

CHAPTER- ONE

INTRODUCTION

1.1 General Background

Family planning, planning of family and family management can be taken as synonymous work. Family planning or family management into make the family life happy through appropriate managements and mobilization of income and other research another Mayors subject is to save mothers health & life.

The family planning programme in Nepal is started with the establishment of family planning association of Nepal in 1959. In fact Nepal was one of the first countries of South Asia where information about family planning was available through non-government programme. During 1968. His Majesty's Government of Nepal has been activity involved in providing family planning and maternal child health project (NSEP and MCH project). Initially, family planning programme was integrated with maternal child health services.

The concept of family planning is shifted to reproductive health after the internal conference on population and development (ICPD) in 1994. After this conference the family planning is considered as Majore component of reproductive health. The conference states that the aim of family planning programme to inspire/enable comples to decide freely and responsibly the number and spacing of their children and to insure informed choice and make available of full range of safe and effectives methods. The success of population variety of setting demonstrates that informed individuals every where can and will act responsibly in the right of their own needs and those of their families and communities (UN 1994).

The knowledge of contraceptive is nearly universal in Nepal about 98 percent of both ever married and currently married women aged 15-49 years. Know at least one method of family planning (Subedi 1997). The ninth plan emphasized on rising the contraceptive prevalence rate from 30.1 percent to 36.6 percent by the year 2000 A.D. and 58.2 percent at the end of the tenth development plan. Similarly, the tenth plan emphasized on rising the contraceptive prevalence rate from 39.3 percent to 43 percent by the year 2007 A.D.

Family planning services has been expanded to cover all 75 districts throughout the country. Beside government programmes a number of NGOs and local agencies are involved in the delivery of family planning services at the grass root level. The CPR among the currently married women in Nepal are female sterilization (15%) inflexible (84%) and condoms (29%). There has been three fold increase in the share of temporary. Methods among all modern method in the last and decline in the share of temporary methods among all modern methods in the last decade and decline in share of permanent methods. The contraceptive prevalence rate of 62 percent in urban areas as against 38 percent in rural areas clearly reflects this.

The main causes of low use of contraceptive in Nepal are high infant mortality, old age security, joint family, system and lack of communication between husband and wife (Tuladhar, 1989).

On the third of all pregnant women world wide receive no health care during pregnancy and 60 (sixty) percent of all delivers take place outside the health facilities. The life time risk of women dying in pregnancy or child birth in developing countries is 1 in 2800. However in sub-Saharan Africa if is 1 in 16 and Nepal it is 1 in 158 (UNFPA, 2004).

Various government and non-government organization have been set up to provide family planning services in the country. Although Nepal family planning association of Nepal (FPAN) and other government and non-government organizations are actively involved in service delivery and expanded population education programme, a large section of population is out of reach of the services.

It is observed that the highest fertility rate is found in backward communities as well as in agrarian family. This fact indicates the need to control population in rural and least sophisticated societies. Decrease in fertility rate by using contraception is only the effective approach of population control in such community. So this study tries to explore the knowledge, attitude and practice of family planning method in Magar community of Salkot VDC of Surkeht district.

1.2 Statement of the Problem

There are different caste/ethnic group in Nepal which compose the different culture in the country. Among them Magar is one of the major ethnic group. In census 1991, 60 ethnic groups are identified in which Magar is one of the major groups. In 2001 census, 102 caste/ethnic groups are identified, where Magar population is in third position. According to census, total population of Magar is 16,22,421 (7.14%) where the number of male is 7,84,828 and female is 837595 (CBS, 2001).

Rapid population growth is one of the serious problem in developing countries. Nepal is one of the poorest developing countries of the world facing the problems of rapid population growth, which is caused by lack of industrialization, low productivity, illiteracy, ignorance and unemployment.

The Magar community is an important caste/ethnic group of population which is 7.14 percent of the total population of the country of the country. They live in rural hill and mountain area of Nepal. They have their own culture and tradition. There is no study conducted among Magar community area and on this topic. There is a need of identifying the reason of using and non-using of family planning service.

Most of the Magar communities are residing in rural areas of the hill region of Nepal. Most of the couples in Magar community of the study area are still illiterate. Foreign labour is the main source of livelihood. Their main occupations are agriculture, army service and foreign employment. They have low economic status and low education enrollment. They are living with hunger, illiteracy and high fertility behavior. On the other hand, due to the lack of knowledge they have low use of contraception. So this study tries to explore the knowledge, attitude and practice of family planning method in Magar community of in the study area. The research questions of this study are as follows:

-) What is socio-economic condition of Magar in study area ?
-) What type of knowledge and attitude about contraceptive among the married women have ?
-) What is the situation of family planning practice in the women of study area ?

1.3 Objectives of the Study

The main objectives of the study are as follows:

- To study socio-economic characteristics of the respondents.
- To study the knowledge, attitude and practice on family planning methods in Magar community.

1.4 Significance of the Study

This study is carried out into Magar community at Salkot VDC of Surkhet district. No one was done any study at this VDC about contraceptive use in Magar community.

The main theme of this study is to find out socio-economic, educational and health status of Magar people. This study is done by using primary data. This study would give some idea for those, who want to find out the present status of family planning methods among Magar community in Salkot VDC. The major significance of the study are as follows :

-) The report of the study would be useful as supporting document for better planning and delivery services of contraceptive devices on Salkot VDC and other Mager community.
-) This study will be helpful for whose who want to analysis socio-economic, educational and health status of Salkot VDC.
-) It helps to find out the major problems of family planning methods user and non-users.
-) This study provides little bit but reliable information about family planning, which helps the planners and policy, makes to make policy and to implement the family planning programme in related areas.

1.5 Limitations of the Study

Every study has its own limitations. The limitations of this study are as follows:

-) The study is conducted only Magar community Salkot VDC of Surkhet district.
-) This study is prepared by asking questions from 115 respondents which are from the ward no. 4, 5, 8 and 9 of Salkot VDC.

-) The study does not present the whole feature of Salkot VDC. It presents only knowledge, attitude and practice of family planning methods in Magar community.
-) The study is done in a limited period. So it may not give the detail information.
-) Due to the small sample size, the findings of this study may not generalize to the other areas.

1.6 Organization of the Study

The study is organized in to six chapters. The first chapter is introductory that includes back ground of the study, statement of the problem, objectives, significance, limitation and organization of the study. In the second chapter, review of literature and conceptual framework are presented. The third chapter deals with methodology, which includes selection of the study area, sample size, sampling techniques, method of data collection, research tools and data analysis.

The socio-economic characteristics of respondents are described in fourth chapter. In the fifth chapter, the knowledge, attitude and practice of family planning methods of respondents have been described. At last sixth chapter presents the summary and finding, conclusions and recommendations.

CHAPTER- TWO

REVIEW OF LITERATURE

Literature review is one of the most important aspects of any research; any study is not possible without the literature review. It is a kind of tool, which provides a proper guideline and idea to the researchers in many studies.

2.1 World's Situation in Family Planning

World fertility survey report (1980) found that the spontaneous reporting of modern methods, especially pills and IUD was considerably better than spontaneous reporting of traditional methods. Bangladesh and Peru are the two countries where spontaneous reporting of IUD seemed to considerably lower than in other countries. The condom was reported spontaneously with frequent in the Indonesia, Philippines and Cost Erica. Also fewer than half of the women said they knew about oral contraceptives condom and male sterilization. This lack of knowledge was likely related to the promotion of IUDs to the exclusion of other months, which had been found in earlier survey of family planning workers survey of family planning workers (ESCAP, 1988).

Worldwide contraceptive prevalence (the percentage of couples currently using contraception) is estimated to have reached 58 percent. At 70 percent, the average level of use is higher in the more developed regions than in the less developed regions, where average use is estimated at 55 percent. While overall levels of contraceptive use remain higher in the more developed regions the gap is narrowing. The average contraceptive prevalence remains low in Africa (20 percent of couples) and in the developing countries of Oceania, where 29 percent of couples are currently using contraception (United Nations, 1998)

Contraceptive use referring to 1980 or later dates and pertaining to women reproductive age (usually aged 15-49) that were married or in a consensual union at the time of the survey are available for 160 countries, 125 of which are developing countries and 35 developed countries. In 2000, these 160 countries accounted for 96 percent of all women of reproductive age who were married or in a consensual union in the world. In developing world, the 35 countries with data accounted for 83 percent of those women. Among major areas or regions, data coverage relative age who were

married or in union varied between 51 percent in Eastern Europe and 100 percent in Asia or Northern America . Coverage was particularly low in Europe, where the countries with data available accounted for just 74 percent of the women of reproductive age who were married or in union, mainly as a result of the Russian Federation and other countries of Eastern Europe (UN, 2002:1).

