

**COMPARATIVE STUDY ABOUT KNOWLEDGE AND USE OF
CONTRACEPTIVE METHODS AMONG THE CURRENTLY
MARRIED LIMBU AND DALIT WOMEN
(A CASE STUDY OF MANGJABUNG VDC, PANCHTHAR DISTRICT)**

**BY
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LETTER OF RECOMMENDATION

This is to certify that the dissertation entitled: "Comparative Study about knowledge and Use of Contraceptive Method among the Currently Married Limbu and Dalit Women: A Case Study of Mangjabung VDC of Panchthar" is prepared by Sabitra Sherma under my supervision. She has collected the primary data for this purpose in the Comparative studies between Limbu and Dalit Communities and completed successfully the requirements for dissertation in Master of Arts in Population Studies. I recommend this dissertation for emulation by the Dissertation Committee.

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ABSTRACT

The study on the "Comparative Study about Knowledge and Use of Contraceptive Methods among Limbu and Dalit Women" has been carried out by using primary data collection from Mangjabung VDC, Panchthar District. This study includes 100 currently married women where 50 Limbu and 50 Dalit currently married women of reproductive ages 15-49 years. The main objective of this study is to analyze variation in contraceptive knowledge between Limbu and Dalit women with respect to their socio-economic and demographic characteristics. The relationship between contraceptive use and selected demographic and socio-economic characteristics are examined by using frequency table and cross tabulation.

The total household of this VDC is 727 and 3,988 total population where 2,388 Limbu, 361 Dalit and others. The average family size of Limbu women is comparatively lower than Dalit women. The socio-economic and demographic status of Limbu women is better than Dalit women. Limbu women have more knowledge about the contraception because they have more access to get various sources of information about it. So this study has found that the knowledge and use of contraception of Limbu women is higher than Dalit women.

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LIST OF ACRONOMYES

CBR	Crude Birth Rate
CBS	Central Bureau of Statistics
CDMA	Code Division Multiple Access
CDPS	Centre Department of Population Studies
DHS	Demographic Health Survey
FP	Family Planning
FPMCH	Family Planning and Maternal Child Health
HMG	His Majesty's Government
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
IUD	Intrauterine Devices
KAP	Knowledge, Attitude and Practice
MOPE	Ministry of Population and Environment
MCH	Maternal Child Health
MOH	Ministry of Health
NDHS	Nepal Demographic Health Survey
SLC	School Leaving Certificate
SPSS	Statistics Package of Social Science
TU	Tribhuvan University
UN	United Nations
UNFPA	United National for Population Activities
VDC	Village Development Committee
VSC	Voluntary Surgical Contraception
WFS	World Fertility Survey

CHAPTER - ONE

INTRODUCTION

1.1 Background

Limbu community, an indigenous group of Nepal, is one among many marginalized ethnic groups. They have an area traditionally their own called Pallo-Kirant¹ or even more commonly just *Limbuwan*, the 'Land of the Limbus'. Limbuwan includes the area east of the Arun River extending to Nepal's eastern border with India's West Bengal. Traditionally, they have been followers of the Kirat religion that is a type of animism, a belief that both living and inanimate thing such as trees, rivers and mountains possess souls (Bista, 1967). Majority of Limbu live in Terhathum, Sunsari, Dhankuta, Morang, Taplejung, Panchthar, Ilam and Jhapa districts. Limbu settlements are found between the altitude of 2500 and 4000 feet above sea level with the total population of 359,379 i.e. 1.6 percent (CBS, 2001).

Dalit community has been excluded from the state power, education, resources, development opportunities and social respect and dignity. Among the total caste/ethnic group of Nepal, 2001 census has reported 14.99 percent data of Dalit and has been listed 15 Dalit castes of which 5 are Hill Dalit and 10 are Madhesi Dalits. Hill Dalits are spreading in all region of Nepal. They have defined the term 'Dalit' to refer to those peoples who belong to Hindu castes and who have been placed at the bottom of the social hierarchy as Sudra and treated as untouchables by "upper castes" (Bhattachan, 2008:17).

¹ Dor Bdr. Bista "People of Nepal".

The use of contraceptive methods has been the most important intermediate variable to response the decline in fertility (Bhende and Karnikar, 1978). Most of the developing countries are suffering from higher fertility rate, and so does in Nepal, one of the major factors of this problem is the low contraceptive prevalence rate (44%) among others proximate determinants (MOH/New Era (Nepal), ORC Macro, 2006).

The contraceptive behavior includes the knowledge and use of family planning methods. The knowledge of family planning method is usually limited to a series of simple questions about each method. Including, whether respondent has heard of the method, whether she knows how to use it, and find out the extent of knowledge where family planning methods may be obtained, exposure to program and non-program communication about planning and the extent and nature of informal discussion about family planning with friends, relative and neighbors attitude measure in KAP survey are usually based on attitude towards each methods. Practice of method is measured by based on respondents whether they used or not. The use and non-use is usually based on respondents' opinions of the usefulness or advantages or disadvantages of any methods (KC et. al 1996).

Acharya, (1996) said that family planning programme is the most effective way to control the high fertility. But, there is a need of favorable social settings in the developing countries which could be made favorable by the formal and informal network of the concern institution. The method of family planning approach implicitly via other factors affecting the value of and demand of children could be observed with more effective results. Otherwise, the family planning efforts and reproductive behaviors of people would be isolated to each other.

The family planning movement in Nepal initiated in 1958 by the Nepal Medical Association and some social workers. From them information, education and family planning services were provided to a limited population in around the Kathmandu valley. In 1968, HMG created a maternal and child health section of the department of Health of His Majesty's government (HMG) has offered family planning services in limited area of Nepal (1981).

1.2 Statement of the Problem

In Nepal, Indigenous and Dalit have faced discrimination not only in terms of their basic rights to property, language and culture, but also in terms of access to basic services and essential material conditions for their way of significantly inadequate for indigenous people. Not surprisingly, Indigenous people today are under the poorest and most socially excluded populations in the world.

Regarding the Dalits education, they are also backward. It means the status of education is very weak. Only few Dalits have completed their higher education. Their economic status is very poor, so they are unable to take the academic education. They are facing the basic needs (food, clothing, housing) too. Then the education status of Dalits is found very weak.

Limbu and Dalit women do not have the proper knowledge about contraceptive method in this study area. There are many people participating in agricultural occupation. Therefore, they don't know about all kinds of family planning methods. There are such women who have own belief system and health care practices that consequently influence the contraceptive knowledge and use.

Nepal is multicultural society. Therefore, different communities have their own different ideas, attitudes, beliefs and assumption, which determine the knowledge and use of family planning methods. In this way geographical region is another factor of determining the family planning services.

Mangjabung VDC is a remote hilly region which is located in the Eastern part of Panchthar district. There have been living many caste groups and ethnic peoples, especially Limbu, Dalits, Chhetri, and Bramin. Many Limbu and Dalits women are uneducated in this area. So that those women are facing maternal death, reproductive problem, high fertility, etc. Therefore, this study has the following research problem or questions on comparative study about knowledge and use of contraceptive methods among the currently married Limbu and Dalit women.

- i. What is the difference between Limbu and Dalit women on knowledge of contraceptive methods?
- ii. What difference is there between Limbu and Dalit women on using contraceptive methods?
- iii. What is the socio-economic relation with the knowledge and use of contraceptive methods between Limbu and Dalit women?

1.3 Objectives

The main purpose of this study is to assess the determinants of family planning services between the Limbu and Dalit married women. Family planning services directly and indirectly is related with their socio-economic and demographic phenomenon. The general objectives of the study are to understand the knowledge on contraceptive methods and its

use between Limbu and Dalit married women of 15-49 age groups. More specifically, the study aims to fulfill the following objectives:

- i. To examine the knowledge of family planning methods between Limbu and Dalits women of 15 to 49 age groups.
- ii. To investigate the users and non-users of family planning methods between Limbu and Dalits women 15 to 49 age groups.
- 3) To identify the socio-economic and demographic condition on Limbu and Dalit women with knowledge and use of family planning methods.

1.4 Hypothesis

1. This study will disclose the fact that lack of the knowledge and use of family planning methods.
2. The knowledge and use of contraceptive in Limbu and Dalits communities varies significantly.
3. Socio-economic and demographic variables can be satisfactorily explained on the variation of knowledge and use of contraceptives.

1.5 Significances

The proposed research is significant in the following way.

1. The research has made an effort to investigate the relation between Limbu and Dalit on the basis of knowledge and use of family planning methods which is related with both of Limbu and Dalit's socio-economic and demographic subsistence.

2. Demographic studies on Limbu and Dalits have not been conducted yet. So, this study, being a demographic work, would be helpful in some way for further demographic study on this subject.
3. The study may also be useful for the policymakers for the Limbu and Dalits on knowledge and use of family planning methods.

1.6 Limitations

As knowing that every work has its own limitation, this study will also remain within own limitation. The study does not aim to encourage and discourage the issue of family planning methods. It will only search the differences between Limbu and Dalit women on knowledge and use of family planning methods.

This study may not cover the all reproductive age groups of women. However, it will fully cover about the currently married women of 15 to 49 age groups of Limbu and Dalit women of Mangjabung VDC.

Therefore, the findings of this study can be interpreted or generalized in the context of knowledge and use of family planning methods in currently married women of all Limbu and Dalit women of 15 to 49 age groups.

