

CHAPTER - I

INTRODUCTION

1.1 General Background

Family planning is the process of controlling birth of children by using contraception (Oxford Dictionary). Family planning is one of the methods to control high population growth. It is the programme that enables the individuals and couples to develop knowledge on contraceptives and responsible behavior towards the rapid population growth with the aim of maintaining birth space, preventing unwanted pregnancies, maintaining all births planned, reducing high infant and maternal mortality, preventing STDs and improving over all reproductive health status of people so that couples can develop their capacity to determine how many children to have and not to have and motivated towards small family norms. It is the practice of obtaining ideal size of population by using birth controls.

Family planning is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples to promote the health and welfare of the family and to contribute for the social development of the nation. It also refers to practices that help individuals and couples to attain certain objectives (WHO expert committee, 1971, cited in Population Bulletin, 2000).

Family planning is a programme which enables couples to decide freely and make responsible for the number of spacing of their children. It can also be understood as a way of management of a family. It is the word that can be used synonymously with many other words such as birth planning, birth control, fertility regulation and planned parent hood. It implies a general reproductive strategy, but it is not used to give the meaning of just contraception (The Dictionary of Demography).

There is no any specific mathematical law to the ideal size of population but the people in developing countries are found facing the problems of over population . Our country Nepal is a developing country so it is not free from the problems of over population. The population of our country Nepal is found growing rapidly from the last few decades. It is increasing so highly that it has reached 23.1 millions in 2001

AD where as it had just 11.6 millions in 1971 AD and 15 millions in 1981 AD. In Nepal TFR is 4.1 per woman and population growth rate 2.25 percentage per annual in 2001 A.D. (CBS, 1971, 1981, 2001 A.D.).

Fertility is one of the most important component of population change. Most of the developing countries in the world are seen suffering from higher fertility rate. Our country Nepal is also suffering from same problems. One of the key and responsive factor for the above problem is misunderstanding on family planning and low contraceptive prevalence rate. In Nepal, the contraceptive prevalence rate (CPR) has been increasing but it is still very low in comparison to several developed and developing countries. It was 3 percent in 1976, 7.6 percent in 1981, 15.1 percent in 1986, 25 percent in 1991, 29 percent in 1996, 38.9 percent in 2001 and 48 percent in 2006 AD (Thapa, 2007).

As mention above , the percentage of female sterilization were 12.1, 13.3, 16.5, 18 percent respectively in the year 1991, 1996, 2001 and 2006 AD in Nepal. The percentage of male sterilization had not seen satisfactory in Nepal, which had 7.5, 6.0, 7.0 and 6.3 percent respectively in the year 1991, 1996, 2001 and 2006 AD (NFFS, 1991; NFHS, 1996; NDHS, 2001 and 2006 A.D.).

To discuss the matter of contraception and family planning, we should not ignore situation and reality of the present society. Most of the Nepalese youths enter into marriage life and experience physical contact when they are in teens. Nepal health survey 2001 reveals the facts that the average age at marriage of males is 22.9 years and 19.5 years of females. Likewise male experience sexual relation at the age of 18.8 years and females experience at the age of 16.7 years. This clearly indicate the need of using family planning methods (Budhathoki, 2006).

Though, several Studies shows that adaptation of means of contraceptives and practice of males and females sterilization percentage is very low in Nepal but many efforts have been conducting here to obtain ideal family size and to improve women's reproductive health .Many governmental agencies , NGOs, INGos are engaged in this field with many target objectives such as saving women's life, maintaining birth space, avoiding unsafe abortion and others. For meeting the above objectives, they have been launching a lot of programmes through the medium of pamphlets,

hodingboards, news and radio and television programmes to raise awareness in people about the benefit of contraceptive use .

1.2 Statement of the Problem

Nepal is a Landlocked, socially and economically underdeveloped country. According to the food survey report 2010 AD, about 24 percentage of people here are found remaining under the marginal line of poverty. The people those who are living here backward in the condition of obtaining sound health and educational facilities. Low productivity, high population growth, unemployment, lack of industrialization and traditional agricultural system are the common problems of Nepal. As the unemployment, poverty, low productivity, lack of health care facilities, illiteracy are the emerging problems of Nepal. The programmes related to population management should be implemented to overcome these problems.

Family planning is one of the major component of reproductive health. It can save woman's life, plan the number of children, maintain intervals between births, avoid unsafe abortion, provide treatment to the couples in the case of infertility and help to prevent sexually transmitted diseases (STDS). The greatest contribution of family planning programme is that it supports to reduce high infant and maternal mortality rate in one hand and on other hand it controls high fertility rate and over population growth. So, utilization of family planning method or demand of contraceptive is increasing day per day. With adequate support, family planning programme can do more to assure that all pregnancies and birth are planned. However, in the context of Nepal the family planning (FP) efforts has been very weak (Pathak, 1996).

Several studies shows that people have high level of basic knowledge on family planning. Nepal demographic health survey (NDHS, 2001) demonstrates that the knowledge of at least one modern family planning method is almost universal which was 98 percent in reproductive aged women and 99 percent in men. In such condition, there arise a fundamental question “ if the knowledge of at least one modern family planning method is almost universal, why is the contraceptive prevalence rate (CPR) low in Nepal ?”

The subject of use of FP is a hot discussion in a present society. Despite efforts from different institution that are involved in the promotion and distribution of the means

of family planning in different parts of the country, the contraceptive prevalence rate is yet to be found in desirable level. Observation regarding the use of FP methods in other countries shows that even if the campaign regarding the dissemination of knowledge, attitude and practice of FP program was started at the same time period there is found lower prevalence in Nepal in comparison to other countries. Therefore, it compels to seek answer:

-) Why is population growth rate still high in Nepal ?
-) What are the factors responsible for low contraceptive prevalence ?

On the basis of caste, the contraceptive prevalence rate of Dalit and Muslim women were found very less in our country Nepal in comparison to Newar, Brahman and Chhetry in 2001 AD. According to NDHS 2001, it was 15 percent for Muslims and 28 percent for Dalits. As Badi women are also belonging to untouchable Dalit community, their condition is backward, helpless, ignorant and hated by everyone. Most of the Badi families of our country Nepal are land less and found being compelled remaining in extreme poverty. In such condition, the situation of Badi Females are worse and miserable . In the past Badi women were treated as slave and had the job of singing and dancing in the palace of several “Bhure” “Takure” or ‘Baise’, ‘Chaubise’ King of old Nepal. But after that it is because of extreme poverty and miserable condition, they got involved (still now a days also) in the act of prostitution (improvement is appearing in it). In such condition this study will be based on the following research questions.

-) What is the knowledge and attitude toward the family planning methods of Currently married Badi women of reproductive age ?
-) What is the current level of contraceptive use among them ?
-) What are the reasons for using or non using contraceptive methods ?
-) Do they aware of the side effect of sterilization and modern contraceptive methods ?

1.3 Objectives of the Study

The general objectives of the study is obtaining knowledge attitude and practices towards family planning methods among currently married Badi women of reproductive age group (15-49) years in shreegaun VDC ,Dang.

The specific objectives of the study are as follows.

-) To analyze the knowledge and use of family planning method among currently married Badi women aged 15-49 years.
-) To identify the reasons for the use or non use of contraceptive methods .
-) To find out the socio-economic and demographic determinants of the use of family planning methods.

1.4 Signification of the Study

Obtaining quality of life is the fundamental right of people, but for this there should have well management of population, and balance should be maintained between population size and food production. The high population growth is the emerging problem of our country both in village and town, the practice of using family planning methods should be developed for its management.

Knowledge attitude and use of family planning methods in any area is affected by education, employment and place of residence. In this condition, Badi women are found uneducated, jobless, landless and being involve in prostitution. The study will mainly focus on, what they enact towards family planning methods and contraceptive devices. This study will cover the information on both permanent and temporary methods of family planning.

This study is the first research in related area. It will provide little but essential information to the people of different community, governmental, nongovernmental, international nongovernmental organizations who are collecting the information about reproductive behaviors and use of contraceptive devices in Badi community.

The study will provide basic information to the planners and policy makers to lunch effective family planning programmes in related fields and to formulate family planning policy based on Badi community.

1.5 Limitation of the Study

-) This study is mainly based on currently married Badi women of reproductive age (15-49) years in Shreegaun VDC, Dang .
-) The study does not cover entire population size of VDC. Its sample size is very limited.
-) The study only covers knowledge, attitude and practice towards family planning methods.

1.6 Organization of the Study

The study has been organized into six chapters. They are Introduction, Literature Review, Research Methodology, Data Analysis and Household Information, Data Analysis and Respondents information and summary conclusion and recommendations.

-) The first chapter has begun with it's introduction, deals with general background, statement of problem, objectives of the study, signification of the study, limitation of the study and organization of the study.
-) The second chapter deals with the literature review, conceptual framework and selection of variables.
-) The third chapter methodology includes introduction of study area, questionnaire design, sample design, source of data, method of data collection and data analysis and interpretation.
-) The forth chapter demographic information includes household information and respondents information.
-) The fifth chapter deals with knowledge of family planning method, attitude towards family planning and practice of family planning methods.
-) The sixth chapter includes summary, conclusion and recommendation of the study.