At the world level, contraceptive prevalence reached 61 percent in 1998. In 1998, the worldwide prevalence of use of modern contraceptive methods reached 54 percent. The level of use of modern methods was similar in the more and less developed regions. Thus, 54 percent of women of reproductive age who are married or in union were using a modern form of contraceptive in less developed region in the late 1990s compared with 55 percent in the more developed world. In contrast, the level of use traditional methods of contraception differs markedly between the more and the less developed regions. Prevalence of traditional methods in the less developed regions is half that in the more developed regions-6 percent vs. 13 percent. Consequently, traditional methods account for a lower percentage of all use in the less developed regions than in the more developed regions-9 percent vs. 19 percent. However, in the group of least developed countries traditional methods of contraception account for 27 percent of all contraception use, a proportion far higher than that in the more developed regions (UN, 2002:3).

These high levels of unintended pregnancies can pose serious health risks to mothers and their infants. About half of maternal deaths worldwide occur in sub-Saharan Africa, where one of every 22 women risks dying from complications of pregnancy and childbirth during her lifetime (WHO, 2007).

Sub-Saharan Africa has the highest fertility of any world region— 5.4 births per woman on 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 region's 2008 population of 809 million is projected to increase to 1.2 billion by 2025 Karl and Kant (2008).

A major factor underlying high birth rates is low family planning use: only 18 percent of married women in sub-Saharan Africa use modern methods of family planning. This figure, however, masks important sub-regional differences— modern contraceptive

use is 58 percent in Southern Africa, 22 percent in Eastern Africa, and only 7 percent and 9 percent in Central and Western Africa, respectively Kaneda and Ashford (2008).

At the 1994 international Conference on Population and Development (ICPD) in Cairo, 179 countries agreed to the programme of action, which recognized reproductive health as a state of complete physical, mental and social well being, not merely the absence of disease or infirmity. It thus means that people are able to have a satisfying and safe sex life, and couples have capability to reproduce and the freedom to decide, if, when and how often to do so. The Cairo Programme of Action further states that men and women must have access to safe, effective, affordable and acceptable methods of family planning of their choice, and the right health information and services should be available to everyone by 2015. Thus it implies a universal access to a full range of safe, reliable, and affordable family planning methods. Family planning situation of the world is given in table 2.1.

Table 2.1: Percentage of married women using family planning, world, 2008

Countries	Married women using family planning (%)
Any method	63.0
Traditional method	7.0
Modern method	57.0
Pill	8.0
IUD	14.0
Injection	4.0
Condom	6.0
M.S.	4.0
F.S.	21.0
Other modern method	1.0

Source: Family planning worldwide 2008 data sheet

Table 2.1 shows the Percentage of married women using family planning in the world. In 2008 there are 63 percent married women are using any method. Among any method 7 percent are using traditional method and 57 percent are using modern method.

2.2 Situations in SAARC Countries

Regarding current use at time of survey, 12 percent of currently married women reported that they were using some methods to delay or prevent pregnancy. Three fourths of the current users were using a modern method and one fourth a traditional method. The most widely used method was female sterilization (4%) followed by the condom (3%) and the IUD (1%) less than one percent was using either pill or injection (a recently introduced method).

The contraceptive use rates (ever use and current use) among non-pregnant women was 22 percent. A total of 22 percent of non-pregnant currently married women reported that they had ever used contraception while 14 percent were currently using various methods (11% modern methods and 3% traditional methods). Among modern methods, female sterilization (a permanent method) was used most frequently (4%), followed by the condom (3%), IUD (2%), injection and the pill (1% each). Modern methods had been used by 17 percent of non pregnant women and traditional methods had been used by 10 percent. The most permanent modern method among ever users was the condom (8%) followed by the pill (5%), sterilization and the IUD (4% each), and injection (3%) (PDHS, 1990/1991: 61).

Almost four-fifths of ever-married and currently married women reported knowledge of at least one method. Almost all the women who reported such knowledge knew of a modern method. One quarter of all women knew of a traditional method, mostly periodic abstinence or withdrawal. Female sterilization (69.6%), the pills (62.2%) and injection (62.1%) were the best-known methods. Only 77.9 percent of ever-married women know at least one method of family planning (PDHS, 1990/1991:53).

Female sterilization is the most widely known method of contraception in India (i.e. 98.9%) followed by male sterilization (89.3%). Traditional methods of contraception are less well known than modern methods. 49 percent of currently married women report knowledge of a traditional method, with the rhythm/safe period method being better known (45%) than withdrawal (31%). Knowledge of traditional methods is much higher in urban areas (60%) than in rural areas (45%) (NFHS-2, 1998-99: 128).

Almost all ever married (99.9%) and currently married (99.2%) women know at least one method of contraception. Almost all ever married women and all currently married women who reported such knowledge know modern methods. It is seen that 75.8 percent of ever married and 76.4 percent of currently married women know a traditional method. More than 90 percent of women both ever married and currently married reported knowledge of female sterilization, pill and injection. The pill is the most known method, Modern methods are better known than traditional methods in Sri Lanka (SDHS, 2000:83).

The proportion of currently married women using any contraceptive method at the time of the survey in 1975 was 34.4 percent and it increased rapidly to 57.8 percent in 1982 and there after showed moderate increases and reached 70 percent in 2000. Use of any modern method increased gradually from 20.2 percent in 1975 to 49.5 percent in 2000. Use of traditional method was 14.2 percent in 1975 and it increased to 26.0 percent in 1982 and fluctuated around 21 percent during the period 1987-2000 (SDHS, 2000: 94).

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

The contraceptive prevalence rate in Bangladesh has increased from 8 percent in 1978 to 58 percent of currently married women in 2004 (BDHS, 2004:67).

The South Asian Association for Regional Cooperation (SAARC) comprises eight countries of South Asia, i.e. Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Srilanka. The idea of regional cooperation in South Asia was first mooted in May 1980 by Bangladesh President Ziaur Rahman. President Rahman addressed letters to the Heads of Government of the countries of South Asia, presenting his vision for the future of the region and the compelling arguments for regional cooperation in the context of evolving international realities. The Foreign Secretaries of seven countries in South Asia met for the first time in Colombo in April 1981 and identified five broad areas for regional cooperation. A series of meetings followed in Nepal (Kathmandu/November 1981), Pakistan (Islamabad/August, 1982), Bangladesh India (Delhi/July 1983) to enhance regional

cooperation. The next step of this process was the Foreign Ministers meeting in New Delhi in 1983 where they adopted the Declaration on South Asian Regional Cooperation (SARC). During the next two years South Asian nations committed themselves to form this South Asian alliance and the process culminated in the First SAARC Summit held on 7-8 December in 1985 in Dhaka where the Heads of State or Government of seven countries, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka adopted the Charter formally establishing the South Asian Association for Regional Cooperation (SAARC).

Table 2.2: Percentage of Married Women Using Family Planning, SAARC, 2008

Country	Married women using family planning								
	Any method (%)	Modern method (%)							
		Total modern method	PILL	IUD	Injection	Condom	M.S	F.S.	Other modern method
Afghanistan	10.3	8.5	5.0	-	2.2	0.6	-	0.7	-
Bangladesh	55.8	47.7	28.5	0.9	7.0	4.5	0.7	5.0	0.7
Bhutan	30.7	30.7	3.4	3.4	5.9	1.2	13.6	3.1	0.0
India	56.3	48.5	3.1	1.7	0.1	5.2	1.0	37.3	0.0
Maldives	39.8	34.8	13.0	2.0	3.0	9.0	0.6	7.0	0.2
Nepal	48.0	44.2	3.5	0.7	10.1	4.8	6.3	18.0	0.8
Pakistan	29.6	21.7	2.1	2.3	2.3	6.8	0.1	8.2	0.1
Srilanka	70.0	49.5	6.7	5.1	10.8	3.7	-	23.1	0.1
World	63.0	57.0	8.0	14.0	4.0	6.0	4.0	21.0	1.0

Source: Family planning worldwide 2008 data sheet

Table 2.2 shows the family planning situation in SAARC countries. Among SAARC countries, Srilanka has the highest percentage (70.0%) of using any method of family planning and Afghanistan has lowest percentage (10.3%) of using any method of family planning. Having the Muslim country, Bangladesh has 55.8 percent of using any method and Pakistan has 29.6 percent of using any method. Similarly, India, Nepal, Maldives, and Bhutan have 56.3 percent, 48.0 percent, 39.0 percent and 30.7 percent respectively.

2.3 Nepalese Situations

In Nepal, the practice of family planning began since late 1950's through non-governmental sectors. The family planning Association of Nepal was established in 1959. Its service was included only for information and education with in Kathmandu valley. Later, government supported family planning service started at the begging of 1968. A huge net work from central to the village, including governmental; and non-governmental organizations has been set up to provide family planning services in the country. A large amount of foreign aid from USAID, WHO etc. has been channeled in this sector to promote adoption of family planning methods.

