर घ) छोराको चाहना

ङ) राम्रो लागेर च) घर परिवारको दवावमा

छ) अन्य

१४) तपाईले यो साधन प्रयोग गरेपछि तपाईको शरिरमा के असर देखा पऱ्यो ?

क) वाकवाकी लाग्ने ख) रिंगाटा लाग्ने ग) टाउको दुख्ने

घ) कमजोरी हुने ङ) अन्य

१५) भविष्यमा कुन साधन प्रयोग गर्ने विचार गर्नु भएको छ ?

क) पिल्स ख) तीन महिने सुई ग) कपर टी घ) अन्य

१६) परिवार नियोजनको साधन प्रयोग गर्दा कस्ने निर्णय गर्दछ ?

क) श्रीमान् ख) आफै ग) घर परिवारघ) साथी ङ) अरु कोही

१७) परिवार नियोजनको साधनको छनोटमा तपाईमाथि कसको दवाव छ ?

क) छ ख) छैन

१८) छ भने कसको दवाव छ ?

क) श्रीमान् ख) आफै ग) घर परिवारघ) साथी ङ) अरु कोही