CHAPTER - II

LITERATURE REVIEW

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

2.1 Global View and Situations

Family planning is one of the major component of reproductive health. It can save human lives, avoid unwanted birth, regulate the interval between pregnancies, control the time at which birth occurs in relation to age of parents , provide treatment in the case of infertility to the couples, determine the number of children in the family and prevent the transmission of sexually transmitted diseases (STDS). Consequently, it helps to reduce infant and child mortality rate in one hand and on other hand it controls high fertility rate and over population growth. So the utilization of family planning has been increasing day per day, as means to birth controls recognized early in the development process (ICPD, 1994).

Among the various component of reproductive health, family planning is central to all other component (UNFPA, 1999). Family planning gives freedom and right to the people about the number and spacing of their children , to have the information and means to do so and to ensure informed choices and make available the full range of safe and effective methods are the aim of family planning programme. The principle informed free choice is essential to the long term success of family planning programme (ICPD, 1994).

The world as whole, contraceptive prevalence rate (CPR) of any modern method for 1998 has reached 58 percent (UNFPA, 1999:67). This implies that almost 6 out of 10 couples with the wife in reproductive age are currently using contraceptive. This reflects a rapid recent increase in contraceptive use in developing countries, where the advantage level of current use of any method is estimated at 55 percent of couples (UN, 1999). In developing countries, the CPR has risen sustainably from less than 10 percent in the 1960s to 55 percent in 1999 and it continues to rise. It is projected for

the developing region that CPR will increase to the level of 64 percent by 2010 AD and 73 percent by 2025 AD (UN, 1998: 33).

Table 2.1

Percentage of Married Women using Family Planning Methods in World, 2008

S.N	Contraceptive methods and family planning Methods	Percentage
1	Any methods	63
2	Traditional methods	7
3	Modern methods	57
4	Pills	8
5	IUD	14
6	Injection	4
7	Condom	6
8	Male sterilization	4
9	Female sterilization	21
10	Other modern methods	1

Source: family planning worldwide 2008 data sheet.

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

Africa has the lowest contraceptive prevalence among all the major area of the world, with only 27 percent of women of reproductive age who are married or in union using contraceptives. This level compares unfavorably with the level of 60 percent or more exhibited by the two other areas in developing world. Further more, contraceptive prevalence is even lower in sub – Saharan Africa where it average barely 20 percent in the late 1990s (UN, 2002: 3).

Sub-saharan Africa has the highest fertility of any world region- 5.4 births per woman in average- double that of Asia (excluding China) and more than three times that of Europe. Birth rates in the region are so high that even in the face of high AIDS mortality in some countries, the regions 2008 population of 809 million is projected to increase to 12 billion by 2025 (Karl and Kant, 2008).

In Asia, 61 percent of women of reproductive age who are married or in union use contraception in the late 1990s. Among the Asian regions, eastern Asia with 82 percent contraceptive prevalence, exhibited the higher level of contraceptive use in the world (UN, 2002:6).

The knowledge of any methods (traditional or modern among currently married women is almost universal in all SAARC countries except Bhutan and Pakistan. IN Pakistan 75 percent and in Bhutan 51 percent of currently married women are aware of at least one contraceptive methods (Pathak, 1999:67).

Table 2.2
Percentage of Married Women using Family Planning Methods SAARC, 2008

Name of country	Any Method	Modern Methods
Afghanistan	10.3	8.5
Bangladesh	55.8	47.7
Bhutan	30.7	30.7
India	56.3	48.5
Maldives	39.8	34.8
Nepal	48	44.2
Pakistan	29	21.7
Srilanka	70	49.5
World	63	57

Source: Family Planning World Wide 2008 Data Sheet.

Knowledge of contraceptive method is nearly universal in India, with 99 percent of currently married women have known at least one modern method of contraception. Female sterilization is the most widely known method in India, known by 98.9 percent, male sterilization is known by 89.3 percent (NFHS-2, 1998/99:128) .

The pills is the most known method, modern methods are better known than traditional methods in Srilanka (SDHS, 2000:83).

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

2.2 National View and Situation

Family planning continues to be a priority in the 10th development plan. The objectives of Nepal family planning programme include reducing the population growth rate, promoting the concept of small family norms to the population in general and rural population more specifically, increasing the availability of and the demand for family planning service, providing high quality service and reducing unmet need. The Nepal family planning programme also aims to expand and sustain adequate family planning service at the community level utilizing all health facilities (ministry of health and population). To achieve this, family planning mobile camps have been lunched in the remote areas to increase peoples access to family planning service and private sector and NGOs have been encouraged to play a more effective role in the national family planning programme (NCP, 2002).

Family planning improves the health of children and mothers. Children are more likely to face ill and die if they are born to close together (less than two years a part). Having too many children too quickly also increase the mothers at risk of having complication during pregnancy and delivery, if a woman become pregnant when she is too young or too old, her chance having complication increase. Family planning helps the entire family, father, older children and even grand parents raising children required a lot of time energy and money especially if children were provided adequate food, clothing, education and other opportunity. They need to have good change in life (Arkutu, 1995). Family planning helps to provide more resources in family by limiting the size (K.C, et al., 1997).

In nearly all developing countries, the number of women of reproductive age (ages 15-49) will grow between 2005 and 2015 because of the large numbers of young people in these countries. In addition, the demand of contraceptives is projected grow due to couple's desires small families. As a result, the total cost of contraceptive

supplies to meet couples needs is projected to rise by nearly 50 percent (in today's US dollars) in countries such as Tanzania and Nepal (PRB, 2008).

The knowledge of at least one modern method of family planning is almost universal among both men and women. The most widely known modern contraceptive method among currently married women are : injection (99 percent), female sterilization (99 percent), Condom (97 percent) male sterilization (96 percent), pills (95 percent), implants (84 percent), two in three women have heard of IUD and 7 percent of women have heard of emergency contraception methods . The greater proportion of women and men reported knowing a modern method than a traditional method. Similarly, the most commonly used modern method are: female sterilization (18 percent) injectable (10.1 percent), male sterilization (6.3 percent), condom (4.8 percent), pills (3.5 percent), IUD (0.7 percent), implant (0.8 percent). The proportion of women who are using a modern method has increased by nearly 9 percent, which was 35.4 percent in 2001 AD and 44.2 percent in 2006 AD (NDHS, 2006) .

Table 2.3

Percentage of Married Women using Family Planning Methods in Nepal, 2008

S.N	Contraceptive and family planning methods	Percentage
1	Any method	48
2	Traditional Method	3.7
3	Modern method	44.2
4	Pills	3.5
5	IUD	0.7
6	Injection	10.1
7	Condom	4.8
8	Implants	0.8
9	M.S	6.3
10	F.S	18

Source: NDHS, 2006.

Contraceptive use varies by the place of residence. Women of Urban areas are more likely to use a family planning method than rural women. The contraceptive

prevalence rate for modern method is 54 percent in urban areas compared with 43 percent in rural areas (NDHS, 2006).

In the context of Nepal 1996, Nepal birth death and contraception survey (NBDCS) showed that about 74 percent of married women had knowledge of any family planning method, while the percentage of currently married women using contraceptive was found to be 30 percent (KC, Pathak and Subedi, 2000).

There are many factors which affect the use of family planning service. Each factors may have more or less influence depending on socio-economic, cultural and religious intermediate determinants of fertility mostly affected by various socio-economic, demographic, cultural, psychological and other factors (Aryal, 2002).

There is positive relationship between use of family planning and level of education of husband/wife. As the level of education of husband and wife increase, the proportion of contraceptive users also increase. There are significant differences in rate of use between husband and wife education the rate of use of women of any educational categories exceeds the corresponding rate for husband. A significant variation exists within primary and secondary categories. For example, contraceptive prevalence rate was observed 30.3 percent for women with primary education while women whose husband completed primary education, contraceptive prevalence rate was 23.7 percent (MoH, 1993: 59).

There has been five fold increase in the percentage of currently married women, who have heard about modern methods of contraception in the last 25 years (from 21% in 1976 to nearly 99% in 2006 AD). This high level of knowledge is a result of the successful dissemination of family planning message through the mass media as well as inter-personal communication established through FCHVS and TABS (NPR, 2007).

Contraceptive use varies by age. Use is lower among younger women because they are in the early stage of family building, and among older women some of whom are no longer fecund, than among those at intermediate ages (NDHS, 2001: 78). Out of total women who sterilized, 71 percent were sterilized before age of 30 and 29 percent were sterilized before age of 25 (NDHS, 2006).

Family planning information is largely received through the radio, with limited exposure through the television and print media. 68 percent of women heard about family planning on radio, 40 percent from television and 15 percent read it in news paper (NDHS, 2006).

Twelve percent of all women first used a method of family planning when they have 4 or more children. 6 percent of all women first use a method a family planning at the time when they had no children and 14 percent use it first after the birth of their first child (NDHS, 2006).