This implies that almost six out of ten couples with the wife in the reproductive ages are currently using contraception. This reflects a rapid recent increase in contraceptive use in developing countries, where the average level of current use any method is estimated at 55 percent of couples (UN, 1999). In developing countries, the CPR has risen substantially from less than 10 percent in the 1960s to 55 percent in 1998 and it continues to rise. It is projected for the developing region that CPR will increase to the level of 64 percent by 2010 and 73 percent by 2025 (UN, 1989: 33).

The effect of age of women on use of family planning services rises from the young (15-24) years to the middle (25-34 years) and peaks at the oldest (35-39 years) age group. The odds probabilities of current use of contraceptives were 0.465 to 1 among the youngest and 1.547 to 1 among the oldest age groups. Therefore odds probabilities of use of family planning services were three times higher among the older people then the younger people (Tuladhar, 1989:144). It is however interesting to note that the proportion of current uses is higher among 30-39 years old women than those aged 40-49 (UN, 1989).

Over the past three decades, the increasing availability of safer methods of modern contraception, although still in some respects inadequate, has permitted greater opportunities for individual choice and responsible decision making in matters of reproduction throughout much of the world. Currently, about 55 percent of couples in developing regions use some methods of family planning. This figure represents nearly a fivefold increase since the 1960s. Family planning programmes have contributed considerably to the decline in average fertility rates for developing countries, from about six to seven children per women in 1960s to about 3 to 4

children at present. However, the full range of modern family planning method still remains unavailable to at least 350 million couples worldwide, many of whom say they want to space or prevent another pregnancy.

According to rural urban survey (1978) Nepal, among those who reported current use of family planning, the mean number of living sons was higher than the mean number of daughters for all respondents. Most couples have at least one son before they adopt family planning and respondent had, on average three or four births before adopting family planning methods. (Karki,1988; 169). There was stroked differences in level of current use between women without a living son and those who have three or more living sons (Risal and Shrestha, 1989).

There is evidence of increased contraceptive practice in all the south Asian countries, especially Nepal, Pakistan and Bangladesh, where prevalence was until recently very low. For example, contraceptive prevalence in Nepal climbed from very low level (2%) in 1976 to 23 percent of currently married women ages 15 to 49 by 1991. However, if Nepal has a moderately strong family planning programme effort (Mauldrin and Ross, 1991: 359), 23 percent is still low, considerably lower than the intermediate/ moderate level of use, 35 – 55 percent (Ross and Frankenberg, 1993:1). Nevertheless, a contraceptive prevalence of 23 cannot be ignored. Despite this, why does contraceptive prevalence not correspond closely to the fertility? What is wrong with use of contraception? These questions are pertinent here- it is likely that there is something wrong with the use of contraceptive patterns therefore fertility remains high. (Rose et all; 1993:43-44, Maudin and Ross, 1991:359).

Findings form two decades of family planning research on large scale family planning programmes show that contraceptive use and fertility levels are closely associated with programmes effort, regardless of socio-economic setting. (Ross and Frankenberg, 1993:19).

The aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure in formed choices and make available a full range of safe and effective methods. (ICPD,1994).

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

Data on ever use of contraception has special significance because it reveals the cumulative success of programs promoting the use of family planning among couples. Ever use refers to use of a method at any time, with no distinction between past and present use. In the 2001 and 2006 NDHS, respondents who had heard of a method of family planning were asked if they had ever used a method.

Table 2.3: Percentage distribution of currently married women who have ever used, 2001-2006

Contraceptive method	Survey year	
	2001	2006
Any method	54.3	67.9
Any modern method	50.0	65.0
Female sterilization	15.0	18.0
Male sterilization	6.5	6.3
Pills	12.3	18.1
IUD	1.1	1.4
Injectable	21.3	31.8
Implants	1.3	1.6
Condom	12.0	22.2

Source: NDHS, 2001 and 2006

Table 2.3 shows the present distribution of currently married women who have ever used family planning by specified method. Percentage of currently married women who have ever used contraception has gradually increased.

Trends in current use of family planning can be used to monitor the success of family planning programs over time. Table 5.5 show the trend in modern contraceptive use among currently married women from 1996 to 2006. Data from three DHS surveys conducted in Nepal over the last decade show an impressive increase in the use of modern contraceptives. comparison of the data from the DHS surveys in Nepal over the last ten years shows that current use of modern contraception has increased from 26 percent in 1996 to 44 percent in 2006, a 70 percent increase over the decade. The

increase in the use of modern contraceptive methods is due mainly to increased use of female sterilization, the pill, condoms, and injectables. Use of injectables more than doubled while use of female sterilization increased by 49 percent over the last ten years. Condom use also showed a marked increase (two and a half times) over the same period.

Table 2.4: Percentage of currently married women who are currently using modern contraceptive methods, Nepal 1996-2006

Method	1996	2001	2006
Female sterilization	12.1	15.0	18.0
Male sterilization	5.4	6.3	6.3
Pill	1.4	1.6	3.5
Injectable	4.5	8.4	10.1
Condom	1.9	2.9	4.8
Implant	0.4	0.6	0.8
IUD	0.3	0.4	0.7
Traditional method	-	3.9	3.7
Any modern method	26.0	35.4	44.2

Source: NDHS, 2006

In terms of specific modern family planning methods, the percentage of current use accounted for by female and male sterilization together has declined over the last decade. The share of female sterilization decreased from 47 percent of modern methods in 1996 to 41 percent in 2006, while the share of male sterilization declined from 21 percent to 14 percent over the same period. On the other hand, the share of temporary methods rose from 33 percent to 45 percent over the same period, an indication that more women are using contraception to space rather than limit births. As mentioned above, the only method that has not increased since 2001 is male sterilization.

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 100% in 2006) 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 (NRP, 2007)

There are knowledge of at least one modern method o family planning in Nepal is almost universal among both women and men. The most widely known modern contraceptive methods among currently married women are: injectables (99%); female sterilization (99%); condoms (97%); male sterilization (96%) and contraceptive pills (95%) knowledge about modern method of contraceptive (NDHS, 2006).

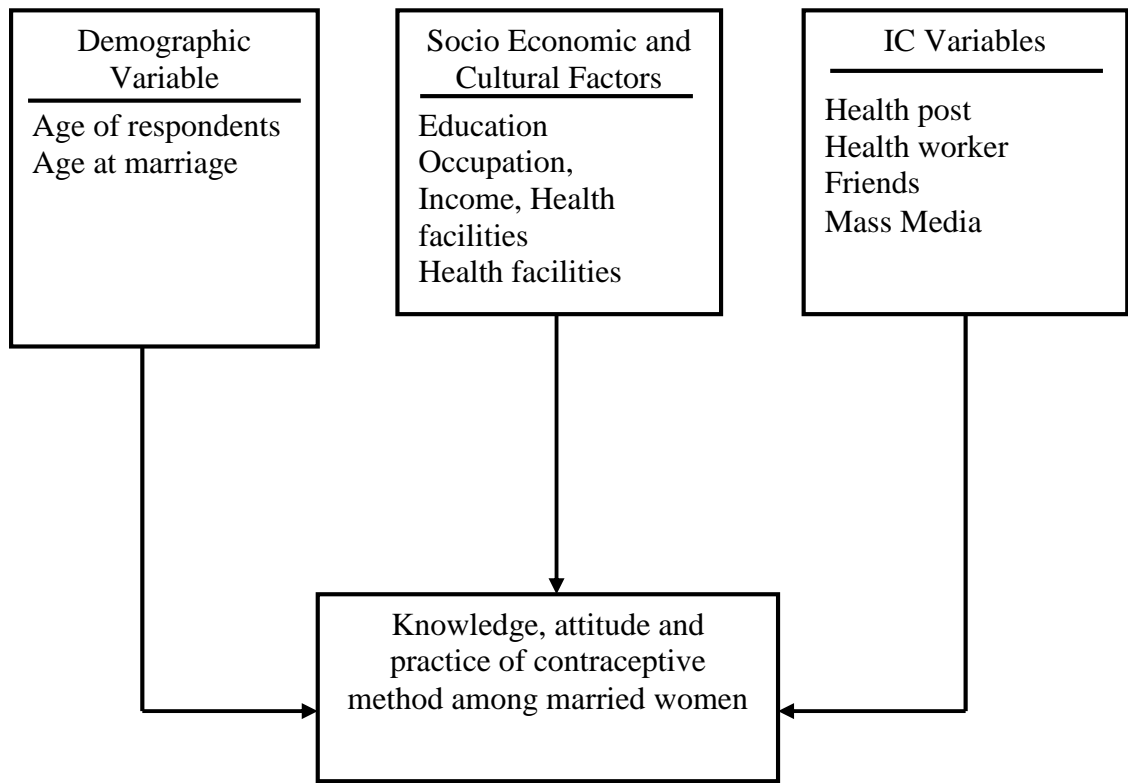
Ever use refers to use of contraceptive method of a method at any time, with no distinction between past and present use. The percentage of all women and currently married women who have ever used family planning by specific method sixty-eight percent of currently married women have used a method of contraceptive, and 75 percent have used a modern method. Among currently married women, nearly one is three has ever used injectables, making is the most commonly used modern method. About one in five currently married women has used condoms, female sterilization or the pills in the past, and about 6 percent of women reported having used male sterilization (NDHS, 2006).