CHAPTER - TWO

REVIEW OF LITERATURE

2.1 The History of Family Planning Services

Nepal's family planning program was started with the organization of family planning association of Nepal in 18th September 1959 (MOPE, 2004 P. 32). It was introduced officially in 1965. After the establishment of FP/MCH Board, Government extended family planning (FP) and matter.

In the history of the effort of planned development in Nepal, family planning (FP) programme was initiated by the government for the first time in 1968. It was in this year that the government formed a semi-autonomous body called *Nepal Family Planning and Maternal Child Health Board* and Subsequently a Project (FPMCH project) was initiated. The project, under the guidance of the Board was to take measure to reduce CBR, IMR, and to provide maternal and child health services systematically through the country (Sapkota, 2056: 193). The family planning programme in Nepal from 1986 till today has passed through a bumpy road with many ups-and –downs that has affected its performance and subsequently achievements. During the initial period till today, lots of changes took place in terms of Government policy guidelines, priority areas, organizational set up, programme structure, and resource allocations.

Ministry of Health (1977) studies 6076 eligible women from 96 selected rural words and 10 urban clusters and found that of the total married women 77.6 percent have not heard about family planning and only about

3 percent users. This survey research recommended nation dissemination on family planning program.

Ministry of Health (1983) studied about 6050 eligible respondents in the rural and urban area of the three ecological zones with the objective of to provide the contraceptive data necessary for planning and evaluating the family planning program founded that 52 percent of currently married women know at least one method of contraception. The overall rate of ever use of modern methods among currently married women's was found to be 8-6 percent and current use of method was found to be 6-8 percent. Among the currently married women 27percent indicate that they might use family planning in future. This survey recommended that the FP/MCH programmer should continue to be expanded and field workers should be made more effective through extensive training supervision and social workers should be encouraged to activity predictive in family planning activities. The follow up programme of acceptors should be encouraged to actively participate in family planning activities. The follow up programme of acceptors should be made more effective.

Ministry of Health (1987) studied 5150 respondents from 27 districts. This indicated that among the currently married women 55.9 percent have heard of at least a method of family planning. Among the eligible women is 15.8 percent current use of contraceptive method. This survey suggest that the family planning programme needs to be more effective in general and particularly in rural setting and the family planning programme is reaching proportionally more to like rate them to illiterate women. This necessities used of simplified communication and services strategies, which are effective among the illiterates. This survey discussion on the reason for non-use of contraception highlights, the need for effective

information, communication and education media to suit different groups of people to induce them to join the family planning programme.

Ministry of Health (1993) studied of 14,334 currently married women of currently married women (93percent) reported knowledge of at least one method of family planning. Among them 18 percent had ever used methods of family planning at some time in the past. This survey also recorded that 25.9 percent of currently married non pregnant women were using contraception.

Ministry of Health (1997) studied near about 8000 eligible women from 34 urban areas and 219 rural areas. This study found that knowledge of family planning is virtually universal in Nepal, with 99 percent of currently married women having heard of least one methods of family planning. This is five found increase over the least two decade. This study the CBR among the currently married women is 29 percent, with the majority of women using modern methods (26 percent).

Tuladhar (1989)'s study also shows that a marked difference exists in the proportion of knowledge of a family planning outlet among the different ethnic groups. High caste ethnic group, largely urbanization and better education, have a higher level of knowledge of an outlet within each ethnic group, generally women with any formally schooling having non-farm occupation, those urban residence having good communication with husband and desiring no more children had higher level of knowledge of availability of family planning services than those opposite characteristics.

The overwhelming majority of Nepalese women reported being aware of at least one method of modern contraceptive methods. Although, the awareness of spacing methods is lower than that of the permanent

method. In recent year, the role of spacing method in the overall contraceptive use increased by an average of 1.6 percent per year during the decade 1981-1991. This level of incensement is lower than that of the records of established programs (Thapa, 1994). His studies also found that the current level of contraceptive use of associated within average reduction of 1.5 potential births per women. This challenge to the family planning programme seen to be expand the availability and accessibility of good quality services on regular basic to meet the increasing demand now and in the future.

Aryal (1994) has studied the knowledge, attitude and practice on family planning methods among the currently married women in Bakrany village of Gorkha district. This study shows that majority of respondents have positive attitude, towards in family planning methods. The practice about family planning methods have been found more in Chhetri caste group compared with Brahmins.

Aryal (1996) studied the knowledge and practice of contraceptive in Kathmandu of the 933 eligible women. This studied found that overall 95 percent of currently married women recognized a method of family planning. Knowledge of family planning ranged from 68 percent among women aged 45-49 to hundred percent in the 20-24 age group. Two thirds of married women of all age had ever used a contraceptive method and almost 56 percent of them were currently using some kind of contraception. This study suggests that couple is interested in controlling their fertility after certain number of children. This research concludes that the impact of family programmes at the national level in minimal, family programme in high use of contraception.

The demand for family planning is high in Nepal. Overall 34 percent of all currently married women do not want any more children. The potential demand for limiting births is considerably higher than spacing (Thapa, 1994). His study accounts 13 percent of the women are interested in spacing birth by at least two years. The nation, that the increasing demand for family planning is relatively new phenomenon is suggested by the data on desire family size.

Thapa (1994) shows that the supply sources for the method currently use such as sterilization and injectable the government was the main sources for the overwhelming majority of users. For other method particularly the pills and the condoms the private sector was also an important sources. One third of women using the pill and nearly 60 percent of those using condoms had obtained the supplies from private sources mainly pharmacies. In many developing countries sterilization has been higher than other methods one of the reason for high rates of sterilization in developing countries is direct case payment as motivates (Thapa et. al .1989).

Subedi (1997) used of the data of BDC conducted by Central Department of Population Studies in 1996 conclude that current contraceptive use varied with women age, place of residence, ecological zones, Development region and women education. Older women (35-39), women living in urban areas and women with secondary and more education were more likely to use any form of contraception. Number of living sons was more pronounced in deterring the current use among the indicators considered.

The cost of fertility regulation should reflect both the monetary and psychological cost of contraception. In WFS data however, the cost of

regulation is generally represented by variable on the number of contraceptive method known and variable relating to the respondents perception of the distance from her home to the nearest family planning clinic. The cost of fertility regulation assumes that the more methods known by respondent prior to her use of contraception, the lower are her costs o of contraception and hence, more likely she is to use contraception. Similarly, the closer a respondent is to family planning clinic, the lower are her time cost or using the clinics facilities (UN, 1991).

It is well known that for a given level of demand fro family planning, the higher the accessibility of service out let and the large will be the contraception use rate (Gonzalez, 1990).

KC, et. al (1996) studied of the 8893 eligible respondents from 150 cluster and found that 73.5 percent of currently married women were familiar with at least on method of a family planning. Among them, 33.7 percent have ever used and 29.9 percent was current use of contraception. This survey recommended that family planning program needs to be integrated with socio-economic development program. There are a substantial percentage of women who were not using any contraceptive method due to the number of side effect and health hazard thought the use of contraception.

Elizabeth and Aryad (1998) studied a representative sample of 1827 currently married women aged 15-49 years living in rural Tunisia. This survey accounted that almost all of the women interviewed (98 percent) said that they had heard of at least one method of contraception. The most widely known method was female sterilization (96.1 percent), pills (92 percent) and IUD (87 percent). This survey also accounted that 30 percent

of currently married women are currently using contraceptive. The two most significant findings from this study are the substantial unmet demand for family planning and the inaccessibility of traditional services outlet of majority services of the provinces rural women.

The aim of increasing the CBR invites attention to the FP methods available in Nepal. Several factors affected the use of FP general and of particular contraceptive methods. Education level and accessibility of services are two of the main factors. Others include age, residence, literacy and the number of living children.

2006 NDHS shows that knowledge of at least one modern methods of family planning in Nepal. There are almost universal among both women and man. The most widely known modern contraceptive methods among currently married women are injectable (99 percent); female sterilization (96 percent); condoms (97 percent) and contraceptive pill (95 percent); male sterilization (96 percent) and contraceptive pill (95 percent). Eight-four percent of married women know of implants, about two in three women have heard of the IUD, 7 percent of women have heard of emergency contraception method than a traditional method. All women and currently married women who have ever used family planning by specific method and age 68 (%) currently married women have used a method of contraception and 65 (%) have used a modern method. Among currently married women, nearly one in three has ever used injectables making it the most commonly used modern method. The level of ever use of any method among currently married women rises to a high of 81 percent among those age 35-39 and the declines to 67 percent among women age 45-49. Currently married women use of a modern contraceptive method is 14 percent among currently married women age 15-49, rise to 60 percent among women age 35-39 and then drop on

sharply to 42 percent at age 45-49. Most women who are sterilization are over age 30. While injectables are popular among women age 20-24 (MOE/New Era, 2006: 78).

On evaluating the family planning programmes by the index of contraception (using the use- effectiveness of specific-method and the both types of proportions i.e. proportions of current users currently married non-pregnant women aged 15-49 years for any modern method and current users currently married women aged 15-49 years for any method), it observed that the role of contraception is significant on reducing the level of fertility. Over the period of 1976-2001, the contribution of contraception on reducing fertility from the level of TF to TFR is drastically increased from 2.98 to 37.52 percent for current users currently married non-pregnant women aged 15-49 years using any modern method and that for current users currently married aged women aged 15-49 using any method is increasing from 23.17 to 37.10 percent in the decade 1991-2001. Currently married women should give a priority to involve and practice in activities of family planning method education (Shakya, 2002).