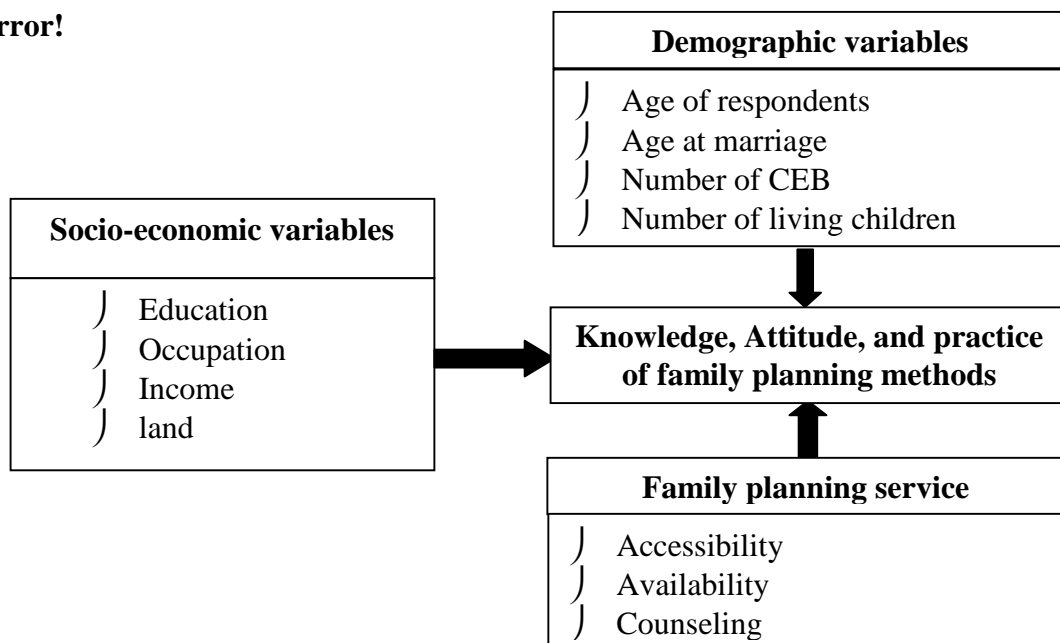
Among Nepalese ethnic groups, Newars had the highest (19.4 percent) contraceptive prevalence rate and it was followed by Brahman (14.6 percent), Chhetry (11.6 percent), Thakury (6.6 percent), Tharu (5.5 percent), Magar (4.7 percent) and Muslims (1.8 percent) (Tuladhar, 1986:223).

2.3 Conceptual Framework

Demographic factors like age of respondents, age at marriage, number of CEB, number of living children, socio-economic factors like education occupation, income, religion and family planning service like accessibility, availability and counseling affect knowledge, attitude and practice of family planning methods.

Figure 2.1

Error!



2.4 Selection of Variables

Simply the study consist of two types of variables

1. Demographic variables

-) Age of respondents
-) Age at marriage
-) Number of CEB
-) Number of living children

2. Socio-economic variables

-) Education
-) Occupation
-) Income
-) Religion

The main aim of this study is to analyze the knowledge and use of family planning methods in study area. So, number of CEB, age of respondents, age of marriage, education and occupation are the main influencing variables of the knowledge, attitude and practice of family planning.

CHAPTER - III

METHODOLOGY

Research methodology is the way of solving research problem systemically. It is the science of study how research is done scientifically. It is methodology that support to collect reliable data from research areas and presentation of collected data .

3.1 Introduction of Study Area

The study area of this research is Badi residential area of Shreegaun VDC, Dang. Dang is located in mid western development region and Rapti Zone of our country Nepal, with having total area 2955 Square Km and population size 462,380 according to the census of 2001 AD. In Dang District, there are some Badi residential area named as **Pakraiya, Parseni** and **Bagar Chirkoti**. Bagar Chirkoti which is located in Shreegaun VDC Situated nearly 36 km west from district headquarter Ghorahi and 11 km west from Zonal headquarter Tulsipur, is the study area of this research.

The total population of Shreegaun VDC is 6602 composing male population 3221 and female population 3381 with household numbers 1227 according to the census 2058 B.S. As the study area is Badi community, Badi males and females have no enough food, no enough land, most of them are uneducated ,standard of living is low and found facing extreme poverty.

3.2 Selection of Study Area

The study area of this research is Bagar Chirkoti, which is purposively selected and located in Shreegaun VDC of Dang district. The study is based on currently married Badi women of reproductive age (15-49) years. Badis are belonged to untouchable Dalit community. They are helpless, ignorant, backward and hated by everyone, even other Dalit groups also hate them and ignore to take them to their house. Badis are deprived by socially, have low economic status and due to which some of them are involving to prostitution also. I determine to study this area because I also belong to same VDC. As literate person, I gave stress on them and tried to illustrate their knowledge and practice toward family planning.

3.3 Questionnaire Design

Two types of questionnaires have been designed in the study to obtain household and individual information to complete this research. The household questionnaires have been asked to the head of the household and individual questionnaires have been asked to the married women of reproductive age.

3.3.1 Household Questionnaires

Household questionnaires have been designed to obtain reliable information on age, sex, marital status, relationship with head of the family, educational status, occupation etc.

3.3.2 Individual Questionnaires

Individual questionnaires have been designed for study to collect information on individual's knowledge of family planning method (both permanent and temporary), attitude towards contraception and practice of sterilization and contraceptives .

3.4 Sample Design

The total number of Badi households in study area are 52. In the study, all the households of Badis are taken as sample. To complete the research, information is collected from 66 currently married women of reproductive age (15-49) years, including all households. All women age (15-49) years are interviewed for the understanding of their knowledge towards family planning.

3.5 Source of Data

This study is mainly based on primary and secondary sources of data collection. Out of two, primary data are obtained from field survey, interview and structured questionnaires. Secondary data are obtained from survey report, census report, news papers, bulletins and official reports.

3.6 Method of Data Collection

Data collection is the procedure of collecting information from the study area. To collect the information, questionnaires are prepared and interviews are taken with respondents. Two separate interviews are taken with household persons and

respondents. One is done to collect information on demographic and socio-economic characteristics and the next is done to collect information on knowledge attitude and practice of family planning.

3.7 Data Analysis and Interpretation

The collected data and information are presented in different tables. The data and information are analyzed according to percentage, frequency, cross tables, pie-chart and bar-diagrams. Tabulation is the final stage for the interpretation of the data. Data are tabulated into different headings and tables are described and analyzed according to the objectives.

CHAPTER - IV

DEMOGRAPHIC INFORMATION

This chapter is an important part of the research. It is separated in household information and respondents information. It provides information on demographics and socio-economics characteristics of household population and respondents of the study area. Household information includes Age sex structure of Household population, types of house, household facilities and ownership of agricultural land where as, respondents information includes age of respondents, marital status, age at marriage, educational status and occupation.

4.1 Household Information

4.1.1 Age sex structure of household population

Table 4.1: Age and Sex Structure

Age Group	Sex				<u>Total</u>		Sex ratio
	Male		Female				
	No.	%	No.	%	No.	%	
0-4	23	13.2	21	11.5	44	12.3	109.5
5-9	19	10.9	24	13.2	43	12.1	79.16
10-14	24	13.8	24	13.2	48	13.5	100
15-19	18	10.3	19	10.5	37	10.4	94.7
20-24	16	9.2	16	8.8	32	9.0	100
25-29	13	7.5	13	7.2	26	7.3	100
30-34	11	6.3	12	6.6	23	6.5	91.7
35-39	12	6.9	11	6.1	23	6.5	109.1
40-44	9	5.2	10	5.5	19	5.3	90
45-49	9	5.2	9	4.9	18	5	100
50-54	7	4.1	7	3.8	14	3.9	100
55-59	6	3.4	7	3.8	13	3.7	85.7
60-64	3	1.7	4	2.2	7	2.0	75
65+	4	2.3	5	2.7	9	2.5	80
Total	174	100	182	100	356	100	95.6

Source:- Field Survey, 2010.

Age and sex are two important characteristics of population, help for demographic analysis. There are 52 households of Badi's in research area, with total population size 356. Among them 174 are males and 182 are females. The average size of household is 5.9, which is higher than national figure 5.38 based on the census of 2001 AD. The sex ratio of research area is found 95.6, seen different than national level (99.8). According to the table given above, the highest sex ratio is found in the age group (0-4) and the lowest sex ratio is found in the age group (60-64).

4.1.2 Types of House

Houses are of various types found in society. Some are made of mud and stone where as some others are cement, concrete and bricks. According to construction structure the types of house are Kachchi, Pakki, and Semi Pakki.

Table 4.2: Distribution of HH by Types of House

Types of house	No.	%
Kachchi	38	73.1
Pakki	4	7.7
Semi pakki	10	19.2
Total	52	100.0

Source: Field Survey, 2010.

The table 4.2 shows that out of 52 households, 38 house are kachchi, 4 are pakki and 10 are semi pakki in research area.

4.1.3 Household Facilities

Table 4.3: Distribution of Household by Different Facilities

Facilities status	No.	%
Radio	43	82.7
Television	4	7.7
Mobile phone	13	25.0
Electricity	26	50.0

Source: Field Survey, 2010.

The table 4.3 shows that Radio are found almost in every house of the research area. It's percent is 82.7. In the same way television are found 7.7 percent, mobile phone are found 25 percent and facility of electricity is available in 50 percent of the households.

4.1.4 Drinking Water Facility

Nepal is believed as the second richest country, after Brazil in water resources. But in several parts of our country Nepal people are deprived in getting pure drinking water. In study area most of the families are seen depending on public taps in bring drinking water.

Table 4.4: Distribution of Household by Drinking Water Facility

Source of drinking water	No.	%
Tap water	44	84.6
Well water	8	15.4
River water	0	0.0
Tubell water	0	0.0
Total	52	100.0

Source: Field Survey, 2010.

The table 4.4 shows that out of 52 household 44 get drinking water from public taps where as 8 are seen depending on well for it.