In nearly all developing countries, the number of women of reproductive age (ages 15 to 49) will grow between 2005 and 2015 because of the large numbers of young people in these countries. In addition, the demand for contraceptives is projected to grow due to couples' desires for smaller families. As a result, the total cost of contraceptive supplies to meet couples' needs in projected to rise by nearly 50 percent (in today's U.S. dollars) in countries such as Tanzania and Nepal (PRB, 2008).

2.4 Conceptual Framework

The conceptual framework attempts to show the relationship between dependent and independent variables and shows that independent variables are: demographic factor, socio economic and cultural factor, family planning services. And the dependent variables are knowledge attitude and use of contraceptive methods

Figure 2.1: Affecting factor to the KAP



The most important factors for fertility regulation are contraceptive knowledge and practice. Demographic variables like age of respondent's age at marriage no of living children and no of CEB affect contraceptive knowledge and use.

CHAPTER- THREE

RESEARCH METHODOLOGY

This chapter deals with the techniques which are applied for this study. It describes research design, selection of the study, and general introduction of the study area, and source of data, sample size, tools of data collection and methods-data analysis.

3.1 Selection of the Study Area

Surkhet district is the headquarter of mid-western development region. It has a diversity in caste/ethnicity and language. There are 50 VDCs and one Municipality in Surkhet. Among 50 VDCs, Salkot is a culturally diverse and residing different castes. It lies in western part of the district. It is 40km far from district headquarter. This VDC is adjoining with Babayachour VDC in the west, Pokharikanda VDC is in the east, Chhapre VDC is in the north and Babayachour and Pokhari Kanda VDCs are lies in the south. There is a higher secondary school and one PHC in this VDC. Total population of this VDC according to the 2001 census was 6717 with 3214 male and 3053 female. Among them the population of Magar is 2498. It is a multi-ethnic area with diverse language, religion and cultural traditions. Agriculture is the main occupation. More than half people engaged in this sector The average family size is also high in this VDC.

This study is based on knowledge, attitude and practice of family planning methods in Magar community of Salkot VDC of Surkhet district.. This study is conducted in ward number 4,5,8 and 9 of Salkot VDC .

3.2 Research Design

This study is based on both exploratory and descriptive research design. The questionnaire was designed to obtain information about the knowledge, attitude and practice of contraceptive method among married women (15-49 years) of Magar community. This descriptive research design is made to describe the socio-economic condition and Major problems associated with them, which to present a clear picture of the phenomenon under investigation.

3.3 Natures and Source of Data

This study is based on both primary and secondary data. The data needed for this study has been derived mainly from primary sources during the field survey with the help of schedule questionnaire. This is the main component of the study. And the secondary data are obtained from different sources. The main sources of secondary data are obtained from different sources. The main sources of secondary data are books, journals, research reports, magazines, report of VDC data and other sources.

3.4 Sample Size

Salkot VDC of Surkhet district is selected purposively, which VDC is the familiar of researcher. Similarly, ward no.4, 5, 8 and 9 are selected by applying the non-probability sampling method mainly purposive sampling method. There are 115 households having women of 15-49 years are selected by using purposive sampling method. If there are more than one eligible woman from one household, only one eligible woman has interviewed as a respondent. The distribution of respondents from different wards is given in Table 3.1.

Table 3.1: Distribution of Sample Size

S.N	Ward No.	No of respondent	Percent
1	4	42	36.52
2	5	24	20.87
3	8	37	32.77
4	9	12	10.43
Total	4	115	100.00

Source: Field Survey, 2009.

3.5 Research Tools

Structured questionnaires are main tools of the study. Language and structured questionnaire were checked thoroughly so as to make them simple and clear. Questionnaire developed based on the study area and the status of population questionnaire were developed in English but asked in Nepali. The researcher had taken help from the local volunteers of Magar community. Pencil, eraser and sharpeners are used to fill up the response for the purpose to correct suspected and recalled answers.

3.6 Data Analysis Techniques

The crude data were collected from structured questionnaire. The collected data were analyzed against the variable determined. The completed field up questionnaire were checked to remove the possible error and inconsistencies in the field. The completed questionnaire were edited (data entry, processing, tabulation etc) checked and coded before they were entered into the computer and tabulated as per the need of the study.

The collected data were compiled and tabulated on dummy table manually and then analysis and interpretation was done on the basis of statistical method, EG number, frequency, percentage, mean, standard deviation and presented in the form of table, pie-chart, bar and frequency which are presented below.

CHAPTER- FOUR
SOCIO-ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE
RESPONDENTS

This chapter deals with the analysis and interpretation of raw tabulated data obtained from the information. The data are collected from Salkot VDC Magar married women, regarding socio-economic and demographic characteristics, knowledge, attitude and practice of family planning methods.

4.1 Distribution of Study Population by Household Characteristics

The purpose of this section is to provide a descriptive, summary of demographic and socio-economic characteristics of the household. A household has been defined as a person or group of person who live and eat together under the same roof.

To obtain the different characteristics of the sample population, the respondent have been interviewed successfully about household condition including to access to drinking water, electricity and toilet facilities.

4.1.1 Ownership of Land

The land ownership pattern in Salkot VDC found an unequal. Geographical range of Salkot VDC is also different, at the top side of the VDC, there are nobody to owe any khet, in bottom of the VDC there are irrigated land but the access in irrigated land is lower for the people of Magar community. The table indicates the status of approximates land distribution of Salkot VDC.

Table 4.1: Ownership of Land Distribution in Ropani

Total land in Ropani	Household of self cultivated land						HH of rented cultivate land			
	Khet	%	Bari	%	Pakho	%	Khet	%	Bari	%
0-2	10	8.70	15	13.04	9	7.83	2	1.74	5	4.35
2-4	20	17.39	30	26.09	7	6.09	8	6.96	2	1.71
4-6	40	34.78	30	26.09	5	4.35	5	4.35	3	2.61
6 above Not	30	26.09	40	34.78	3	2.61	0	0	2	1.71
Ownership in land	15	13.04	0		91	19.19	100	86.96	103	89.56
Total	115	100.0	115	100.0	115	100.0	115	100.0	115	100.0

Source: Field Survey, 2009.

Table 4.1 shows that 9 percent household have 0-2 Ropani khet, 17.39 percent have 2-4 Ropani. 34.78 percent have 4-6 Ropani 26 percent have above 6 Ropani and 13.04 household had no ownership of Khet. Similarly majority of the households that is 40 had above 6 Ropani Bari, 15 household had 0-2 Ropani Bari ownership of rented cultivated land percentage and number of household are few only 13.05 percent household have khet in rent and 10.38 percent household have Bari in rent. Most of the respondents have Bari, Bari is only use for wheat, potato and grass. It does not give sufficient product for eat. The land belonging to them proved that they are hardly stricken by the poverty.

4.1.2 Sources of Drinking Water and Toilet Facilities

Source of drinking water and toilet facilities are important variables of household characteristics of respondents. Table 4.2 gives the information about it.

Table 4.2: Distribution of Sample Household Having Toilet Facility and Source of Drinking Water in the Study Area

Sources of drinking water	Number	Percent
Pipe line water	80	70
Well water	24	20.87
River	5	4.35
Pond	3	2.61
Others	3	2.61
Total	115	100.00

Toilet facilities

Having toilet	Number	Percent
Yes	79	68.68
No	36	31.30
Total	115	100.00

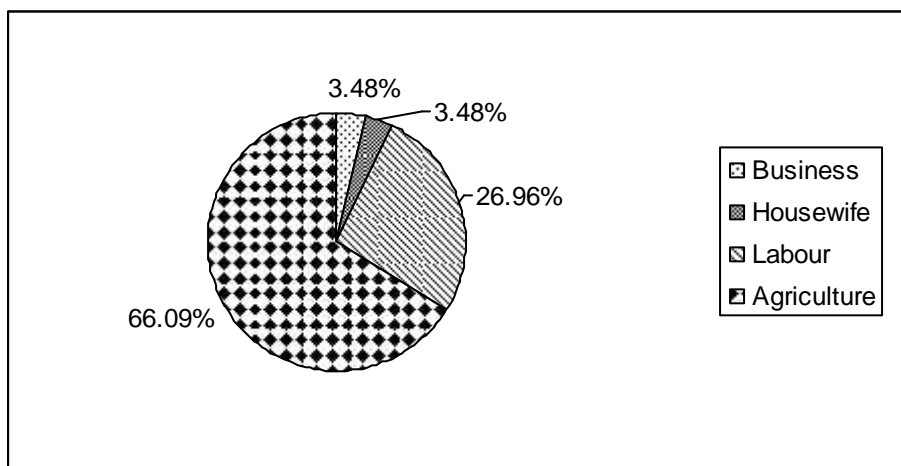
Source: Field Survey, 2009.