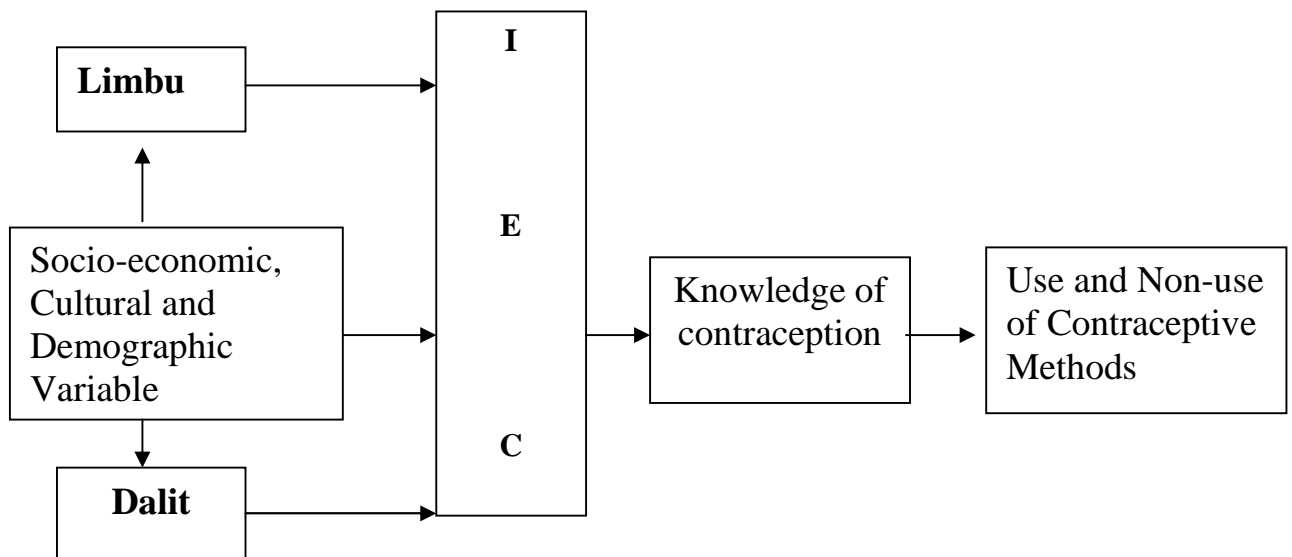
Every five year plan, government has been making a policy and strategy to reduce the fertility rate. In ninth plan, the major objectives were to carry out various population related programs for attracting the common people to a small family size according to the concept of two children, to conduct different population related programs to get the total fertility rate to replacement level of fertility, and to make easily available or accessible the family planning related devices as well as the to bring the total fertility rate from 4.58 to 4.2, increase the users of the family planning devices form 30.1 to 37.0 (NPC, 2002).

2.2 Conceptual Framework

Contraceptive knowledge and use are determining the fertility. It is determined by various demographic socio-economic cultural geographic and other variables and cultural and religious norms. In the future, knowledge and use are also affected by availability and accessibility of contraceptive services.

Demographic variable includes age of the currently married Limbu and Dalit women, family size of women which variable are directly affected knowledge and use of contraceptive method. Similarly, socio-economic variable included education of women, occupation of wife/husbands also affected the knowledge and use of contraceptive method.

Figure 1: Conceptual Framework



CHAPTER - THREE

METHODOLOGY

3.1 Introduction of the Study Area

This study is mainly based upon the Limbu and Dalits community of Mangjabung VDC of Panchthar district. It is the least under developed VDC among 41VDC's of Panchthar district. It is covered by Yasok, Angsarang, Phaktep, SarangDanda, Olane and Aangna VDCs (VDCs Profile, 2008). There is transportation facility, the Ranke to Manjabung's grabble road is constructing and passes through Wasagudand to Mangjabung VDC which is not complete yet. There is no any national electricity grid and local micro hydropower in the connection. Most of the villager used the traditional kerosene *Tuki*, solar *Tuki* and solar energy as electricity. In the communication sector, CDMA telephone services are available. There are three primary schools, two lower secondary, one secondary school and one area health post.

This VDC is rich in socio-cultural norms and values, traditional religion and bio-diversity. It lies between 160 m to 2000 m high from the sea level and have tropical and sub-tropical climate. Limbu community has the highest population than others communities. Chhetri and Dalit population are second and third position respectively. Very few of Magar, Bahun and other castes (Bhujel, Newar) are found there. All the people are engaged only in the subsistence farming system rather than commercial farming due to the lack of awareness, education, empowerment, poverty and commercial farming education. All the ethnic groups have their own traditional culture, religion and languages where we found harmonious

relationship with each other and lived without quarreling is the best paradigm of this area.

Among Limbu women and Dalit women are the most vulnerable and minority groups having low knowledge about health status, economic status, literacy rate of this study area. The Contraception user populations are 12,042 in Panchthar district. Out of total 192 users are at Mangjabung VDC (by Sub Healthpost). The total household of this VDC is 727 and 3988 total population where 2388 Limbu, 361 Dalit and others (VDCs Profile, 2008). Word no 1 and 9 were selected in the study area.

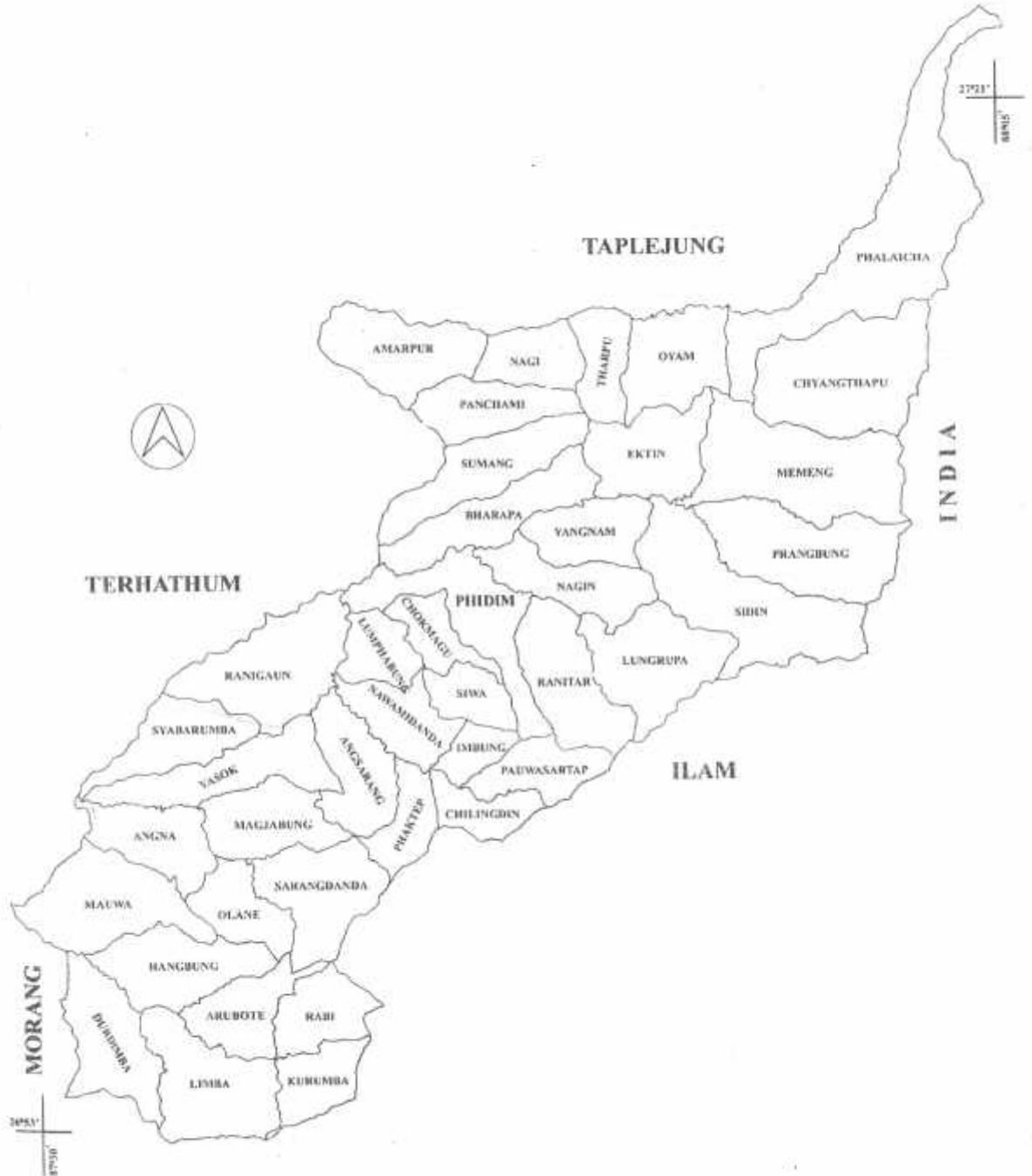
3.2 Research Design

Research designs refer to the various sequential steps to adopt by a researcher in studying a problem with certain objectives. The design of the study consist analytical descriptive, field study etc. where analytical design of the study is used on access and analyzed the problems, field study and descriptive design has been used to explore and find out necessary suggestion in solving the problem. This study which is confined at Mangjabung VDC of Panchthar district is a reproductive health study, it predicts the future trend from past to present changes, direction and situation where this study find out the reality of Knowledge and use of contraceptive method in currently married women both Limbu and Dalit women.