4.1.5 Toilet Facility

The trend of using toilet is not so aware in study area. It is might be people's knowledge on public and personal hygiene.

Table 4.5: Distribution of Households by Toilet Facility

Type of toilet	No.	%
khar/paral	12	23.1
Pan	22	42.3
Flush	10	19.2
Traditional (No toilet)	8	15.4
Total	52	100.0

Source: Field Survey, 2010.

According to table 4.5, the trend of using toilet is good in research area. Based on table, out of 52, 12 households have khar/paral toilet, 22 have pan system's toilet, 10 have flush toilet and 8 have traditional or open toilet or they have no toilet facility.

4.1.6 Ownership of Agricultural Land

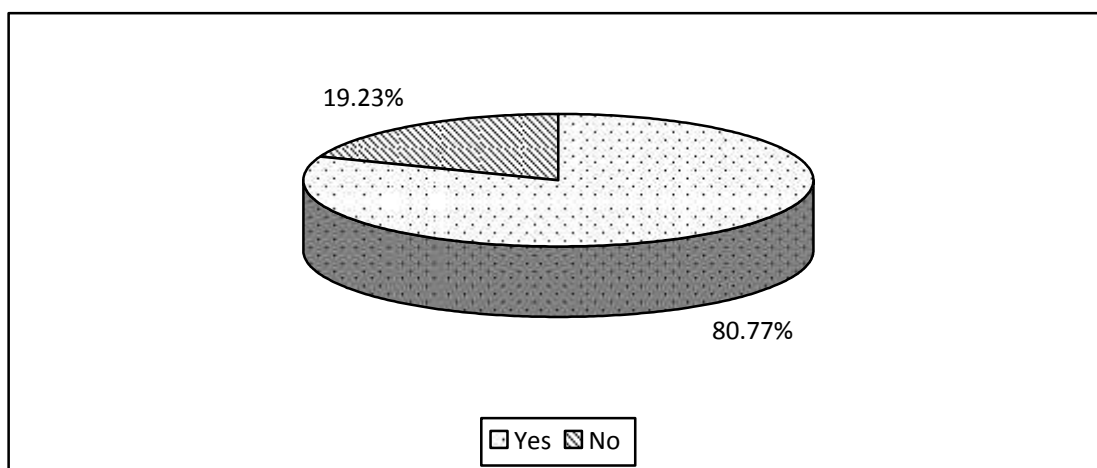
Nepal is an agricultural country, about 65.7 percent of people here are found adopting agriculture as their main occupation according to the census of 2001 AD. But the distribution of agricultural land is not equal here. In study area all households have their own land but some of them have little land for making house only. They do not have agricultural land and can not grow sufficient food for living.

Table 4.6: Distribution of Household by the Ownership of Agricultural Land

Own agricultural land	No.	%
Yes	42	80.77
No	10	19.23
Total	52	100.0

Source: Field Survey, 2010.

Figure 4.1: Distribution of Household by the Ownership of Agricultural Land



According to the table 4.6, out of all household 42 (80.77%) have their own agricultural land but 10 household (19.23%) do not have their own agricultural land.

4.1.7 Income

The level of income plays an important role to determine the level of living standards of the people. It is found that the people with high standard of living have high contraceptive prevalence rate and people with low standard of living have low contraceptive prevalence rate.

Table 4.7: Distribution of Households by Monthly Family Income

Income size	No.	%
Rs 1000-2500	17	32.7
Rs 2500-5000	25	48.1
Rs 5000-10000	6	11.5
More than10000	4	7.7
Total	52	100.0

Source: Field Survey, 2010.

The table 4.7 shows that among 52 households 17 families have monthly income Rs 1000-2500, 25 families have monthly income Rs 2500-5000, 6 families have monthly income Rs 5000-10000, and 4 families have monthly income above than Rs 10000.

4.2 Respondents Information

4.2.1 Age of Respondents

Table 4.8: Distribution of Respondents by Age

Age of respondent	No.	%
15-19	9	13.6
20-24	12	18.2
25-29	11	16.7
30-34	11	16.7
35-39	10	15.1
40-44	8	12.1
45-49	5	7.6
Total no of respondent	66	100.0

Source: Field Survey, 2010.

Age is one of the important factor that can varies the reproductive behaviour of the people. The table 4.8 shows that the proportion of the respondent of the age group (20-24) is higher than that of others, which is followed by the age group (25-29) and (30-34).

4.2.2 Marital status

Information on marital status is obtained from all those members of the households who have completed ten years of age.

Table 4.9: Distribution of Respondents by Marital Status

Marital status to respondents	Sex				Total	
	Male		Female			
	No.	%	No.	%	No.	%
Married	85	64.5	92	66.8	177	65.8
Unmarried	47	35.5	45	33.2	92	34.2
Total	132	100	137	100	269	100

Source:- Field Survey, 2010.

According to the table 4.9, out of 132 males and 137 females, 85 males and 92 females are married and 47 males and 45 females are unmarried. The table shows that the married percent of both males and females are higher than the unmarried percent of both.

4.2.3 Age at Marriage

Table 4.10: Distribution of Respondents by Age at Marriage

Age of marriage	No.	%
Under- 15	13	19.7
15- 19	47	71.2
20 and above	6	9.1
Total	66	100.0

Source: Field Survey, 2010.

Marriage is the legal union of the people of two opposite sex as male and female, the legality is bond by law of nation, tradition and social norms values and culture.

Age at marriage is one of the important aspect that can affect fertility capacity of the females. Early years marriage is found to be almost universal in Nepal which works for the increasement of fertility rate of the people.

The above table shows that, in study area, the higher number of respondents has got marriage at the age of (15-19) years (71.2 percent) about (9.1 percent) of people had got marriage at the age of 20 and above. Where as, (19.7 percent) of people had got marriage under 15 years of age.

4.2.4 Pregnant at the Time of Survey

Table 4.11: Distribution of Respondents by Pregnant at Time of Survey

Pregnant at the time of survey	No.	%
Yes	6	9.1
No	59	89.4
Don't know	1	1.5
Total	66	100.0

Source: Field Survey, 2010.

The activity of being conceive by females after the physical contact of males and females in reproductive age is called pregnancy. The survey report shows that (9.1%) of respondents are agreed of being pregnant, (89.4%) report not being pregnant at the time of survey and (1.5%) do not tell any thing, whether pregnant or not.

4.2.5 Child Ever Born

Table 4.12: Distribution of Respondents by Number of CEB.

CEB	No.	%
0	3	4.5
1	6	9.1
2	12	18.2
3	22	33.3
4	14	21.2
5	6	9.1
6	2	3.1
7	1	1.5
Total	66	100.0

Sources: Field Survey, 2010.

Children ever born is defined as number of living children to women at the time of survey. It is number of living children helps to determine desire for children and use and non use of contraceptive.

The field survey shows that the mean number of CEB is 3.05. Most of the women 22 respondents have three children and 14 have four children. According to table, 3 have no children, 6 have one, 12 have two and 6 have five children. Consequently, 2 respondents have six children and one has seven children.

4.2.6 Educational status

Education is important because it creates consciousness and make people knowledgeable. The knowledge and understanding that we get from education supports people to maintain birth space and to prevent unnecessary pregnancies by motivating them to use birth controls.

Table 4.13: Distribution of Respondents by Education Status

Educational status	No.	%
Illiterate	22	33.3
Literate	38	57.6
Passed SLC and above	6	9.1
Total	66	100.0

Source: Field Survey, 2010.

The table 4.13 shows that out of total 66 respondents 22 of them (33.3%) are illiterate, 38 of them (56.7%) are literate but not passed SLC and 6 of them (9.1%) are found having passed SLC and above.

4.2.7 Occupation

Occupation is one of the most influencing factors for the use and non use of family planning methods. People who are seen engaged in service have high contraceptive prevalence rate (CRP). But the people who are not in occupation or have agricultural occupation, their contraceptive prevalence rate is found low.

Table 4.14: Distribution of Respondent by Occupational Status

Occupation	No.	%
Agriculture	26	39.4
Office work	3	4.5
Trade	3	4.5
Daily ways labour	20	30.4
House wife	14	21.2
Total	66	100.0

Source:- Field survey, 2010.

The table 4.14 shows that the respondents of research area are involved in various occupation. Such as agriculture, office work, trade, dailyways/labour and housewife. Out of total, 26 females are belonging to agricultural, 3 are in office work, 3 are in trade, 20 are in daily ways labour and 14 are in households occupations.

CHAPTER - V

FAMILY PLANNING, KNOWLEDGE, ATTITUDE AND PRACTICE

The main objectives of this chapter is to describe knowledge, attitude and practice of family planning methods. This chapter deals with respondents knowledge towards family planning methods including both permanent measures of family planning and temporary measures of family planning, sources of information about various methods of family planning, knowledge of best child bearing space, practice of using family planning methods, experience of any side effect using contraceptive methods, knowledge of advantage of using contraceptives and reasons for using or non using contraceptives .

5.1 Knowledge of Family Planning Methods

Knowledge of family planning methods among people is almost universal in Nepal. This chapter describes the knowledge of respondents on family planning methods and collect information about the knowledge of contraceptives. To collect the information, currently married women of reproductive age of research area have firstly asked whether they have heard about any family planning methods or not. If they answer yes then they have asked their names. If the responded hesitate to answer or unable to tell any name of family planning methods (contraceptives). Then for their help, the name of different methods such as pills, condom, injection, M.S., F.S. are given to the respondents, then the have been asked whether they have heard any told methods. Their response to the asked questions formed the basic of knowledge of family planning methods.