Table 4.2 shows the majority of respondents around 70 percent used pipe line water, around 21 percent well water, 4 percent takes water from river and 2 percent from others sources. Among 115 respondents around 69 percent have toilet facilities and only 31 percent have not any toilet facilities.

4.1.3 Occupational Status

In the study area agriculture is the main occupation. Besides agriculture, daily labour, housewife and business are others occupation of respondents. The figure 4.1 shows the occupational status of the study area.

Figure 4.1: Occupational Status of (15-49) Years Female Population of Salkot VDC



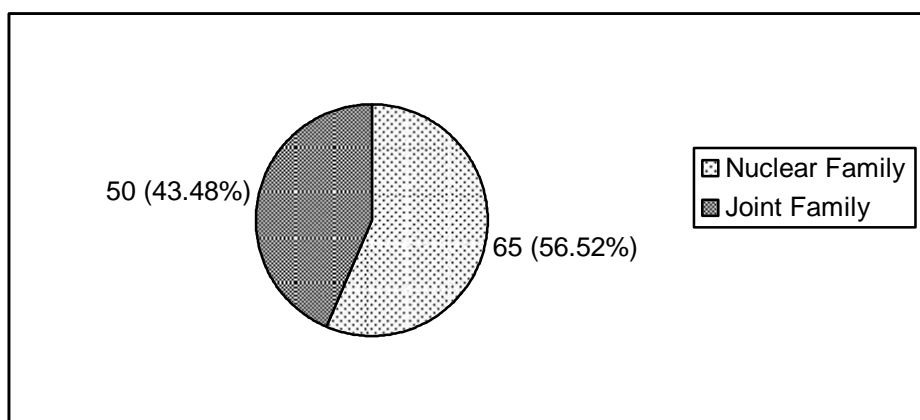
Source: Field Survey, 2009.

Figure 4.1 shows that majority of respondents (66.09%) are involved in agriculture, 26.96 percent in labour and 3.47 percent both in business and housewife. Majority of women main occupation is agriculture. They are following traditional agricultural practice.

4.1.4 Family Size of the Respondents

Family is a universal institution. Mainly it is divided into two categories nuclear family and joint family. The types of family structure found among the respondents of Salkot VDC are presented in the Figure 4.2.

Figure 4.2: Family Types



Source: Field Survey, 2009.

Figure 4.2 shows that maximum number (57%) of respondents are living in a nuclear family, whereas 43 percent of the respondents were living in joint family. The main causes of disintegration of the family were conflict between brothers, conflict between mothers-in-law and daughter-in-law, population pressure economic condition etc.

4.1.5 The Structure of House

Mud, stone and wood make houses of respondents are found in Salkot VDC. The houses structure of study area is presented in Table 4.3.

Table 4.3: Distribution of Houses Structure

Household Structure	No of respondent	Percent
Semi-Pakki	8	6.96
Kachi	82	71.30
Tradational	23	20.0
Total	115	100

Source: Field Survey, 2009.

Table 4.3 shows that among 115 respondents, the majority of respondents around 71 percent have Kachi houses followed by 20 percent traditional and 7 percent have semi-pakki house.

4.2 Individual Characteristics of the Respondents

This section includes social as well demographic characteristics of the respondents. Several variables were included in questionnaire to examine the socio-economic characteristics of respondents as well as to find out the relationship between dependent and independent variables.

4.2.1 Age Distribution of Respondents

Age of women is determining factors of knowledge, attitude and use of contraception. Distribution of respondents in each age group is given in Table 4.4.

Table 4.4: Distribution of Respondents by Age Group

Age Group	Respondents	
	No.	Percent
15 - 19	10	8.69
20 - 24	22	19.13
25 -29	22	19.13
30 - 34	23	20.00
35 - 39	18	15.65
40 - 44	15	13.04
45 - 49	5	4.35
Total	115	100.00

Source: Field Survey, 2009.

Table 4.4 shows the eligible respondents are divided into different five years age groups. The highest percent (20%) of the eligible women are in age group 30-34. Among them lowest percent is in age group 45-49 which is 4.35 percent.

4.2.2 Age at Marriage

The researcher wanted to know what the extent of age at marriage in Magar community. The findings of the age at marriage are presented in Table 4.5.

Table 4.5: Distribution of Respondents by Age at Marriage

Age of mother	No. of respondents	Percentage
10-13	1	0.87
13-16	22	19.13
16-19	56	48.70
19-22	25	21.74
22 and above	11	9.56
Total	115	100.00

Source: Field Survey, 2009.

Table 4.5 shows that around 49 percent women married at the interval 16-19 years followed 22 percent of women married age interval 19-22 years. Similarly, 19 percent at age interval 13-16, 10 percent married at age 22 above and 0.87 percent women married at age interval 10-13 years.

Most of the Magar community women marry at the earlier then 20 years. It is not a positive symptom. The early marriage leads many problems for mother and child health.

4.2.3 Different Cast in Magar Ethnic Group

Gharti, Ramjali, Sijapati, Rana, Tarami, Sijali, Darlami, Palli and Thapa are residing cast group in Magar community at Salkot VDC. Which are presented in Table 4.6.

Table 4.6: Distribution of Respondents by Caste/Ethnic Composition

Caste/Ethnic group	Number	Percentage
Gharti	48	41.74
Ramjali	19	16.52
Sijapati	18	15.65
Sijali	13	11.30
Tarami	5	4.35
Darlami	5	4.35
Rana	3	2.61
Palli	2	1.78
Thapa	2	1.78
Total	115	100.0

Source: Field Survey, 2009.

Table 4.6 clarifies that among Magar ethnic group there are so many castes. The majority of respondents are 42 percent Ghartis, 16.52 percent Ramjali, 16 percent Sijapati, 4.35 percent Tarami and Sijali, 3 percent Rana and 2 percent Palli and Thapa.

4.2.4 Number of Family Members

Family size shows the status of quality of life. Small family size may be considered as an indicator of healthy and happy life. To find out the family size of the respondents, they are further asked about the number of their family members and the result is presented in table 4.7

Table 4.7: Number of Family Members

Number of Family members	Number	Percentage
3-6	50	43.48
6-9	43	37.39
9-12	16	13.91
12 above	8	6.96
Total	115	100.00

Source: Field Survey, 2009.

Table 4.7 shows the family size of the respondents. Around 44 percent of total respondents have 3-6 members in family, 37.39 percent have 6-9 members, 14 percent have 9-12 members and 7 percent have above 12 members in family. In comparison of the family types and family size, most of the Magar people lived in nuclear family but there are large family numbers.

4.2.5 Educational Status

Education is considered as backbone for the development of society. Especially women's education plays dual role in family i.e. for herself and her children. Literacy of population affects directly the contraceptive use and fertility; it is essential to know the situation of education for the study population.

Table 4.8: Distribution of Educational (Level) Status of Respondents

Literacy/Education attainment	No. of Respondent	Percent
Illiterate	65	56.52
Informal education	10	8.70
Primary (1-5)	30	26.08
Lower Secondary (6-8)	7	6.09
Secondary (9-10) and	2	1.74
SLC above	1	0.87
Total	115	100

Source: Field Survey, 2009.

Table 4.8 shows that majority of women aged 15 to 49 years are illiterate i.e. 56.52 percent followed by primary level 9 percent are literate but not schooling i.e. informal education. 6 percent are in lower secondary level, 2 percent is in secondary level and 0.87 percent is in SLC and above.

CHAPTER- FIVE
SITUATION ON KNOWLEDGE, ATTITUDE AND PRACTICES OF FAMILY
PLANNING METHODS

5.1 Knowledge on Family Planning Methods

The knowledge on family planning method is measured in terms several variables. First of all, it is examined whether the respondents heard about family planning method or not.

5.1.1 Heard about Family Planning

Family planning is one of the important determinants factors of population change. This is inevitable for the economic and social development. As there is increase in the knowledge of family planning methods, it increases the users of family planning methods. The main objective of the study is to find out the information about knowledge and use of contraceptive devices. Table 5.1 shows the numbers of respondents heard about family planning methods.

Table 5.1: Distribution of Respondents by Heard about FP Methods

Heard about family planning	Respondents	
	Number	Percent
Yes	113	98.26
No	2	1.78
Total	115	100.00

Source: Field Survey, 2009.

Table 5.1 shows that the maximum number respondents around 98 percent heard about FP methods and only 2 percent did not hear about family planning methods.

5.1.2 Knowledge of Family Planning Method

Knowledge of family planning method helps to increase the motivation of using contraceptive method. The level of knowledge of FP methods among women in Magar community of Salkot VDV is presented in Table 5.2.