3.3 Nature and Source of Data

The sources of data are primary and secondary. The primary data have been collected from about 15 days of field work, key information as well as other knowledgeable persons and institutions have been consulted for more detail primary data.

PANCHTHAR



Area: 1,241 Sq. Kms.

Elevation: 609 m. – 3,675 m.

Secondary data have been consulted from published and unpublished reports, journals and books as well as websites. It is therefore, both primary and secondary data have been collected. However, the study dominantly deals with quantitative rather than qualitative data.

3.4 Sampling Procedure

I have taken 100 currently married women from ward no. 1 and 9 of Mangjabung VDC. where 50 household Limbu currently married women and 50 households Dalits currently married women in this research from the study area and used the purposive sampling method that were using the contraceptive method. This sample was taken to asking question to each respondent where I met at the time of field survey. This study also revealed the general information of both currently married women.

3.5 Data Collection Methods, Techniques and Tools

Primary data were collected through the well structure interviews to the selected currently married women of aged 15-49 years at ward no. 1 and 9 of Mangjabung VDC. The enumerator asked individual questionnaire with 50 Limbu and 50 Dalit currently married women and household selected by purposive method. Secondary data was collected from the internet and website, CBS Government offices and concern Department, bulletin articles, journals and books. Questionnaire was designed to individuals.

3.6 Methods and Tools for Data Analysis

Various statistical tools are used to measure the knowledge and use of family planning services between Limbu and Dalits currently married women by analysis methods. This study is analyzed on this basis of frequency table and cross table. Cross tabulation is the final stage for the interpretation of the data by using the SPSS programme.

CHAPTER – FOUR

BACKGROUND CHARACTERISTICS OF RESPONDENTS

This chapter deals with demographic, social and economic characteristics of respondents. The characteristics of respondents include some aspects like age, level of education; family size, occupation, household facility and drinking water are dealt in this chapter.

4.1 Demography Characteristics of Respondents

4.1.1 Reproductive Age Composition

Reproductive age is ranged from 15 to 49 years. This study has covered 100 currently married women of age group 15 to 49 years. Out of which 50 respondents were Limbu and 50 other were Dalit women. The age groups have been divided by 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, and 45-49 years of age. They are displayed in the table one.

Table 4.1: Distribution of Currently Married Women of Age Group and Caste/Ethnicity, Manjabung VDC, 2008

Age Group	Caste/Ethnicity				Total	
	Limbu		Dalit		N	%
	N	%	N	%		
15-19	3	6.0	4	8.0	7	7.0
20-24	6	12.0	8	16.0	14	14.0
25-29	12	24.0	10	20.0	22	22.0
30-34	10	20.0	11	22.0	21	21.0
35-39	6	12.0	9	18.0	15	15.0
40-44	7	14.0	4	8.0	11	11.0
45-49	6	12.0	4	8.0	10	10.0
Total	50	100.0	50	100.0	100	100.0

Source: Field Survey, 2008.

Table 4.1 shows the reproductive age group of women by five year age interval with respect to Limbu ethnic group and Dalit caste. Out of the 100 currently married women 50 Limbu and 50 currently married Dalit women.

Highly participated age group of both Limbu and Dalit married women, 24.0 percent (12) found 25-29 age groups in Limbu women and 22.0 percent (11) found 30-34 age groups in Dalit women. Similarly, 20.0 percent (10) found the Limbu women 30-34 age groups and 20.0 percent found the Dalit women 25-29 age groups. There are found low currently married women 6.0 percent (3) Limbu women than 8.0 percent (4) low percent found age group 15-19, 20-24 and 44-49 of Dalit women. Most of the 25-34 years age groups were found both Limbu and Dalit women in the study area.

4.1.2 Family Size of Household Population

Both nuclear and joint families are found in the study area. This study has categorized family size into three categorizes as >5, 5-6 and 6+. There are many people who live in 6 size of family and some people live in 1-5 size of family. Within the family size of the respondent household in both social groups, majority families contain more then 6 members in a family.

Table 4.2: Distribution of Family Size of Household Population and Caste/Ethnic Group, Mangjabung VDC, 2008

Family Size	Caste / Ethnicity	
	Limbu	Dalit
<5	30.0	10.0
5-6	26.0	36.0
6+	44.0	54.0
Total	100.0 (50)	100.0 (50)
Average Family Size	6.42	7.18

Source: Field Survey, 2008

Table 4.2 shows the variation of family size. The average family size of Limbu women is 6.42 per household compared to the 7.18 per household for Dalit women. out of the 100 currently married women 50 Limbu women 44.0 percent live in 6+ above size of family size and 50 Dalit women live in 54.0 percent live in 6+ above size of family. Similarly low people live in 5-6 size of family 26.0 percent Limbu women but 36.0 percent Dalit live in 5-6 size of family. There are low people live in 1-5 size of family 10.0 percent Dalit than 30.0 percent live Limbu women.

4.1.3 Literacy Status of Currently Married Women by Age

Table 4.3 shows the literacy status of currently married women by age between Limbu and Dalit women. Highly literate of Limbu currently married women are 25.0 percent at 25-29 ages and 40.0 percent literate at 20-24 age groups in Dalit women. Among the age groups of currently married women, Limbu women have found 31.6 percent high illiterate at 30-34 age groups. Similarly, Dalit currently married women are 28.6 percent at age group of 30-34 in the study area.

Table 4.3: Distribution of Currently Married Women of Literacy Status, Aged Group and Caste/Ethnic Group, Mangjabung VDC, 2008

Age Group	Caste/Ethnicity							
	Limbu				Dalit			
	Literacy		Illiteracy		Literacy		Illiteracy	
	N	%	N	%	N	%	N	%
15-19	3	10.7	0	.0	3	20.0	1	2.9
20-24	4	14.3	2	9.1	6	40.0	2	5.7
25-29	7	25.0	5	22.7	3	20.0	7	20.0
30-34	3	10.7	7	31.8	1	6.7	10	28.6
35-39	3	10.7	3	13.6	2	13.3	7	20.0
40-44	5	17.9	2	9.1	0	.0	4	11.4
45-49	3	10.7	3	13.6	0	.0	4	11.4
Total	28	100.0	22	100.0	15	100.0	35	100.0

Source: Field Survey, 2008.

4.1.4 Level of Education

Education is one of the basic indicators of the level of human development. Literacy provides access to information while educational attainment provides scope for new opportunities. So education is most important of every person. It is positive relationship with socio-economic status of the people. Without education human life does not success. It is a well-accepted fact that educational statuses of the people of the study area are relatively developed.

Table 4.4: Distribution of Currently Married Women's Level of Education and Caste/Ethnic Group, Mangjabung VDC, 2008

Level of Education	Caste/Ethnicity				Total	
	Limbu		Dalit		N	%
	N	%	N	%		
Literate but no Education	8	28.6	6	40.0	14	32.6
Primary	4	14.3	5	33.3	9	20.9
Lower Secondary	7	25.0	2	13.3	9	20.9
Secondary	5	17.9	1	6.7	6	14.0
SLC and above	4	14.3	1	6.7	5	11.6
Total	28	100.0	15	100.0	43	100.0

Source: Field Survey, 2008

Table 4.4 shows the education level of currently married women of Limbu and Dalit women. There are high literate but no education of among currently married women of Limbu ethnic group and Dalit caste. Out of the 50 Limbu women 26.0 percent (8) literate but no education and out of the 50 Dalit women 40.0 percent (6) literate but no education. Low participation in primary and SLC and above 14.3 percent (4) of currently

married Limbu women, similarly 6.7 percent (1) participated in secondary and SLC and above education of Dalit women.

4.1.5 Occupation of Women

There are different kinds of occupation in the study area. The main occupations are categorized into five groups such as agriculture, services, Labour, housewife and others. The occupation ways statistics of study population is presented in table 4.5.

Table 4.5: Distribution of Currently Married Women's Occupation and Caste/Ethnic Group, Mangjabung VDC, 2008

Occupation	Caste/Ethnicity				Total	
	Limbu		Dalit		N	%
	N	%	N	%		
Agriculture	28	56.0	27	54.0	55	55.0
Service	5	10.0	3	6.0	8	8.0
Labour	2	4.0	7	14.0	9	9.0
Housewife	12	24.0	11	22.0	23	23.0
Other	3	6.0	2	4.0	5	5.0
Total	50	100.0	50	100.0	100	100.0

Source: Field Survey, 2008.

Table 4.5 shows 50 Limbu currently married women 56.0 percent (28) involved in agriculture and 50 Dalit currently married women 54.0 percent (27) involved in agriculture and total 55.0 percent currently married women involved in agricultural occupation. So agriculture is a main occupation of respondents, the data has shown in the study area. Similarly, 24.0 percent (12) Limbu currently married women involved in housewife than 22.0 percent (11) Dalit currently married women involved

in this occupation in total 23.0 percent (23) women involved in housewife occupation. There are few currently married women involved in other occupation like as 6.0 percent Limbu women and 4.0 percent Dalit women.

4.1.6 Land of Farming

This table 4.6 shows the land for farming of currently married women of among Limbu and Dalit women. There are 50 Limbu women, 98.0 percent said the land for farming and 50 Dalit women, 74.0 percent said the land for farming and total 86.0 percent currently married with have the land for farming. Similarly 2.0 percent Limbu women said no have land for farming and 26.0 percent Dalit women said no have land for farming. So this data shows vast different between Limbu ethnic group and Dalit cast.