5.1.1 Level of Knowledge

The level of knowledge have significant role to motivate people for the practice of family planning methods. If the people have proper knowledge about these methods , the chance of their use also will be higher in comparison to the people those who are unknown about it. The level of knowledge of family planning methods among currently married Badi women of reproductive age in shreegaun VDC Dang is tabulating below .

Table 5.1: Distribution of Respondents by Heard of at Least Any Family Planning Methods

Heard any Methods	No.	%
Yes	65	98.5
No	1	1.5
Total	66	100

Source: Field survey 2010

The table 5.1 shows that out of total respondents 98.5 percent have heard about any family planning method and 1.5 percent have not heard about any family planning method

Table 5.2: Distribution of Respondents by the Name of Hearing FP Method

Hearing the FP method	No.	%
Male sterilization	62	93.9
Female sterilization	64	97
Pills	65	98.5
IUD	12	18.2
Injection	64	97
Condom	65	98.5
Implant	42	63.6
Periodic Abstinence	10	15.1
Withdrawal	34	51.5

Source: Field survey 2010

The table 5.2 presents that the knowledge of family planning measures in study area is universal among currently married reproductive aged women. The most popular and widely known family planning methods in research area among currently married reproductive aged women are pills (98.5 Percent), Condom (98.5 percent), Injection (97 percent), Male sterilization (93.9 percent), Implant (63.6 Percent), IUD (Only 18.2 percent). Among traditional methods, withdrawal method is heard by 51.5 percent and periodic Abstinence is heard by 15.1 percent of respondents.

5.1.2 Knowledge of Family Planning Methods by Educational Attainment

Education varies the knowledge of people on family planning methods, generally the people with high level of education have more knowledge on methods in comparison to the people those who are illiterate and have low level of education.

Table 5.3: Distribution of Currently Married Women of Reproductive Age who have Heard about FP Methods by Educational Level

Education level	Methods							Total
	Pills	condom	Injection	IUD	Implant	MS	FS	
Illiterate	21 (95.4)	21 (95.4)	20 (90.9)	0 (0)	12 (54.5)	19 (86.36)	21 (95.4)	22 (100)
Literate	38 (100)	38 (100)	38 (100)	8 (21)	24 (63.1)	37 (97.3)	37 (97.3)	38 (100)
Passed SLC and above	6 (100)	6 (100)	6 (100)	4 (66.7)	6 (100)	6 (100)	6 (100)	6 (100)
Total	65 (98.5)	65 (98.5)	64 (96.9)	12 (18.1)	42 (63.6)	62 (93.9)	64 (96.9)	66 (100)

Source: Field Survey, 2010.

The table 5.3 shows that there is high level of knowledge of people on contraceptive measures and it is increasing with the increasement of the level of education. Most of the respondents in the study area are well known about pills, condom, injections, and they are followed by female and male sterilization. According to the table, 95.4 percent of illiterate females have heard about pills, condom, female sterilization and 86.3 percent of them have heard about male sterilization. Hundred percent of respondents of passed SLC and above have heard about pills, condom, injection, Implant, MS and FS where as 66.7 percent of them have heard about IUD. The level of knowledge of IUD is very week in research area which have no percent (0 percent) for illiterate female and 21 percent for literate.

5.1.3 Source of Information

There are several obstacles in our country due to which people are not getting well access on the information about family planning methods. Mainly geographical

difficulties, poor transportation, lack of education and skill man power, weak management of development infrastructure interrupting to provide the access of people on knowledge of family planning methods. Nepal as a mountainous country, Radio is considered as reliable source to provide any information to people about family planning methods.

Table 5.4: Distribution of Respondents by Knowledge on Source of Information about Family Planning Methods

Source of information	No.	%
Radio	59	89.3
Television	4	6.06
News paper	2	3.03
Friend	53	80.3
Neighbours	40	60.6

Source: Field Survey, 2010.

The table 5.4 shows that out of total respondents 59 of them 89.3 percent have got information through Radio, followed by friends 80.3 percent, neighbours 60.6 percent, Television 6.06 percent and news paper 3.03 percent .

5.1.4 Knowledge on FP Methods by Occupation Status

Occupation status of female is considered as a major determinant of her fertility behaviour. It can varies the knowledge of people on family planning methods. Normally, the respondents who have the occupation of office work and trade have high level of knowledge on family planning where as, females with occupation of housewife and agriculture have low level of knowledge on family planning.

Table 5.5: Distribution of Respondents according to Knowledge on FP by Occupational Status

Occupational status	Knowledge				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Agriculture	25	95.15	1	3.85	26	100
Trade	3	100	0	0	3	100
Office work	3	100	0	0	3	100
House wife	14	100	0	0	14	100
Labour	20	100	0	0	20	100
Total	65	98.5	1	1.5	66	100

Source: Field Survey, 2010.

According to the table 5.5, the women those who have the occupation of trade, office work, labour and housewife, 100 percent of them have knowledge on family planning methods. But the women who are in agriculture occupation 96.15 percent of them have the knowledge on family planning methods.

5.1.5 Knowledge on Family Planning by Time Period

Some females do not get information of family planning methods before or after marriage. Some receive it before marriage and some of others receive it after marriage.

Table 5.6: Distribution of Respondents Knowledge on Family Planning Methods by Time Period

Time period	No.	%
Before marriage	33	50.7
After marriage	26	40.0
Don't Know	6	9.3
Total	65	100

Source: Field Survey, 2010

The table 5.6 shows that 50.7 percent of females had heard about family planning before their marriage 40.0 percent heard it after marriage and 9.3 percent of them could not clearly said when they heard about family planning methods.

5.2 Attitude Towards Family Planning

Attitude towards family planning determines the level of use and non use of contraceptives. Attitude towards birth spacing, discussion between husband and wife about contraceptive methods and others help to reduce fertility and increase the level of contraceptive use.

5.2.1 Attitude Towards Child Bearing Age

It is the age of child bearing, determines the level of use and non use of contraceptives. Female with low child bearing age use less contraceptives whereas female with high child bearing age use more contraceptives.

In this study, at the time of survey , the respondents were asked about appropriate child bearing age of women ,which is presented below.

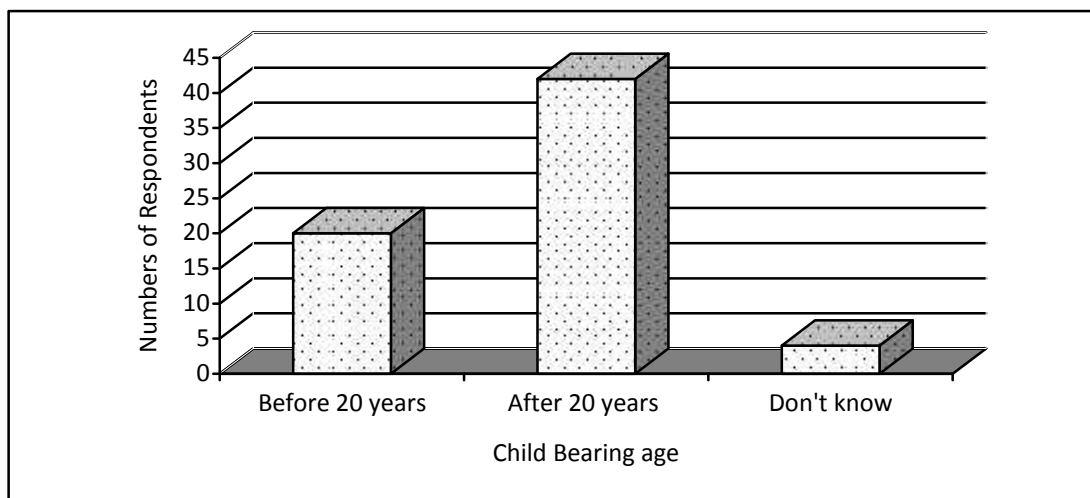
Table 5.7: Distribution of Respondent by Perception about Proper Child Bearing Age

Child bearing age	No.	%
Before 20 years	20	30.3
After 20 years	42	63.6
Don't know	4	6.1
Total	66	100

Source: Field Survey, 2010.

The table 5.7 shows that 63.6 percent of females reported the best child bearing age was after 20, 30.3 percent reported before 20 and 6.1 percent did not answer any.

Fig. 5.1: Distribution of Respondent by Perception about Proper Child Bearing Age



5.2.2 Attitude Towards Birth Spacing

The activity of keeping the space between the birth of two children for the purpose of maintaining sound health of both mother and child is called birth space. It is birth space that can play a vital role to determine contraceptive prevalence rate of couples because most of the couples use contraceptive to space the birth. Attitude towards birth spacing among the respondents is presented below.

Table 5.8: Distribution of Respondents by Opinion about Birth Spacing

Birth spacing	View on birth spacing	
	No.	%
1 year	0	0
2 year	9	13.6
3 year	30	45.5
4 year	20	30.3
Above 4 years	5	7.6
Don't know	2	3.0
Total	66	100

Source: Survey Report, 2010.

According to the table 5.8, 45.5 percent of females answer that the birth spacing should be 3 years, 30.3 reply it should be 4 years, 13.6 percent views it should be 2

years. Similarly 7.6 percent answer above 4 years and 3 percent answer that they do not know about period of birth spacing.