Table 5.2: Distribution of Currently Married Women who know any Contraceptive Method by Specific Method

Method	No. of Currently married women	Percent	National level
Any method	114	99.33	99.8
Any modern method	114	99.13	99.8
Female sterilization	112	97.39	98.7
Male sterilization	111	96.52	96.3
Pills	80	69.56	95.4
IUD	60	52.17	67.2
Injectable	112	97.39	98.8
Condom	114	99.13	96.8
Foam/Jelly	25	21.74	-
Any traditional methods	71	61.74	51.6
Period abstinence	17	14.78	34.5
Withdrawal	72	62.61z	39.5
Folk methods	25	21.74	1.5

Source: Field Survey, 2009, NDHS, 2006.

Note: Total percentages may exceed hundred due to multiple response.

Table 5.2 shows knowledge of contraceptive method is presented for currently married women by specific methods. Findings from field survey 2009 show that knowledge of at least one modern methods of family planning methods is nearly universal among married women of Magar community in Salkot VDC of ward no. 4, 5, 8 and 9. The most widely known modern methods are condom 99.13 percent, female sterilization 97.39 percent, injectable 47,39 percent, male sterilization 96.52 percent, IUD 67.2 percent and 22 percent foam and jelly. Only 52 percent are known of any traditional method. The knowledge of all modern methods is higher in national level expect for male sterilization and female sterilization.

5.1.3 Sources of Information

The Magar women aged 15-49 years having at least one child, who had reported as to have knowledge about family planning method were asked about where they found the contraceptive methods. The following table shows the sources of family planning methods.

Table 5.3: Distribution of Respondents by Sources of Information about Contraceptive Methods

Sources of information	Number	Percent
Radio/T.V.	65	56.52
Family	40	34.78
Newspaper/Magazine	25	21.74
Friends/relative	34	29.56
Health workers	38	33.04
Others	20	17.39

Source: Field Survey, 2009.

Note: Total percentages may exceed hundred due to multiple response.

Table 5.3 shows that maximum respondents around 57 percent found to have information about family planning from Radio/T.V. Thirty-five percent from family around 30 percent from friends/relatives, 33 percent from health workers 22 percent from newspapers and one 17 percent found from others.

5.1.4 Understanding of Family Planning Methods

Understanding of respondents about contraceptive methods has an important role in using contraceptive methods. They might have different understanding about family planning methods. To know about their perception on family planning, researcher asked question. What do you mean by family planning? Different respondents gave different answers. Table 5.4 shows the understanding of family planning methods by respondents.

Table 5.4: Distribution of Respondents According to Understanding of Family Planning Methods

Meaning of family planning methods	Number	Percent
To maintain birth spacing	29	25.23
Having only two children	5	4.35
To avoid unwanted birth	81	70.43
Don't know about it	3	2.61
Total	115	100.00

Source: Field Survey, 2009.

Table 5.4 shows that the Magar women's understanding about family planning measures to avoid unwanted birth is 70.43 percent to maintain birth spacing is 25.23 percent. Having only two children 4.35 percent and unknown about it 2.61 percent.

These results indicate that the understanding level of family planning device is low in Magar's women.

5.1.5 Opinion about Birth Spacing

To examine opinion about birth spacing, researcher asked a question. What is the ideal time of birth spacing for better health of mother and child in your opinion? Table 5.5 shows the opinion of birth spacing.

Table 5.5: Distribution of Respondents Opinion about Birth Spacing

Ideal item of birth spacing	Number	Percent
1-2 years	15	13.04
2-3 years	50	43.48
3-4 years	30	26.09
4 years above	20	17.39
Total	115	100.00

Source: Field Survey, 2009.

Table 5.5 shows that the maximum (43.48%) respondents accepted 2-3 years time interval as ideal time of birth spacing, 26.09 percent respondents 3-4 years, 17.39 percent respondents, 4 and above and 13.04 percent respondents 1-2 years. The maximum numbers of respondents 43.48 percent accepted 2-3 years interval as ideal birth spacing because they took use of temporary family planning devices.

5.1.6 Knowledge about Availability of Family Planning Services

The respondents who have knowledge about availability of family planning services, Table 5.6 shows the distribution of respondents' knowledge about availability of family planning services is presented in Table5.6.

Table 5.6: Distribution of Respondents by Knowledge about Availability of Family Planning Services

Source of Availability	Number	Percent
Sub-health post	78	67.82
Health post/PHC	45	39.13
Hospital	30	26.08
Private clinic	15	13.04
Mobile camp	24	20.86
Don't know	23	20.00

Source: Field Survey, 2009.

Note: The total percent exceeds more than hundred, due to multiple responses.

Table 5.6 indicates that out of 115 respondents having knowledge about availability of family planning services, around 68 percent respondents reported that they got the knowledge about family planning from sub-health post, 67.82 percent, 26.08 percent by hospital, 39.13 percent by health centre/PHC, 13.04 percent by private clinic, 20.86 percent by mobile camp, 20 percent don't know about source of availability.

5.2 Attitude Towards Family Planning Methods

This chapter appraises the attitude of respondents towards family planning methods. Attitudes towards the contraceptive method has an important role to determine fertility. To get a sense of their attitude towards contraception, researcher asked various question, related with family planning methods. The result of study percent and analysis the attitude towards family planning methods among Magar women.

5.2.1 Frequent Pregnancies May Lead to Health Problems

To get a sense of their attitude on frequent pregnancies, researcher asked opinion related to question. "Do you think frequents pregnancies lead to health problem ? The result of respondent's response is given table 5.7.

Table 5.7: Distribution of Respondents about Frequent Pregnancies Lead Health Problems

Frequent pregnancies lead health problems	Respondents	
	Number	Percent
Yes	110	95.6
No	5	4.35
Total	115	100.00

Source: Field Survey, 2009.

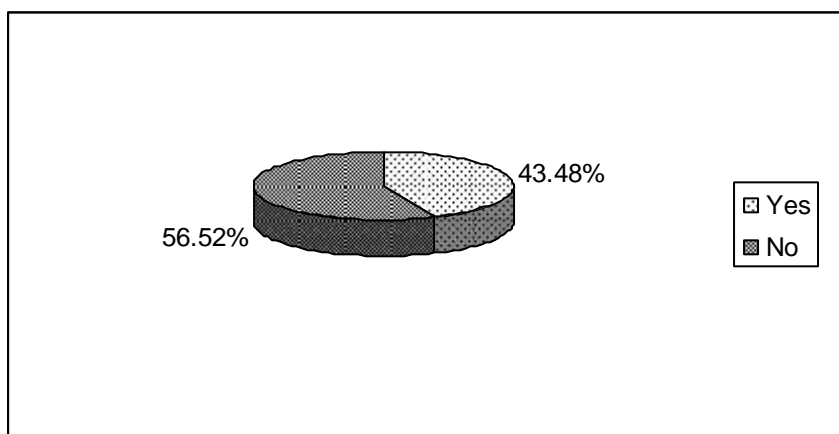
Table 5.7 shows that the majority of respondents around 95.6 percent accepted that frequent pregnancies lead to the health problems and 4.35 percent respondent had no knowledge about it.

5.2.2 Visit to Health Institution for Family Planning Service

Health institution plays Major role in contraceptive prevalence and non-prevalence rate. Hospital, primary health, canter, health post, sub-health post, family planning office and mobile health clinic are the major health institutions that work in rural area of Nepal.

Figure 5.1 gives the data about visit to the health institution for family planning services.

Figure 5.1: Distribution of Respondents to Ever Visited to Health Institution for Family Planning Service



Source: Field Survey, 2009.

Figure 5.1 shows that 43.48 percent respondents had visited different institution for family planning services and 56.52 percent respondents had not visited for family planning services.

5.2.3 References of Health Institutions for Family Planning Services

To take information about family planning services, researcher can be asked related question, do you like to go health institutions for family planning services? Table 5.8 gives the data about it.

Table 5.8: Distribution of Respondents who like to go Health Institutions for Family Planning Services

Visited Health Institution	Respondents	Percent
Health post	15	30.00
Family planning offices	2	4.00
Sub-health post	20	40.00
Hospital	10	20.00
Mobile health clinic	3	6.00
Total	50	100.00

Source: Field Survey, 2009.

Table 5.8 shows that among 50 respondents who visit health institution, 40 percent respondents prefer sub-health post for family planning services, 4 percent family

planning office, 30 percent health post, 20 percent hospital, 6 percent respondents prefer mobile health clinic for family planning services.

5.2.4 Causes of Not Going to Health Institution for FP

Magar women who had reported no ever visited family planning services were asked "why do not you want to go to family planning services centre. Table 5.9 shows the causes of not going to family planning services centre.

Table 5.9: Distribution of Respondents according to Causes of Not Going to Family Planning Service Centre

Causes of do not want to go in family planning center	Number	Percent
Family causes	30	46.15
Religious causes	3	4.62
Want to more children	32	49.23
Total	65	100.00

Source: Field Survey, 2009.

Table 5.9 shows that among 65 respondents, around 49 percent respondents did not want to go to family planning services centres due to want more children, 46 percent did not go to FP centre due to family cause and around 5 percent respondents do not want to go to family planning services due to religious causes

5.2.5 Number of Children for Ideal Family

To examine Magar's women attitude towards numbers of children's for ideal family, researcher asked the question "How many children are needed for ideal family ? The answers of respondents are given from table 5.10.