Table 4.6: Percentage Distribution of Own Farming Land and Caste/Ethnic Group, Mangjabung VDC, 2008

Farming Land	Caste/Ethnicity				Total	
	Limbu		Dalit			
	N	%	N	%	N	%
Yes	49	98.0	37	74.0	86	86.0
No	1	2.0	13	26.0	14	14.0
Total	50	100.0	50	100.0	100	100.0

Source: Field Survey, 2008

4.1.7 Household Facility

The table 4.7 household facility shows that among the women 92.0 percent Limbu and 70.0 percent Dalit women have solar power at their home. Similarly among Limbu women who have 60.0 percent have radio

and among Dalit women who have 42.0 percent have radio. Comparatively Limbu women have higher percent (40.0 %) telephone than Dalit of women (16.0%) percent. There are among Limbu women have 20.0 percent television and among Dali have 10.0 percent television.

Table 4.7: Distribution of Household Facility and Caste/Ethnic Group, Mangjabung VDC, 2008

Household Facility	Caste/Ethnicity		Total %
	Limbu	Dalit	
	%	%	
Solar Power	92.0	70.0	81.0
Telephone	40.0	16.0	28.0
Television	20.0	10.0	15.0
Radio	60.0	42.0	51.0
Other	6.0	22.0	14.0

Source: Field Survey, 2008.

4.1.8 Main Source of Drinking Water

The table 4.9 shows the source of drinking water out of the 50 Limbu household 50.0 percent were drinking pipe water and out of the 50 Dalit household 32.0 percent were drinking pipe water. Similarly 50.0 percent Limbu household used *kuwa* water and 66.0 percent Dalit household used *kuwa* water. In this way only 2.0 percent Dalit household used stream water but no any one percent used stream water of Limbu household.

Table 4.8: Percentage Distribution of Main Source of Drinking Water by Caste/Ethnic Group, Manjabung VDC, 2008

Main source of drinking water	Caste/Ethnicity		Total
	Limbu	Dalit	
	%	%	%
Pipe water	50.0	32.0	41.0
Kuwa	50.0	66.0	58.0
Stream	-	2.0	1.0
Total	100.0	100.0	100.0

Source: Field Survey, 2008

CHAPTER - FIVE

ANALYSSIS OF DATA

5.1 Knowledge and Use of Contraception

5.1.1 Knowledge of Contraception

This study has collected the information about the knowledge of contraceptive method among 100 currently married women. Out of the 50 Limbu women and 50 Dalit women, currently married women aged 15-49 years are asked whether, they have heard about different types of contraceptive method. If they say "yes" then they are asked to the name of the methods and their response is the basis of unprompted knowledge of family planning methods, they are given the name of different methods of contraceptives and they are asked whether they have heard of these particular methods.

5.1.2 Level of Knowledge

Table 5.1 shows among the level of knowledge of individual methods on contraception. Pills, Injectable, Condom, Norplant, Male sterilization and Female sterilization found to be the best knowing methods in the study area. Out of the 50 Limbu women 76.0 percent are familiar with injectable followed by pills (54.0%), condom (40.0%), Norplant(36.0%), male sterilization (34.0%), female sterilization (24.0%), IUD (16.0%), and traditional method like with-drawl (8.0 %), periodic abstinence (6.0%), foaming jelly (6.0%), while out of the 50 Dalit women. 66.0 percent are familiar with injectable followed by pills (42.0%), Norplant (32.0%), condom (24.0%), male sterilization (28.0%), female

sterilization (20.0%), IUD (12.0%) and traditional method like with-drawl (6.0%), Foaming, jelly (2.0%), periodic abstinence (2.0%).

Injectable method is more popular than other methods within Limbu and Dalit currently married women. Most of the women have known the injectable methods by the village health worker. But Foaming jelly, with-drawl and periodic abstinence have been practiced very low because of lack of knowledge on its uses.

Table 5.1: Distribution of Currently Married Women by Knowing Contraceptive Method and Caste/Ethnic Group, Manjabung VDC, 2008

Contraception	Caste/Ethnicity				Total	
	Limbu		Dalit		N	%
	N	%	N	%		
Pills	27	54.0	21	42.0	48	48.0
IUD	8	16.0	6	12.0	14	14.0
Injectable	38	76.0	33	66.0	71	71.0
Female sterilization	12	24.0	10	20.0	22	22.0
Male sterilization	17	34.0	14	28.0	31	31.0
Condom	20	40.0	12	24.0	32	32.0
Norplant	18	36.0	16	32.0	34	34.0
Foaming, Jelly	3	6.0	2	4.0	5	5.0
With-drawl	4	8.0	3	6.0	7	7.0
Periodic abstinence	3	6.0	2	4.0	5	5.0

Source: Field Survey, 2008.

5.1.3 Literacy Status and Knowledge of Contraceptive

Table 5.2 shows the percentage distribution of currently married women who are literate by contraceptive method and caste/ethnic group. There are higher literate Limbu women than Dalit women. Among 38 the highly number of Limbu literate and illiterate women has known about injectable where 57.9 percent literate and 42.1 percent illiterate. Similarly, 33 numbers of Dalit literate women and illiterate women have known about injectalbe. 30.3 percent are literate and 69.7 percent are illiterate. This data shows most of literate or illiterate Limbu and Dalit women are familiar with injectable of contraceptive method.

Table 5.2: Percentage Distribution of Currently Married Women Know Contraceptive Method by Literacy Status and Caste/Ethnic Group, Magjabung VDC, 2008

Contraceptive	Caste/ Ethnicity	Literacy status of respondent		Total
		Literate	Illiterate	
Pills	Limbu	70.4	29.6	100.0(27)
	Dalit	38.1	61.9	100.0(21)
IUD	Limbu	87.5	12.5	100.0(8)
	Dalit	-	100.0	100.0(6)
Injectable	Limbu	57.9	42.1	100.0(38)
	Dalit	30.3	69.7	100.0(33)
Female Sterilazaiton	Limbu	41.7	58.3	100.0(12)
	Dalit	-	100.0	100.0(10)
Male sterilization	Limbu	52.9	47.1	100.0(17)
	Dalit	35.7	64.3	100.0(14)
Condom	Limbu	70.0	30.0	100.0(20)
	Dalit	33.3	66.7	100.0(12)
Norplant	Limbu	44.4	55.6	100.0(18)
	Dalit	12.5	87.5	100.0(16)
Foaming jelly	Limbu	66.7	33.3	100.0(3)
	Dalit	-	100.0	100.0(2)
With-drawal	Limbu	25.0	75.0	100.0(4)
	Dalit	33.3	66.7	100.0(3)
Periodic Abstinence	Limbu	100.0	-	100.0(3)
	Dalit	-	100.0	100.0(2)

Source: Field Survey, 2008.

5.1.4 Knowledge of Informative Sources of the Contraceptive Methods

Sources of knowledge of family planning method play an important role in the promotion for use of contraceptive method. Currently married woman listen about contraceptive method from different kind of sources.

Table 5.3 shows the source of knowledge of contraceptive method. Among the 100 currently married women, out of the 50 currently married Limbu women, 72.0 percent have known from the health worker and out of the 50 currently married Dalit women, 70.0 percent have known from the health worker. Contraceptive's Information has given by the health worker in time by time to every woman. So health worker is main source of knowing the contraceptive method. Comparatively 14.0 percent currently married Dalit women listen from Radio higher then 8.0 percent of currently married Limbu women. Currently married Limbu women have known about the source of contraception through the Newspaper but no one from currently married Dalit women. Similarly, 2.0 percent of currently married Dalit women have known from the relatives and no one are from currently married Limbu women.

Table 5.3: Percentage Distribution of Currently Married Women from Where Informed about the Contraceptive Methods and Caste/Ethnic Group, Mangjabung VDC, 2008.

Information	Caste/Ethnicity		Total
	Limbu	Dalit	
Newspaper	2.0	-	1.0
Radio	8.0	14.0	11.0
Television	6.0	-	3.0
Health worker	72.0	70.0	71.0
Husband	6.0	4.0	5.0
Peers	6.0	10.0	8.0
Other	-	2.0	1.0
Total	100.0	100.0	100.0

Source: Field Survey, 2008

5.1.5 Distributor of Contraceptive Method

The currently married Limbu and Dalit women, they have known about the distribution places of the contraceptive method at ward no 1 and 6 of Manjabung VDC. It is so important to know where as all currently married women can be used an access of the contraception. Therefore it plays a valuable role in using the contraceptive method.

Table 5.4: Distribution of Source of Family Planning Method by Caste/Ethnic Group, Manjabung VDC, 2008

Source of distribution	Caste/Ethnicity				Total	
	Limbu		Dalit			
	N	%	N	%	N	%
Hospital	21	42.0	15	30.0	36	36.0
Health post	37	74.0	34	68.0	71	71.0
Clinic	12	24.0	11	22.0	23	23.0
Private sector	10	20.0	9	18.0	19	19.0
Total	50	100.0	50	100.0	100	100.0

Source: Field Survey, 2008

The Table 5.4 shows all currently married women were asked about the distribution of contraceptive method. Out of the 50 Limbu women, highly 74.0 percent said contraceptive method supplied by health post and out of 50 Dalit women 68.0 percent said contraceptive method supply by health post. Similarly, lower 20.0 percent Limbu women said the private sector and only 18.0 percent Dalit women said the contraceptive method have supplied by private sector.