5.2.3 Attitude Towards Couple Discussion

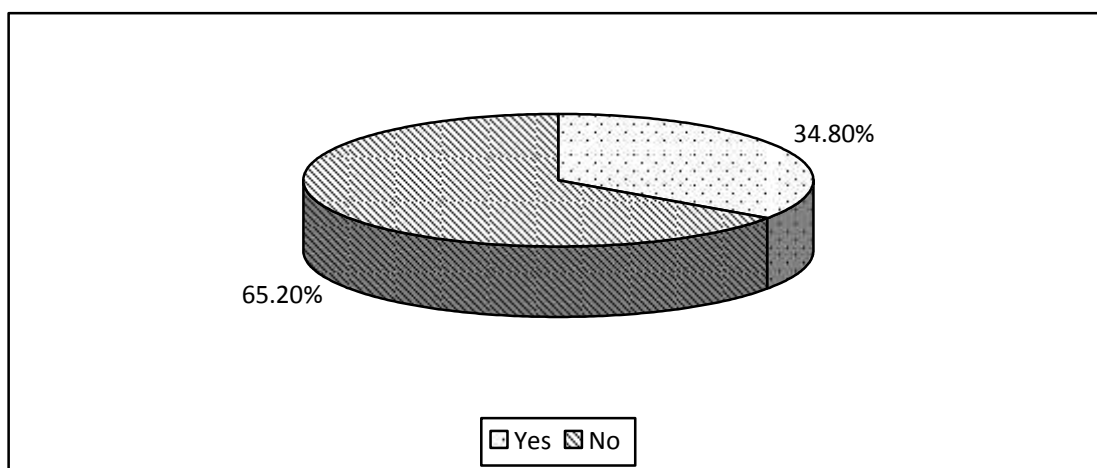
Attitude towards couple discussion about contraceptives play an important role to determine use and non use of contraceptive methods. Couples those who have well discussion, found being high level of CPR. Where as couples who lacks discussion found being low level of CPR.

Table 5.9: Distribution of Respondents According to their Couple Discussion about Contraceptive Methods

Couples discussion	No.	%
Yes	23	34.8
No	43	65.2
Total	66	100

Source: Field Survey, 2010.

Figure 5.2: Distribution of Respondents According to their Couple Discussion about Contraceptive Methods



According to the table 5.9 the highest percentage of respondents (65.2 percent) do not discuss about contraceptive methods with their husband where as 34.8 percent discuss about it with their husband.

5.2.4 Attitude Towards Advantage of Family Planning

More knowledge on advantage of family planning among couples increase the use of contraceptives. The views of respondents about advantage of family planning is presented below.

Table 5.10: Distribution of Respondents by their Opinion about Advantage of Family Planning Methods

Types of advantage	No.	%
Make happy life	48	72.7
Improve economic condition	30	45.5
Make good health of mother and child	22	33.3
Improve educational status	9	13.6
Don't know	4	6.06

Source:- Field Survey, 2010.

The table 5.10 shows that 72.7 percent of females believe that use of family planning methods help to make happy life, 45.5 percent believe it improves economic condition, 33.3 percent have the opinion that it makes good health of mother and child, 13.6 percent think that it improves educational status but 6.06 percent could not tell any about advantage.

5.3 Practice of Family Planning Methods

The main objective of this section is to find out the use of family planning methods among the women of reproductive age group. It also tries to find out the reasons for use and non use of family planning methods and it's side effects.

5.3.1 Ever Use of Contraceptive Methods

The term 'ever use" means use of any method of contraceptives at least one currently and in the past. The study shows that large number of respondents, nearly almost, had used contraceptives at least once.

Table 5.11 Distribution of Respondents by Ever Use of Any Contraceptives

Using any method	No.	%
Yes	62	93.94
No	4	6.06
Total	66	100.00

Source: Field Survey, 2010.

The study shows that among all respondents, 62 respondents (93.94 percent) had ever used one of the modern contraceptives at least once. Only four respondents (6.06 percent) had never used contraceptives.

5.3.2 Currently Use of Family Planning Method

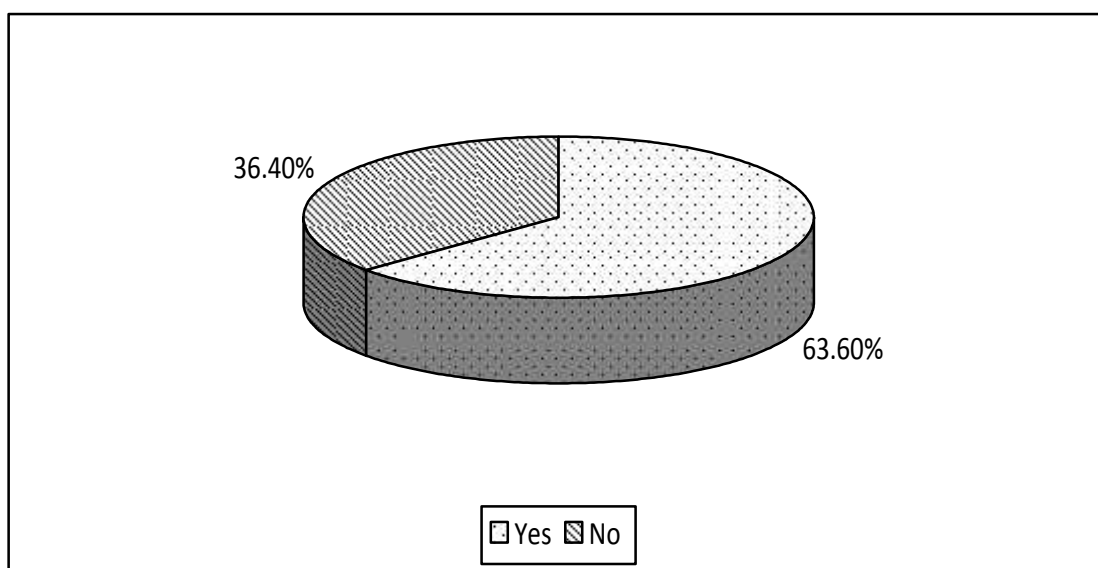
The term current use means use of any of family planning methods at least one currently or during the period of survey. It is current use of family planning methods supports to find out current contraceptive behaviour of peoples. The territory where there is found high level of current use of family planning methods seen, being family planning programs successful.

Table 5.12: Distribution of Respondents by Current Use of Family Planning Methods

Current use	No.	%
Yes	42	63.6
No	24	36.4
Total	66	100.0
Use of methods		
M.S.	0	0
F.S.	4	9.5
Pills	16	38.1
Condom	20	47.6
Injection	12	28.6
Implant	3	7.1
IUD	0	0

Source: Field Survey, 2010.

Figure 5.3: Distribution of Respondents by Current Use of Family Planning Methods



According to table 5.12, among all respondents, 42 of them are found using any FP methods currently at the time of survey and 24 of them are not found using any FP methods. The percentage of users are 63.6. The table shows that the respondents are using only five methods of family planning. In survey, condoms, pills and injections are seen very popular. Some of the females are found using condoms as a secondary method of pills, injections and F.S.

According to the table, 38.1 percents of women are found using pills, 47.6 percent condoms, 28.6 percent injections, 9.5 percent female sterilization and 7.1 percent implants during the time of survey.

5.3.3 Current Use of Family Planning Methods by Level of Education

It is education that can play a significant role in determining use of family planning methods. Normally female with high educational level have high contraceptive prevalence rate, that can be observed in table also.

Table 5.13: Distribution of Current Users of Family Planning Methods by Education

Education level	No.	%
Illiterate	12	28.6
Literate	26	61.9
Pass SLC and above	4	9.5
Total	42	100.0

Source: Field Survey, 2010.

The table 5.13 shows that out of all users, 61.9 percents are literate, 28.6 percents are illiterate and 9.5 percents are passed SLC and above who use contraceptive methods.

5.3.4 Current Use of Family Planning Methods by Age

The practice of family planning methods tend to vary by age of female. It is observed that the female those who are more than 20 years of age have high contraceptive prevalence rate than that of women who are less than 20 year of age.

Table 5.14: Distribution of Respondents of Current Users of Family Planning Methods by Age

Age group	Pills		Condom		Injection		F.S.		Implant		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
15-19	2	4.8	4	9.5	2	4.8	0	0	0	0	5	11.9
20-24	4	9.5	5	11.9	3	7.1	1	2.4	0	0	11	26.2
25-29	4	9.5	5	11.9	3	7.1	0	0	0	0	9	21.4
30-34	3	7.1	2	4.8	2	4.8	0	0	2	4.8	8	19.0
35-39	1	2.4	2	4.8	1	2.4	2	4.8	1	2.4	5	11.9
40-44	2	4.8	2	4.8	1	2.4	0	0	0	0	3	7.1
45-49	0	0	0	0	0	0	1	2.4	0	0	1	2.4
Total	16	38.1	20	47.6	12	28.6	4	9.5	3	7.1	42	100.0

Source : Field Survey, 2010.

Table 5.12 shows that out of all respondents 63.6 use any modern family planning methods currently. 38.1 percent currently married women are using pills. 47.6

percents condoms, 28.6 percent injection, 9.5 percent female sterilization, and 7.1 percent implants.