Table 5.10: Distribution of Respondents about Ideal Family

Number of children for Ideal family	Respondents	Percent
2-3	60	52.17
3-4	39	33.91
4 above	16	13.91
Total	115	100.00

Source: Field Survey, 2009.

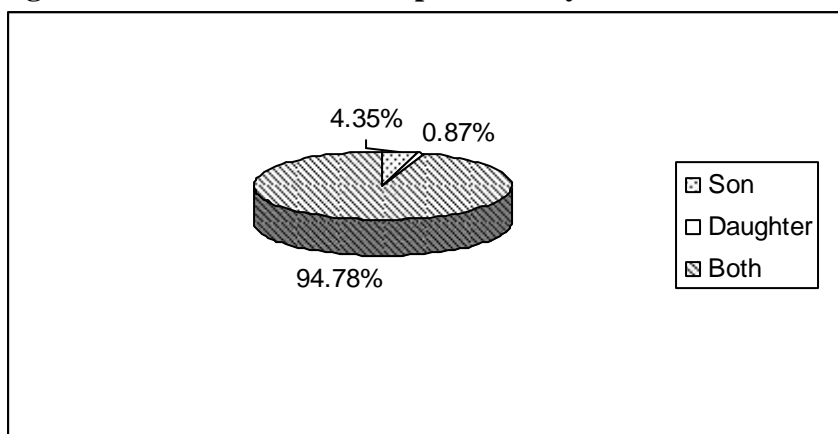
Table 5.10 shows that maximum 52.17 percent respondents said that 2-3 children needed for ideal family, 33.91 percent respond said that 3-4 children for ideal family,

13.91 percent respondents said more than 4 children for ideal family and none of the responded said 1-2 children needed for ideal family. It indicates that they chose more children for ideal family. Because, more number of children mean more labor to sell and higher level of earning leading to better life, according to them.

5.2.6 Sex Preference

There may be different perception about daughter and son. In conservative society, people may emphasis on the birth of son than that of daughter. To know their attitude, researcher asked them about sex preference. The figure 5.2 shows the result of respondent choice.

Figure 5.2: Distribution of Respondents by Sex Preference



Source: Field Survey, 2009.

Figure 5.2 shows that around 95 percent respondents prefer both son and daughter, 4.35 percent respondents prefer to son and only 0.87 percent respondents prefer to daughter.

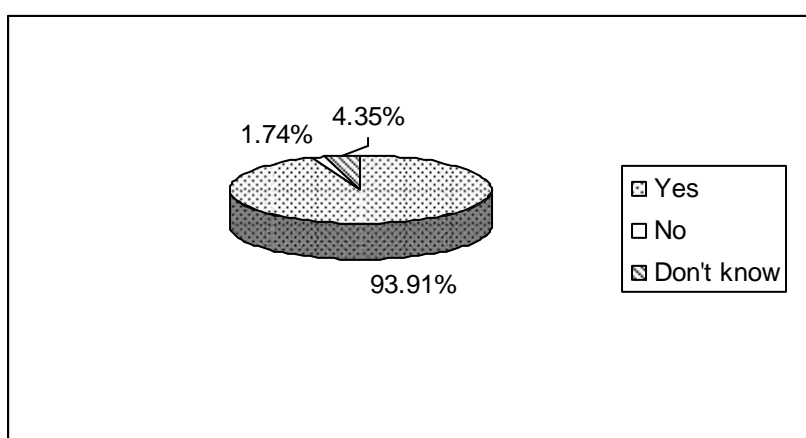
The result indicates that there is no discrimination between son and daughter in Magar community due to matriarchal system of household management as diametrically opposite to patriarchal system in Hindu religion.

5.2.7 Family Planning Helps to Improve Family Health Status

To examine the attitude towards whether the family planning methods helps to improve family health status or not the researcher asked all respondents about their attitudes towards family planning methods. Figure 5.3 shows information about whether family planning helps to improve family health status or not.

Figure 5.3 indicates the maximum around 94 percent respondents said family planning helps to improve health status. 4.35 percent respondent had no knowledge about it and only 1.74 percent respondents said family planning does not help to improve family health status. The majority of the respondents expressed the family planning helps to improve health status because, they do not have to bear health problems due to frequent pregnancies and they can manage their livelihood easily with sufficient food as they give birth to number of children as they wanted.

Figure 5.3: Distribution of Respondents, According to Family Planning Helps to Improve Family Health Status



Source: Field Survey, 2009.

5.2.8 Using Contraceptive Device is Against Religion

There may be misperception about family planning devices in Magar community. To get information about it, researcher asked all respondents about their religion. Table 5.11 shows the using of the contraceptive devices are against or favor of religion.

Table 5.11: Distribution of Respondents in Terms of Opinion about Using Contraceptive Devices for or Against Religion

Child for ideal family	Respondents	Percent
Yes	2	1.74
No	105	91.31
Don't know	8	6.96
Total	115	100.00

Source: Field Survey, 2009.

Table 5.11 shows the majority of around 92 percent respondents said using contraceptive devices is not against the religion because. Buddhism accepted the use

of family planning devices for population check. 7 percent respondents said that they don't know about it and 2 percent respondents said using contraceptive devices is against the religion.

5.2.9 Types of Contraceptive Services Allowed for Magar Society

Society have been ruled by various belief and religions. The researcher thought that family planning methods may be against the religion. They might have misconception about family planning. To find out their view, researcher asked question about the permission for using contraceptive device in Magar community. Table 5.12 shows the real condition about family planning in Magar society.

Table 5.12: Distribution of Respondents Allowing Situation of Contraceptive Devices in Magar Community

Number	Allowing contraceptive Devices	Respondents	Percent
A	Temporary	52	45.22
1	Pills	2	1.74
2	Condom	6	5.22
3	Depo	41	35.65
4	Norplant	1	0.78
5	Copper-T	2	1.74
B	Permanent	63	54.78
1	Female Sterilization	5	4.35
2	Vasectomy	55	30.43
C	Don't know	3	2.61
	Total	115	100.00

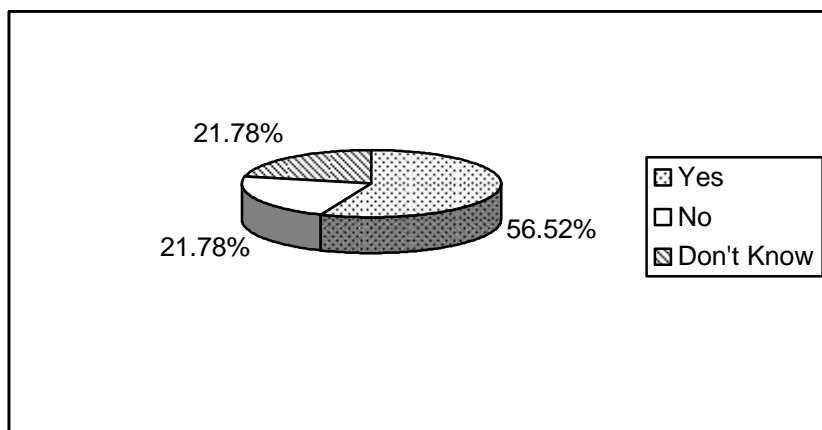
Source: Field Survey, 2009.

Table 5.12 shows that out of 115 respondents around 55 percent respondents said that their religion has allowed the age of permanent contraceptive devices where as 45.22 percent respondents said that temporary contraceptive have also been allowed to use and 2.61 percent respondent said that they are unaware of it.

5.2.10 Perception on Side Effects of Family Planning Devices

In rural area, there is poor quality of health. They can not care their own health perfectly. So they may feel many side effects of family planning methods. To get a sense of their attitude, researcher asked question about the side effect of family planning methods. The result of side effect is given.

Figure 5.4: Perception Onside Effects of Respondents in Family Planning Devices



Source: Field Survey, 2009.

Figure 5.4 shows that maximum (57%) respondents said family planning devices have many side effects such as backache, headache, loss of lactation, excesses bleeding irregular menstruation and weakness. Similarly, 21.78 percent respondents said no side effect of family planning and use of contraceptive and 21.78 percent respondents had no knowledge about it.

5.3 Practice Regarding the Family Planning Methods

The analysis is focused on the practice of family planning method among Magar community. The respondents also reported positively about the knowledge of family planning method are asked whether they have current relied of any particular method of contraception.

5.3.1 Ever Use of Contraception Methods

Ever use refers to the use of methods constantly (no distinction between past and present users) Respondents who reported as the have the knowledge of any family planning method were asked whether they had ever used any form of family planning method in the time of survey.

Table 5.13: Distribution of Respondents by Ever Use of Contraception Method

Ever uses of any FP method	Respondents	
	Number	Percent
Yes	96	83.48
No	19	16.52
Total	115	100.00

Source: Field Survey, 2009.