5.1.6 Knowing time Period of Contraceptive Method

All currently married women were asked about the knowing time period of contraceptive method where table 5.5 shows that currently married women, 64.0 percent Limbu women and 62.0 percent Dalit women said after married, but 20.0 percent Limbu women and 16.0 percent from Dalit women explained the before married. Among the 100 currently married, 16.0 percent of Limbu women and 22.0 percent of Dalit women had no remember about knowing time period of contraception.

Table 5.5: Distribution of Currently Married Women Who Known about Contraceptive Method and Caste/Ethnic Group, Mangjabung VDC, 2008

Time	Caste/Ethnicity				Total	
	Limbu		Dalit		N	%
	N	%	N	%		
Before married	10	20.0	8	16.0	18	18.0
After married	32	64.0	31	62.0	63	63.0
No remember	8	16.0	11	22.0	19	19.0
Total	50	100.0	50	100.0	100	100.0

Source: Field Survey, 2008

5.1.7 Appropriate time of Child bearing Age of Women

Table 5.6 shows that 58.0 percent currently married Limbu women stated that the appropriate child bearing age is 20-25 years followed by within 15-20 years (24.0 %), 25-30 years (14.0 %) and 30 above years (4.0 %) only. While 50.0 percent Dalit women stated 20-25 followed by within 15-20 years (40.0 %), 25-30 years (10.0 %) and 30 above years have not

stated toward child bearing age of women. Then we can say most of the currently married women stated that 20-25 years is the appropriate for child bearing age. We can say that the appropriate time for child bearing age is 20-25 year because women are matured by physically and mentally in this age group

Table 5.6: Distribution of Currently Married Women of View Appropriate Period for Child bearing Age of Women and Caste/Ethnic Group, Mangjabung VDC, 2008

Age	Caste/Ethnicity				Total	
	Limbu		Dalit		N	%
	N	%	N	%		
15-20 year	12	24.0	20	40.0	32	32.0
20-25 year	29	58.0	25	50.0	54	54.0
25-30 year	7	14.0	5	10.0	12	12.0
30+	2	4.0	-	-	2	2.0
Total	50	100.0	50	100.0	100	100.0

Source: Field Survey, 2008.

5.2 Use of Contraception

5.2.1. User and Non-user of Contraceptive Method by Age

There are 15 to 49 age groups of respondents of this survey. These are said own using practice of contraceptive method. It shows knowledge of important of contraception for their married life.

Table 5.7 provides the distribution of currently married women in different age group. Within Limbu women, 25-29 age groups are higher user who has used 21.9 percent of contraceptive methods and same age

group are 27.8 percent highly non-users. Similarly 25.9 percent Dalit women highly used at 25-29 and 30-35 age groups and 30.4 percent of 20-24 age groups were non-user in Dalit women. Comparatively, family planning methods user of Limbu women are higher than Dalit women. The data shows that contraceptive non-user Dalit women are higher represented than Limbu women the study area. It shows that currently married Limbu women have known about the contraceptive methods very well.

Table 5.7: Distribution of Currently Married Women Who User and Non-user of Contraceptive Method and Caste/Ethnic Group, Mangjabung VDC, 2008

Age Group	Caste/Ethnicity							
	Limbu				Dalit			
	User		Non-user		User		Non-user	
	N	%	N	%	N	%	N	%
15-19	2	6.0	1	5.6	3	11.1	1	4.3
20-24	5	15.6	1	5.6	1	3.7	7	30.4
25-29	7	21.9	5	27.8	7	25.9	3	13.0
30-34	6	18.8	4	22.2	7	25.9	4	17.4
35-39	3	9.4	3	16.7	4	14.8	5	21.7
40-44	5	15.6	2	11.1	2	7.4	2	8.7
45-49	4	12.5	2	11.1	3	11.1	1	4.3
Total	32	100.0	18	100.0	27	100.0	23	100.0

Source: Field Survey, 2008.

5.2.2 Use of Contraceptive Method

Table 5.8 shows 50 currently married Limbu women out of 32 used 62.5 percent(20) injectable method and 50 Dalit women 27 used 66.7 percent(18) used injectable .whereas few women used another method such traditional method used 3.7 percent (1)of Dalit women but not used Limbu women. Similarly IUD (3.1%), female sterilization (6.3%) and other method (Period Abstinence, safe sex) (3.1%) used Limbu women but not used Dalit women.

Table 5.8: Distribution of Currently Married Women Who are Using Contraceptive Method and Caste/Ethnic Group, Manjabung VDC, 2008

Contraception	Caste/Ethnicity				Total	
	Limbu		Dalit		N	%
	N	%	N	%		
Pills	3	9.4	2	7.4	5	8.5
IUD	1	3.1	-	-	1	1.7
Norplant	1	3.1	1	3.7	2	3.4
Injectable	20	62.5	18	66.7	38	64.4
Female sterilization	2	6.3	-	-	2	3.4
Male sterilization	2	6.3	2	7.4	4	6.8
Condom	2	6.3	3	11.1	5	8.5
Traditional method	-	-	1	3.7	1	1.7
Others	1	3.1	-	-	1	1.7
Total	32	100.0	27	100.0	59	100.0

Source: Field Survey, 2008

5.2.3: Age Group of Women and Current Use of Contraceptive

Table 5.9 provides the percentage distribution of currently married women who are currently using contraceptive method by age and cast/ethnic group. Most of the currently married Limbu women are concentrated in age of 24-44 years (while Dalit women are also concentrated in same age group. Limbu and Dalit women are more conscious to use of different contraceptive method in that age.

Small part of proportion of Limbu and Dalit user concentrated in the age of 15-19 and 45-49 years. All data indicates that current user of contraception is higher for intermediate age compared to the younger and older age for both Limbu and Dalit age groups. Similarly, age group of currently married women whose plan to use the contraception that is highly married ages.

Table 5.9: Percentage Distribution of Currently Married Women Who are Currently Using the Contraceptive Method by Age and Caste/Ethnic Group, Mangjabung VDC, 2008

Contraceptive	Caste/ Ethnicity	Age group of women							Total
		15- 19	20- 24	25- 29	30- 34	35- 39	40- 44	45- 49	
Pills	Limbu	33.3	33.3	-	-	-	33.3	-	100.0(3)
	Dalit	-	-	50.0	-	-	50.0	-	100.0(2)
IUD	Limbu	-	-	100.0	-	-	-	-	100.0(1)
	Dalit	-	-	-	-	-	-	-	-
Norplant	Limbu	-	-	-	-	100.0	-	-	100.0(1)
	Dalit	-	-	-	-	100.0	-	-	100.0(1)
Injectable	Limbu	5.0	10.0	25.0	20.0	10.0	20.0	10.0	100.0(2)
	Dalit	16.7	5.6	22.2	27.8	16.7	5.6	5.6	100.0(18)
Female sterilization	Limbu	-	-	-	50.0	-	-	50.0	100.0(2)
	Dalit	-	-	-	-	-	-	-	-
Male sterilization	Limbu	-	50.0	-	-	-	-	50.0	100.0(2)
	Dalit	-	-	50.0	-	-	-	50.0	100.0(2)
Condom	Limbu	-	-	50.0	50.0	-	-	-	100.0(2)
	Dalit	-	-	33.3	33.3	-	-	33.3	100.0(3)
Traditional method	Limbu	-	-	-	-	-	-	-	-
	Dalit	-	-	-	100.0	-	-	-	100.0(1)
Others	Limbu	-	100.0	-	-	-	-	-	100.0(1)
	Dali	-	-	-	-	-	-	-	-

Source: Field Survey, 2008

5.2.4 Education Level and Use of Contraceptive

Table 5.10 shows that out of 28 literate and educated Limbu women 64.28 percent (18) are using the contraceptive method whereas who have a literate but no education, currently married Limbu women 30.8 percent have

used the injectable. Similarly lower secondary (23.1%), secondary (23.1), primary (15.4%) and S.LC. and above (7.7%) used the injectable respectively. But by the education level most of Limbu women have to use a very view another contraceptive method.

According to education level, Out of 15 Dalit women 46.66 percent (7) are using the contraceptive method. While currently married Dalit women who have lit but no education, 33.3 percent used injectable of contraceptive method. Followed by lower secondary (16.7%), secondary (no one), primary (33.3%) and S.LC. and above (16.7%) used the injectable. But by the education level most of Dalit women have to use a very view another contraceptive method.

Table 5.10: Percentage Distribution of Currently Married Women Used Contraceptive Method by Education Level and Caste/Ethnic Groups, Mangjabung VDC, 2008

Contraception	Caste/ Ethnicity	Level of education					Total
		Literate but not education	Primary	Lower secondary	Secondary	SLC and above	
Pills	Limbu	-	-	-	50.0	50.0	100.0(2)
	Dalit	-	-	-	-	-	-
IUD	Limbu	-	100.0	-	-	-	100.0(1)
	Dalit	-	-	-	-	-	-
Injectable	Limbu	30.8	15.4	23.1	23.1	7.7	100.0(3)
	Dalit	33.3	33.3	16.7	-	16.7	100.0(6)
Female Sterilazaiton	Limbu	-	100.0	-	-	-	100.0(1)
	Dalit	-	-	-	-	-	-
Male sterilization	Limbu	-	-	-	-	100.0	100.0(1)
	Dalit	-	-	-	-	-	-
Condom	Limbu	-	-	-	-	-	-
	Dalit	-	-	-	100.0	100.0	100.0(1)

Source: Field Survey, 2008

5.2.5 Occupation and Use of Contraceptive

Table 5.11 reveals that out of 20 Limbu women, 60.0 percent using contraceptive method whose main occupation is agriculture followed by housewife (15.0%), service (10.0%), other (10.0%) and (5.0%). While out of 18 Dalit women, 55.6 percent using contraceptive method whose main occupation is agriculture followed by housewife (27.8%), labour (11.1%), other (5.6) and no one in service.