According to the table of 5.14, out of 15-19 years users 9.5 percent use condoms and it is followed by pills and injections. Out of (20.24) years users, the higher proportion of females use condoms (11.9 percent), followed by pills (9.5 percent) and injections (7.1 percent). Similarly, out of (25.29) years users, condoms are used by 11.9 percent higher than others. Like this, out of (30-34) years users, higher proportion of respondents use pills followed by implants, condoms and injection having equal percent (4.8 percent). In study area, it is found that only one female of (45-49) years using family planning method and it is F.S.

5.3.5 Experience of Side Effects

Side effect is one of main causes for non use of family planning methods among the Nepalese women. The side effect of using method of family planning depend upon physical condition, age and number of children. In study area, it is found that after appearing symptoms of side effect, females want to leave to use rather then going for treatment. In study area some of females are noticed experience of side effects which are tabulated below.

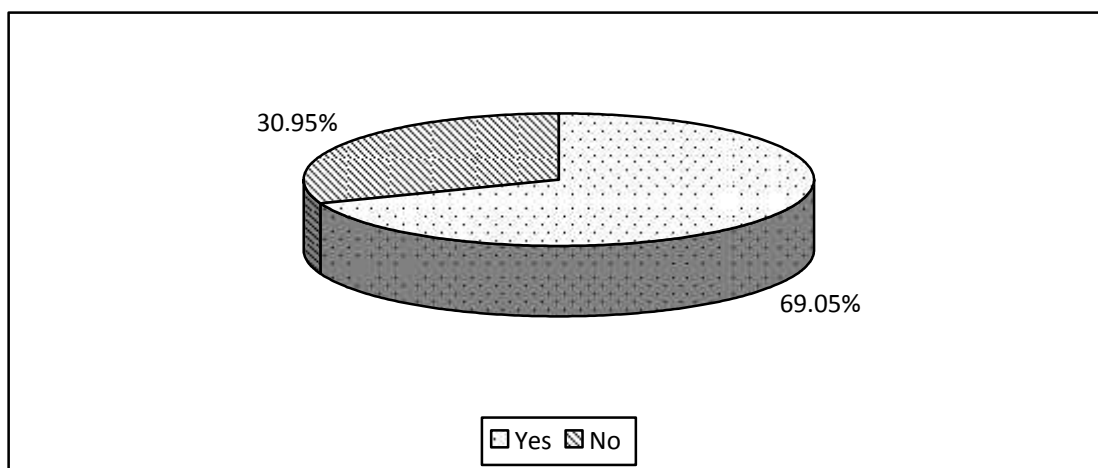
Table 5.15: Distribution of Respondents who have Experience Side Effect

Experience of side effect	No.	%
Yes	29	69.05
No	13	30.95
Total	42	100.0
Type of side effect		
Irregular Menstruation	18	43.9
Irregular Bleeding	6	14.3
Headache	14	33.3
Vomiting	3	7.1
Hand/leg swelling	1	2.4

Source: Field Survey, 2010.

The table 5.15 shows that, out of all users, 29 (69.05 percent) experienced side effects. The major side effects are related to irregular menstruation, headache and irregular bleeding which constitute (42.9 percent), (33.3 percent) and (14.3 percent) respectively.

Figure 5.4: Distribution of Respondents who have Experience Side Effect



5.3.6 Reasons for Using Contraceptives

If people gain more knowledge about advantages of using family planning methods their proportion to contraceptive prevalence rate also increase.

Table 5.16: Distribution Current Users of Family Planning Methods by Education

Reasons to use	No.	%
To birth space	27	64.3
To prevent STDs	25	59.5
For personal health	5	11.9
For maternal and child health	7	16.7

Source: Field Survey, 2010.

The table 5.16 shows that 64.3 percent women answered that they use contraceptives because it limits the births or maintain birth space, 59.5 percents believe that it prevents STDs, 16.7 percent reply that they use it because it works maintain sound health for mother and child and 11.9 percent believe that it helps for personal's sound health.

5.3.7 Reasons for Non Using Contraceptives

Some of the females do not want to use contraceptive due to these reasons. The causes for non-using contraceptive in research are tabulated below.

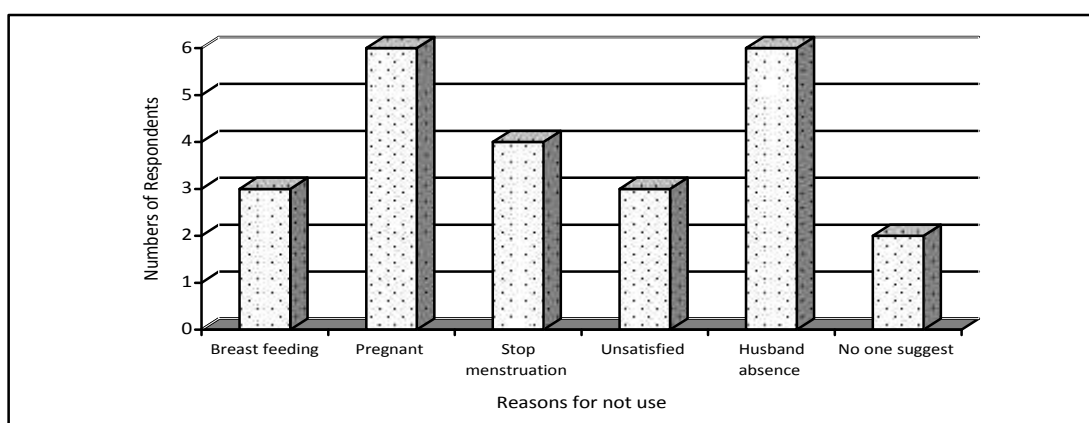
Table 5.17: Distribution of Respondents by the Reasons for Non-Using Contraceptives

Reasons for not use	No.	%
Not available	0	0
Breast feeding	3	12.5
Pregnant	6	25.0
Stop menstruation	4	16.7
Unsatisfied	3	12.5
Husband absence	6	25.0
No one suggest	2	8.3
Total	24	100.0

Source: Field Survey, 2010.

The table 5.17 shows that, the higher proportion of females do not use contraceptive it is because of husband absence, their percentage is 25, 12.5 do not use any contraceptive because they can not give sexual satisfaction to couples and 16.7 do not use it because it stops menstruation. Like this 12.5 because of breast feeding, 25.0 percent pregnant and 8.3 percent do not use because no one suggest.

Fig. 5.5: Distribution of Respondents by the Reasons for Non-Using Contraceptives



5.3.8 Wish of Using FP Methods for Future

Generally, respondents those who experienced more advantages wished to use FP methods for future.

Table 5.18: Distribution of Respondents by the Wish of Using Family Planning Methods for Future

Wish of using FP methods	No.	%
Yes	40	60.6
No	18	27.3
Don't know	8	12.1
Total	66	100.0

Source: Field Survey, 2010.

According to the table 5.18, it is shown that 60.6 percent want to use FP method in future, 27.3 percent do not want and 12.1 percent have no any concrete view.

CHAPTER – VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter summarize the knowledge, attitudes and practices (KAP) of currently married reproductive age (15-49) years Badi women of Shreegaun VDC Dang based on primary data which are collected from field survey 2010 A.D. It deals with summary finding of the study, conclusions and recommendations.

6.1 Summary and Findings

The study mainly focus on to analyze what females of reproductive age in study area enact towards family planning methods and contraceptive devices. It attempts to find out information on knowledge about FP methods, information on attitude towards FP and information on practice of family planning methods including individual and household information with above. The major finding of this study are as follows.

6.1.1 Household Information

-) There are 52 household of Badi's in research area, with total population size 356. Among them 174 are males and 182 are females.
-) The sex ratio in study area is found 95.6. The highest sex ratio is 109.5 in the age group (0-4) and the lowest is 75 in the age group (60-64) years.
-) Out of total population, 85 males and 92 females are married and 47 males and 45 females are unmarried. The proportion of married are higher than that of unmarried.
-) Out of total married women, 66 are belonging to reproductive age and rest 26 are of other age group.
-) There are 73.1 percent houses kachchi, 7.7 percent houses pakki and 19.1 percent houses semi pakki in research area.
-) Radios are found almost in every household of research area. It's percent is 82.7 in the same way televisions, mobile phone and facility of electricity are available 7.7 percent, 25 percent and 50 percent of household in research area respectively.

-) In research area, 84.6 percent of households get drinking water from public taps and 15.4 percent are seen depending on well for it.
-) The trend of using toilet is good in research area. Only 8 households have open toilet or they have no toilet facility.
-) 42 households in study area have their own agricultural land. But most of them could not produce sufficient food needed to them so some of them are working as labour and some are seen involving in prostitution.
-) Among the total households, 32.7 percent have monthly income Rs. 1000-2500, 48.1 percent have monthly income Rs. 2500-5000, 11.5 percent have monthly income Rs. 5000-10000 and 7.7 percent have monthly income above than Rs. 10000.

6.1.2 Respondents Information

-) The higher number of respondents have got marriage when they were 15-19 years of age and their percentage are 71.2.
-) The mean number of CEB is 3.05 out of all women, 33.3 percent have 3 children followed by 21.2 percent who have four children.
-) The over all literacy rate is 66.7 percent among married women of reproductive age group.
-) Among the total respondents, 39.4 percent are adopting agriculture as main occupation, followed by 30.4 percent daily ways labour, 21.2 percent house wife, 4.5 percent office workers and 4.5 percent trade.