Table 5.11: Percentage Distribution of Currently Married Women who have used of Contraceptive by Occupation and Caste/Ethnic group, Mangjabung VDC, 2008

Contraceptive methods	Caste/Ethnicity	Level of education					Total
		Agriculture	Service	Labour	Housewife	Other	
Pills	Limbu	66.7	-	-	33.3	-	100.0(3)
	Dalit	50.0	50.0	-	-	-	100.0(2)
IUD	Limbu	100.0	-	-	-	-	100.0(1)
	Dalit	-	-	-	-	-	-
Norplant	Limbu	100.0	-	-	-	-	100.0(1)
	Dalit	100.0	-	-	-	-	100.0(1)
Injectable	Limbu	60.0	10.0	5.0	15.0	10.0	100.0(20)
	Dalit	55.6	-	11.1	27.8	5.6	100.0(18)
Female Sterilization	Limbu	50.0	-	-	50.0	-	100.0(2)
	Dalit	-	-	-	-	-	-
Male sterilization	Limbu	50.0	50.0	-	-	-	100.0(2)
	Dalit	100.0	-	-	-	-	100.0(2)
Condom	Limbu	-	-	50.0	50.0	-	100.0(2)
	Dalit	33.3	33.3	33.3	-	-	100.0(3)
Traditional method	Limbu	-	-	-	-	-	-
	Dalit	-	-	-	100.0	-	100.0(1)
Other	Limbu	100.0	-	-	-	-	100.0(1)

Source: Field Survey, 2008.

5.2.5 Side-effect of Contraceptive

Currently married women who are currently using any method of contraception at the time of survey are asked whether they have any side effect from specific methods they used. Table 5.12: shows out of 32 Limbu user women 37.5 percent(12) feeling any side effect while out of the 27 Dalit user women 48.11 percent (13) feeling any side effect.

Out of 12 currently married Limbu women 33.3 percent (4) and out of 13 Dalit women 30.8 percent (4) effected of irregular menstruation after using the contraception. Similarly, Limbu women are 16.7, 25.0, 8.3, 8.and 8.3 percents and Dalit women are 23.1, 23.1, 15.4, 0.0 and 7.7 side effect of over bleeding, weakness, weight loss, headache and other respectively.

Table 5.12: Percentage Distribution of Currently Married Women Who Affected Contraceptive Method and Caste/Ethnic Group, Manjabung VDC, 2008

Feeling of side-effect	Caste/Ethnicity				Total	
	Limbu		Dalit			
	N	%	N	%	N	%
Irregular menstruation	4	33.3	4	30.8	8	32.0
Over bleeding	2	16.7	3	23.1	5	20.0
Weakness	3	25.0	3	23.1	6	24.0
Weight loss	1	8.3	2	15.4	3	12.0
Headache	1	8.3	-	-	1	4.0
Other	1	8.3	1	7.7	2	8.0
Total	12	100.0	13	100.0	25	100.0

Source: Field Survey, 2008

5.2.6 Causes of Non-user of Contraception

Currently married non user women who are not intended to use any contraceptive methods were asked why they are not using the contraception. Table 5.13 shows that out of 18 not user Limbu women the main reason of non use is absent of husband (33.3 %). Desire of son (27.8), fear of side effect (27.8) and against religion (11.1) are another reason of non user respectively. But no one is in reason of sexual displeasure.

Out of 23 not user Dalit women the main reason of non use is absent of husband (39.1%). Desire of son (26.1), fear of side effect (26.1) and sexual displeasure (8.7%) are another reason of non user respectively. But no one is in reason of against religion.

Table 5.13: Distribution of Currently Married Women who not Uses the Contraceptive Method and Caste/Ethnic Group, Mangjabung VDC, 2008

Reasons	Caste/Ethnicity				Total	
	Limbu		Dalit		N	%
	N	%	N	%		
Sexual displeasure	-	-	2	8.7	2	4.9
Against religion	2	11.1	-	-	2	4.9
Desir of Son	5	27.8	6	26.1	11	26.8
Fear of side effect	5	27.8	6	26.1	11	26.8
Absent of husband	6	33.3	9	39.1	15	36.6
Total	18	100.0	23	100.0	41	100.0

Source: Field Survey, 2008.

5.2.7 Women's Opinion for Sterilization

Currently married women were asked their opinion on the sterilization. This data explain about who prefer to do the sterilization in their family (husband or wife). So it was an important to find out their opinion on the sterilization of currently married Limbu and Dalit women.

Table 5.14 shows 100 currently married women, out of 50 Limbu women 42.0 percent have opinion to use any of them and out 50 Dalit women 38.0 percent want to use any of them for sterilization. Similarly 30.0 percent Limbu women said to use their husband because male are physically stronger than female. 28.0 percent Dalit women want to use themselves, their husband should go to earn money in different regions of Nepal and abroad. 10.0 percent currently married Limbu and Dalit women said "don't know".

Table 5.14: Percentage Distribution of Currently Married Women's Opinion to Use Sterilization and Caste/Ethnic Group, Manjabung VDC, 2008

Sterilization	Caste/Ethnicity			
	Limbu		Dalit	
	N	%	N	%
Husband	15	30.0	12	24.0
Wife	9	18.0	14	28.0
Any one of them	21	42.0	15	38.0
Don't know	5	10.0	5	10.0
Total	50	100.0	50	100.0

Source: Field Survey, 2008

5.2.8 Opinion of Sterilization Period

Table 5.15 shows the highest 36.0 percent (18) of Limbu women said suitable period for sterilization is after having one son and one daughter and 32.0 percent Dalit women too. Whereas 26.0 percent of Limbu women and 28.0 percent Dalit women want to use the sterilization after having two or three children. Out of 50 Limbu women the lowest 2.0 percent (1) said "don't know" and out of 50 Dalit women the lowest 2.0 percent (1) said after having one daughter for the sterilization.

Table 5.15: Distribution of Currently Married Women, Who's Opinion to Use Sterilization Period and Caste/Ethnic Group, Manjabung VDC, 2008

Period of sterilization	Caste/Ethnicity				Total	
	Limbu		Dalit			
	N	%	N	%	N	%
After having one children	6	12.0	5	10.0	11	11.0
After having one son and one daughter	18	36.0	16	32.0	34	34.0
After having two or three children	13	26.0	14	28.0	27	27.0
After having more than three children	5	10.0	9	18.0	14	14.0
After having one son	4	8.0	3	6.0	7	7.0
After having one daughter	3	6.0	1	2.0	4	4.0
Don't know	1	2.0	2	4.0	3	3.0
Total	50	100.0	50	100.0	100	100.0

Source: Field Survey, 2008

CHAPTER - SIX

SUMMERY, CONCLUSION AND RECOMMENDATIONS

6.1 Summary

This study has analyzed comparative study of knowledge and use of contraceptive method among Limbu and Dalit women in Mangjabung VDC of Panchthar district. This study is mainly based on the data obtained from field survey 2008. The data provides comparatively study of knowledge and use within the currently married women of Limbu and Dalit caste/ethnicity. This Survey conducted among 100 currently married women where 50 Limbu and 50 Dalit women individually. The average family size of Limbu women is 6.42 per household compared to the 7.18 per household for Dalit women.

The literacy status of currently married women between Limbu and Dalit women, out of 50 Limbu currently married women found 56.0 percent (28) literate and 50 Dalit currently married women found 30.0 percent (15) literate. Similarly there are 44.0 percent (22) illiterate currently married women of Limbu and 70.0 percent (35) illiterate currently married women of Dalits. So the higher literacy rate of currently married women in Limbu is found than Dalit. Then education and other factors have also determined the literacy status of both Limbu and Dalit women.

There are currently married women in different age group of Limbu and Dalit. Within Limbu women, 25-29 age groups are higher user who has used 21.9 percent of contraceptive methods and same age group are 27.8 percent highly non-users. Similarly 25.9 percent Dalit women highly used at 25-29 and 30-35 age groups and 30.4 percent of 20-24 age groups

were non- user in Dalit women. Comparatively, family planning methods users of Limbu women are higher than Dalit women.

Out of 28 literate and educated Limbu women 64.28 percent (18) are using the contraceptive method whereas who have a literate but no education, currently married Limbu women 30.8 percent have used the injectable. Similarly lower secondary (23.1%), secondary (23.1%), primary (15.4%) and S.LC. and above (7.7%) used the injectable respectively. But by the education level most of Limbu women have to use a very view another contraceptive method.

According to education level, Out of 15 Dalit women 46.66 percent (7) are using the contraceptive method. While currently married Dalit women who have literate but no education, 33.3 percent used injectable of contraceptive method. Followed by lower secondary (16.7%), secondary (no one), primary (33.3%) and S.LC. and above (16.7%) used the injectable. But by the education level most of Dalit women have to use a very view another contraceptive method.