6.1.3 Information on Knowledge about Family Planning Methods

-) Knowledge of family planning is almost universal in currently married reproductive age Badi women of Shreegaun VDC Dang.
-) Among the total respondents, 98.5 percent have heard at least one of the method of family planning. Most of the respondents (98.5) percents have heard about pills and condoms. Only 18.2 percents have heard about IUD.

-) Among the total respondents, 89.3 percent have got information about family planning through Radio, followed by friends 80.3 percent, neighbours 60.6 percents, television 6.06 percent and Newspaper 3.03 percent.
-) The women those who have the occupation of trade, office works and labour (100 percent) have knowledge on family planning methods but the women who are in agricultural occupation only 96.15 percent of them have the knowledge of family planning methods.
-) In study area, 50.7 percent females had heard about family planning before their marriage, 40.0 percent heard it after marriage and 9.3 percent of them could not clearly said when they had heard about family planning methods.

6.1.4 Information on Attitude Towards Family Planning

-) The attitude of respondents towards family planning is positive in research area. Among all respondents, 63.6 percents of females reported that the best child bearing age is after 20, 30.3 percents have reported before 20 and 6.1 percents did not answer any.
-) Among all respondents, 45.5 percent women reported that birth space between children should be 3 years, followed 4 years by 30.3 percent.
-) Attitude towards discussion of family planning methods between couples is poor in study area. The highest percent age of women (65.2 percent) do not discuss about contraceptive methods with their husband, only 34.8 percent discuss about it with their husband.
-) In study area, 72.7 percent use family planning methods believing, it helps to make happy life. 45.5 percent believe, it improves economic condition.

6.1.5 Information on Practice of Family Planning Methods

-) The large number of respondents nearly almost had used contraceptives at least once, it's percentage is 93.94.

-) Among all respondents, 63.6 percents are found using any FP methods currently. Among all age group, pills, condoms and injections are very popular.
-) Among all current users, 61.9 percents are literate, 28.6 percents are illiterate and 9.5 percents are passed SLC and above.
-) Current use of contraceptives of currently married women is the highest in age group 20-24 years.
-) Out of all currently users, 69.05 percent has experienced side effects while practicing FP method. The major side effects are irregular menstruation and headache.
-) Among all currently users, 64.3 percents reported that they use contraceptives because it limits the birth or maintain birth space. 59.5 percent believe that it prevent STDs.
-) Among all currently non users, 25 percents are pregnant, 12.5 percent feeding breast, next 25 percents husbands were absent, next 12.5 percent feel unsatisfied.
-) Among all respondents, 60.6 percent want to use FP methods in future, 27.3 percent do not want and 12.1 percent have no any concrete view.

6.2 Conclusion

-) The knowledge of family planning methods is almost universal in study area. It's percentage is 98.5.
-) The ever use of family planning method at least one is very positive (93.94 percent) in study area.
-) The current use of family planning methods among currently married women is satisfactory (63.6 percent) more than national level in study area.
-) The study shows that there is strong relationship between age of women and education to use contraception.

-) The contraceptive method is found used more by those women who are in non agricultural occupation then those who are engaged in agricultural activities.
-) The study shows that the higher percentage of couples are currently using pills, condoms and injections but male sterilization and IUD are not found used by any one.
-) Future intention of respondents in study area to use contraceptive was found 60.6 percent.
-) The main reasons for using contraceptives in study area are to maintain birth space and to prevent STDs.
-) The main reasons for not using contraceptives in study area are husband away and pregnancy of females and fear of side effects.
-) The study shows that most of the women reported birth space between two children should be three years and above.

6.3 Recommendations

-) It is education that can raise knowledge and improve attitude and practice towards family planning methods in couples so formal and informal education program should be carried out from grass root level to educate couples.
-) It is occupational status that can affect reproductive behaviour of people so opportunity should be developed in non agricultural sectors for the married Badi women to reduce their fertility level.
-) Preference to son is very high in Badi community. There seen some couples who want to give birth of son any how thought they already have daughters. Therefore the concept of son preference should be change by increasing their access to education.
-) Birth spacing is seen still low in study area so effective counselling and educational programs should be implemented in research area to increase contraceptive prevalence rate and birth spacing between two births.

-) Some of the females frightened in using contraceptives it is because of side effects. So, they should be provided appropriate information and counselling about methods from health post, health centers and sub health post.
-) The availability and accessibility of contraceptives should be increased with free of cost from public as well as governmental sectors.
-) Some of the couples desire for son to feel secure in their old age which promote high fertility. So government should manage the facility of old age security to limit fertility rate.
-) The parents those who do not show any discrimination between sons and daughter and have less children (only one or two) should provide facilities like free education, free medicinal service, free child care facility and employment opportunity by government.
-) Badis should not be hated and discriminated by society members and several governmental sectors. They should be given equal opportunity as the people of other caste. Their access in social, political and education activities should be developed for the development of nation which helps to increase their access to contraceptives.

6.4 Recommendations for Further Research

-) This study is based on family planning knowledge, attitude and practice in Badi community covering small area and population. Further study may be carried out in other communities.
-) This study was based on few socio-economic and demographic variables other studies can be carried out using other approaches like maternal/child health care, reproductive behaviour, prevention and management of complication of abortion on the area.

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Tribhuvan University

Central Department of Population Studies, Kritipur, Kathmandu

Knowledge, Attitude and Practices towards family planning

(An analysis of currently married Badi women of reproductive age in Shreegaun,
VDC. Dang.)

Section A

1. Household Questionnaire

Name of Respondent:

Ward. No.:

Name of household head:

Date :

VDC. Shreegaun

Tole:

S.N.	Name	Relation of H.H.	Age	Sex	Marital Status	Education			Occupation	Others
						Li	Ill	SLC Pass		
1										
2										
3										
4										
5										
6										
7										
8										
9										

Section B

2. Socio Economics

S.N.	Questions	Answers	Skip
1	Do you have your own agricultural land?	Yes	
		No	
2	If yes, how much?	Bigha	
		Kattha	

3	Is the food production sufficient for the livelihood of your family?	Yes	
		No	
4	Do you have facility of toilet in your family?	Yes	
		No	
5	What is the main source of drinking water in your family?	Tap	
		Well	
		River	
		Tubewell	
6	Do you have these facilities in your home?	Radio	
		Television	
		M. phone	
		Electricity	
7	What is your main source of income?	Agriculture	
		Office Work	
		Trade	
		Labour	
		Others	
8	How much monthly income do you have in your family?	Rs.1000-2500	
		Rs.2500-5000	
		Rs.5000-10,000	
		More than 10,000	
9	What types of house do you have in your family?	Kachchi	
		Pakki	
		Semi Pakki	
10	What kind of toilet does your family have?	Tradional	
		Khar/Paral	
		Pan	

		Flush	
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3. Individual Questionnaires

11	How old are you?	Years	
12	How old is your husband?	Years	
13	What is your occupation?	Agriculture	
		Trade	
		Office Work	
		Labour	
		House wife	
14	What is your husband's occupation?	Agriculture	
		Trade	
		Office Work	
		Labour	
15	How old are you at the time of first menstruation?	Years	
16	How old are you at the time of your marriage?	Years	
17	Does your husband live with you?	Yes	
		No	
18	Have you ever been pregnant until now?	Yes	
		No	
19	Have you ever given birth to baby?	Yes	
		No	
20	If yes, how many babies do you have now?	Son	
		Daughter	
21	Can you read and write?	Yes	
		No	
22	If yes, which level have you passed?	
23	Can your husband read and write?	Yes	
		No	
24	If yes, which level has he passed?	

4. Knowledge of Family Planning

25	Have you ever heard about the family planning method?	Yes	
		No	
26	If yes, what are they?	M.S.	
		F.S.	
		Pills	
		IUD	
		Injection	
		Condom	
		Periodic abstinence	
		Withdrawl methods	
		Implant	
27	What are the sources of knowledge about family planning?	Radio	
		TV	
		Newspaper	
		Friends	
		Neighbours	
		Others	
28	When do you know about family planning method?	Before marriage	
		After marriage	
		Don't Know	
29	What is the best child bearing space? (opinion)	
30	Do you want to discuss about family planning with your husband?	Yes	
		No	
31	What is the best child bearing age of women ?	

5. Practice of Family Planning Method

32	Have you ever used any family planning method?	Yes	
		No	
33	If yes, which method have you used?	FS	
		MS	
		Pills	
		IUD	
		Injection	
		Condom	
		Periodic absence	
		Withdrawl Method	
34	Is your husband using any contraceptive method?	Yes	
		No	
35	In your opinion which types of advantage do you get from using contraceptive?	
36	Do you know about side effect?	Yes	
		No	
37	Did you experience any side effect while using contraceptive method?	Yes	
		No	
38	If yes, what are they?	Irregular Menstruation	
		Irregular Bleeding	
		Headache	
		Vomiting	
		Hand/leg swelling	
		Chest pain	
39	Do you want to use family planning method in future?	Yes	
		No	

40	Are you currently using any family planning method?	Yes	
		No	
41	If yes, what are they?	FS	
		MS	
		Pills	
		IUD	
		Injection	
		Condom	
		Implants	
42	What is your main reason to use contraceptive?	To Birth Space	
		To Prevent from STDS	
		For Personal Health	
		For Maternal and Child Health	
43	What is your main reason for not using any contraceptive?	Not available	
		Breast feeding	
		pregnent	
		Stop Menstruation	
		Unsatisfied	
		Husband absence	
		No one suggest	