The data provides the percentage distribution of currently married women who are currently using contraceptive method by age and cast/ethnic group. Most of the currently married Limbu women are concentrated in age of 24-44 years, while Dalit women are also concentrated in same age group. Limbu and Dalit women are more conscious to use of different contraceptive method in that age. Small part of proportion of Limbu and Dalit user concentrated in the age of 15-19 and 45-49 years. All data indicates that current user of contraception is higher for intermediate age compared to the younger and older age for both Limbu and Dalit age groups. Similarly, age group of currently married women whose plan to use the contraception that is highly married ages.

The highest 36.0 percent (18) of Limbu women said suitable period for sterilization is after having one son and one daughter and 32.0 percent Dalit women too. Whereas 26.0 percent of Limbu women and 28.0 percent Dalit women want to use the sterilization after having two or three children. Out of 50 Limbu women the lowest 2.0 percent (1) said "don't know" and out of 50 Dalit women the lowest 2.0 percent (1) said after having one daughter for the sterilization.

Currently married non user women who are not intended to use any contraceptive methods were asked why they are not using the contraception. Out of 18 not user Limbu women the main reason of non use is absent of husband (33.3 %). Desire of son (27.8), fear of side effect (27.8) and against religion (11.1) are another reason of non user respectively. But no one is in reason of sexual displeasure. Out of 23 not user Dalit women, the main reason of not use is absent of husband (39.1%). Desire of son (26.1), fear of side effect (26.1) and sexual displeasure (8.7%) are another reason of non user respectively. But no one is in reason of against religion.

Currently married women who are currently using any method of contraception at the time of survey are asked whether they have any side effect from specific methods they used. Out of 32 Limbu user women 37.5 percent(12) feeling any side effect while out of the 27 Dalit user women 48.11 percent (13) feeling any side effect.

Out of 12 currently married Limbu women, 33.3 percent (4) and out of 13 Dalit women, 30.8 percent (4) effected of irregular menstruation after using the contraception. Similarly, Limbu women are 16.7, 25.0, 8.3, 8.and 8.3 percent and Dalit women are 23.1, 23.1, 15.4, 0.0 and 7.7 side

effect of over bleeding, weakness, weight loss, headache and other respectively.

6.2 Conclusion

Contraceptive methods use is one of the important determinants of fertility. The current pattern of contraceptive use among users of injectable is obtained higher and other methods of contraception user are least proportion in both the Limbu and Dalit women. Main causes of this difference are socio-economic factors.

The small proportion of contraceptive user of currently married women is concentrated to 24-44 age groups. All data indicates that current user of contraception is higher for intermediate age compared to the younger and older age for both the Limbu and Dalit age groups. Similarly, age groups of currently married women whose plan to use the contraception that is highly married ages.

One of important reason for sterilization is the desire that they want after having one son and one daughter. This indicates that women don't want to bear more children by both Limbu and Dalit caste/ethnic groups.

One of the main causes for contraceptive non user currently married women is the absence of their husbands because they usually go to the other regions within the Nepal and abroad for employment. Secondly, other causes are desire of son and fear of side effect to the non-user women. It shows that some proportion of currently married women has preferred for son and they also fear of side effect to using contraceptive.

Health post are playing major role for providing contraceptive method and easier to go to that place. Most of the currently married women have informed about contraception from health worker.

To conclude the proportion of Limbu women about knowledge and use of contraception is higher than Dalit women. Then the level of education and literacy status of both Limbu and Dalit women determines of their knowledge and use of contraception.

6.3 Recommendations

It is found that Dalit women have lower literacy status than Limbu women because of social, economic and education level. Knowledge and use of contraceptives are determined by their practice in using the different method. In order to increase the knowledge and use of contraceptive methods among the currently married women there should be given more priority to educational program for using contraceptive method.

-) There is wide difference about knowledge and use of contraception between Limbu and Dalit women so family planning programme should be emphasized in Mangjabung VDC.
-) Local leader, social worker and women right workers should be increased to effectively participate in family planning movement.
-) Some proportion of currently married women preferred in desire of son and fear of side effect. These types of traditional concept should be changed by effective programme and modern thought.
-) Injectale method is most familiar method in the study area. But small proportion of women is using other methods. Therefore, there should be motive couple towards other methods through the effective educational and counseling programme.

-) Larger number of currently married women has not practiced contraceptive methods. So, there should be launched the programme for the targeted group to promote their participation in using the contraception.

6.4 Recommendation for the Further Area of Research

This study has carried out the knowledge and use of the contraceptive methods among currently married Limbu and Dalit women. This result may not cover all women to their practices in contraceptive methods.

This study is based on only currently married Limbu and Dalit women. Similar type of study can be research on different community. In this way, other variables may be carried out for further study. Such as, culture, religions, social and economic status etc.

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QUESTIONNAIRE

Comparative Study about Knowledge and Use of Contraceptive Methods among Limbu and Dalit Women, Magjabung VDC, Panchthar

Date of Interview: -----

A. General Information

1. Name of

Respondents': ----- Caste: -----

Age -----

Religion: -----

Ward No: -----

B. Socio-economic and Demographics

1. Types of family:

- a) Joint b) Nuclear

2. Total number of family member: -----

- a) Male ----- b) Female -----

3. Language:

- a) Limbu b) Nepali c) Others

5. Can you read and write?

- a) Yes b) No

6. If you can, up to which grade have you passed?

- a) Lit but no education b) Lower-secondary c) Secondary
d) SLC above

7. What is your occupation?

- a) Agriculture b) Service c) Labour d) House-wife e) Other

8. What does your husband do?

- a) Farming b) Service c) Labour
d) House wife e) Other

9. Do you have your own land for agriculture?

- a) Yes b) No

10. Do you have toilet facility at your home?

- a) Yes b) No

11. Does your household have?

- a) Solar-power b) Telephone c) Television
d) Radio e) Other

12. What is the main source of your drinking water?

- a) Piped water b) Kuwa c) Stream d) other

C. Knowledge of Contraceptive Method

13. Have you ever heard about family planning method?

- a) Yes b) No

14. If yes, which method have you heard?

- a) Pills b) IUD c) Injectable d) Female sterilization
e) Male sterilization f) Condom g) Norplant
h) Foaming jelly i) With-drawl j) Periodic Abstinence

15. Do you have information about family planning method?

- a) Yes b) No

16. What is the source of information about family planning methods?
- a) Newspaper
 - b) Radio
 - c) TV
 - d) Health worker
 - e) Husband
 - f) Friend
 - g) other specify
17. Do you know the source of contraceptive supplies?
- a) Yes
 - b) No
18. If yes, what are they (multiple response)
- a) Hospital
 - b) Health post
 - c) Private clinic
 - d) other
19. When did you know about contraceptive method?
- a) After marriage
 - b) Before marriage
 - c) No remember
20. Do you discuss family planning method with your husband?
- a) Yes
 - b) No
21. If yes, how many times do you discussing with your husband about family planning method?
- a) 1-2 times in a year
 - b) 2-3 times in a year
 - c) many times
 - d) No discuss
22. Which is the best child bearing age?
- a) 15-19 years
 - b) 20- 29 years
 - c) 25- 29 years
 - d) 30-35 years
 - e) +35 years

D. User and Non User of Contraceptive

23. Have you ever used family planning methods?

- a) Yes b) No

24. If yes, which methods are using?

- a) Female sterilization b) Male sterilization c) Condom
d) Injection e) Implant f) IUD g) Periodic abstinence
h) With drown i) other

25. If no, what are the cases? (Multiple response)

- a) Sexual displeasure b) Against Religion c) Desire of son
d) Fear of side effect e) other

26. How long have you or your spouse been using a family planning method?

- a) 1-5 months (b) 6-11 months (c) 1-5 years d) 4-10 years

27. Have you ever got pregnant while using a family planning method?

- a) Yes b) No

28. if yes, which method was?

- a) ----- b) ----- c) ----- d) -----

29. Do you notice any side effect while using a family planning method?

- a) Yes b) No

30. If yes, please mention what type?

- a) Irregular menstruation b) Over bleeding c) Weakness
d) Weight gain e) Weight loss f) Headache g) other

31. Do you regret that you / your husband had the operation?

- a) Yes b) No

32 why do you regret the operation?

- a) Want another child b) Husband wants another child
- c) Side effect d) Marital status has changed
- e) Operation failed f) Child died g) other

33. How long does it take you to travel from your home to this place?

- a) 1-29 minute b) 30-59 minute c) 60+minute

34. Where do people usually go to get family planning services?

- a) Hospital b) Outreach clinic c) NGO clinic d) Pharmacy
- e) Private clinic/ Nursing home f) don't know g) other

35. Do you plan to use family planning methods in future?

(For none -users only)

- a) Yes b) No

36. If yes, which method do you plan to use?

- a) Condom b) Pills c) Depo-Provera d) IUD
- e) Norplant f) Norplant g) Female sterilization
- h) Foams/Jelly i) other (specify)

37. In your opinion, who should be sterilization?

- a) Husband b) Wife c) any one of them d) Don't know
- e) No response

38. In your opinion, when couple should accept sterilization?

- a) After having one children b) After having one son or one daughter
- c) After having two or three children
- d) After having more than three children e) After having one son
- f) After having one daughter g) Don't know