Table 5.13 shows that among 115 respondents, 83.48 percent said ever use of family planning methods and 16.52 percent said never use of family planning methods in life time due to the ignorance of family planning device and fear of side effects of the use of those devices.

5.3.2 Ever Use of Family Planning Methods According to Types

Respondents who are the ever user of contraceptive methods of family planning is asked about the types of contraception methods. Table 5.14 shows the number and percentage of respondents.

Table 5.14: Distribution of Respondents According to Ever User of Types of Family Planning Methods

Types of Family Planning	Number	Percent
Depo	31	32.57
Pills	4	4.17
Condom	3	3.13
Norplant	2	2.08
Copper-T	1	1.04
Vasectomy	52	54.17
Female Sterilization	3	3.13
Total	96	100.00

Source: Field Survey, 2009.

Table 5.14 shows that among ever user of contraceptive methods, 54.17 percent respondents used vasectomy, 32.57 percent were ever use of depo, 4.17 percent of pills, 3.13 percent of condom, 2.08 percent used Norplant, 1.04 percent used Copper-T and 3.13 percent respondents were used the female sterilization method.

5.3.3 Response of Non-Use of Contraceptive Methods

There are many reasons behind not using the contraception. All respondents are not of the same characteristics. Illiteracy and ignorance, religion, culture, fear of side effects and desire of son may be the reasons for not using contraceptive methods.

Table 5.15: Distribution of Respondents based on Reasons for Non-use of Contraception

Reasons for non-using	Number	Percent
For of side effects	9	47.37
Desire of son	9	47.7
Illiteracy/ignorance	1	5.26
Total	19	100.00

Source: Field Survey, 2009.

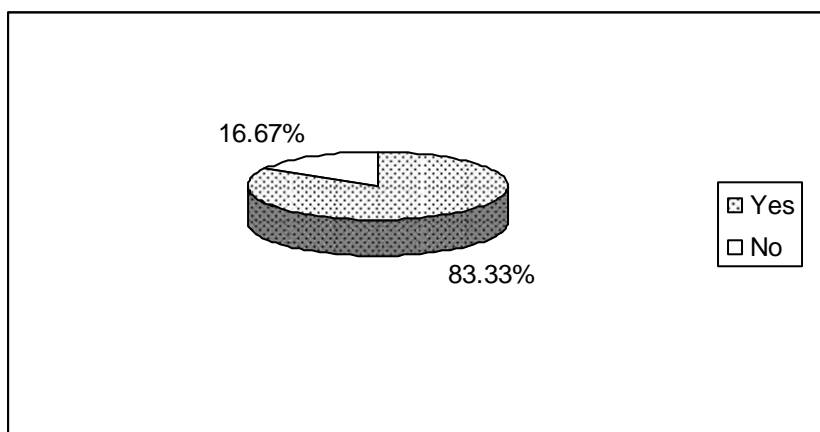
Table 5.15 shows that among 19 respondents who are as the not ever reported uses of contraceptive methods of which 47.37 percent respondents said the reason is the fear of side effects, 47.37 percent said the desire of son and 5.26 percent respondents said the reason is the illiteracy and ignorance.

5.3.4 Current Use of Contraceptive Methods

Current use of contraceptive refers to use of family planning method at the time of interview. The levels of current user are usually calculated between the spouses at the time of interview. The levels of current use is most widely used and valuable measures of the success of family planning programme. Given figures shows the current use of contraception between spouses.

Figure 5.5 shows the majority of around 83 percent respondents are currently using contraception methods and 16.67 percent respondents are not use any method at the time of survey.

Figure 5.5: Distribution of the Respondents by Current Use of Contraception



Source: Field Survey, 2009.

Respondents who are the current user of contraceptive methods were asked about types of contraceptive method they used. Given table shows the number and percentage of respondents response.

Table 5.16: Distribution of Respondents According to Current Use of Family Planning Methods

Types of Family Planning	Number	Percent
Vasectomy	45	56.25
Depo	27	33.75
Female sterilization	3	3.75
Condom	2	2.50
Pills	1	1.25
Norplant	1	1.25
Copper-T	1	1.25
Total	80	100.00

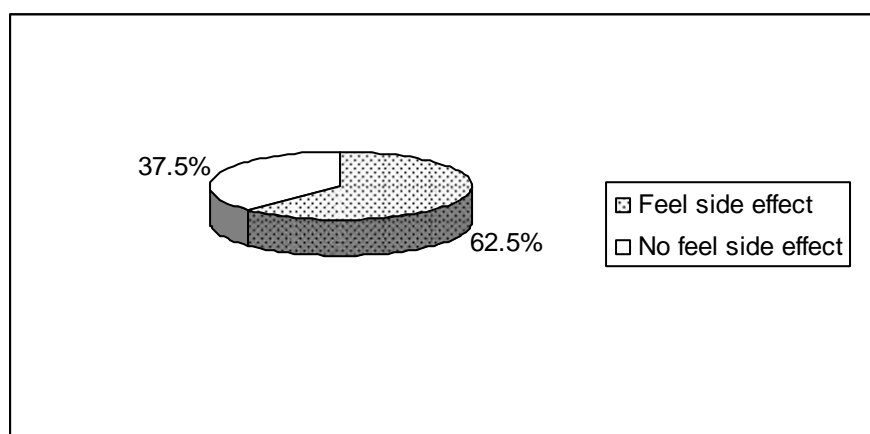
Source: Field Survey, 2009.

Table 5.16 shows that among current use of contraceptive methods, 56.25 percent respondents husband had vasectomy 33.75 percent respondents used Depo, 3.75 percent respondents used female sterilization, 2.50 percent condom, 1.25 percent pills, Norplant and copper T respectively

5.3.5 Side Effects of Family Planning

Some level of side effect expected to be occurred by any permanent and temporary methods of contraception. Women who are using permanent and temporary contraception and who said their husband have been sterilized are asked if they have any side effects. The results are shown in figure 5.6 .

Figure 5.6: Distribution of Respondents by Side Effects of Family Planning



Source: Field Survey, 2009.

Figure 5.6 shows that out of 80 respondents who reported current use of contraceptive methods around 63 percent respondents complained the side effect of contraception and 37.50 percent respondents says not to feel any side effect of them.

5.3.6 Types of Side Effects

Respondents who are the current user of contraceptive methods and felt side effects are asked about types of side effect like headache, backache etc. Table 5.17 shows number and percentage of respondents who felt side effects of using contraceptive devices.

Table 5.17: Distribution of Respondents According to Types of Side Effects

Types of side effects	Number	Percent
Backache	37	74.0
Weakness	16	32.0
Irregular menstruation	25	50.0
Headache	10	20.0

Source: Field Survey, 2009.

Table 5.17 shows that out of 50 respondents who felt side effect around 74 percent backache, 32 percent have weakness, 20 percent have irregular menstruation, 2 percent have headache and 2 percent have excessive bleeding problems. The data shows that there are minimum respondents who said their husbands have been sterilized and felt backache.

5.3.7 Treatment for Side Effects

Respondents who felt side effects were asked about treatment of it. Table 5.18 shows the number and percent of respondents who treated or not the side effects.

Table 5.18: Distribution of Respondents According to Treatment of Side Effects

Treatment for side effects	Number	Percent
Yes	22	44
No	28	56
Total	50	100.00

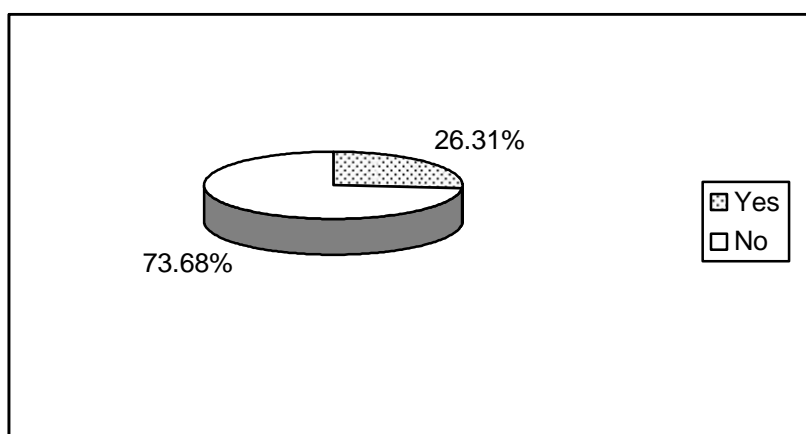
Source: Field Survey, 2009.

Table 5.18 shows that out of 50 respondents who feels side effect 44 percent respondents reported that they take treatment of side effect and 56 percent are not to take any treatment of side effect.

5.3.8 Satisfied with this Treatment

Respondent who are the current user of contraceptive methods and take treatment of side effect are asked about their satisfaction of the treatment. Figure 5.7 shows the number and percent of respondent who get took treatment of side effect.

Figure 5.7: Distribution of Respondents According to Satisfaction with Treatment



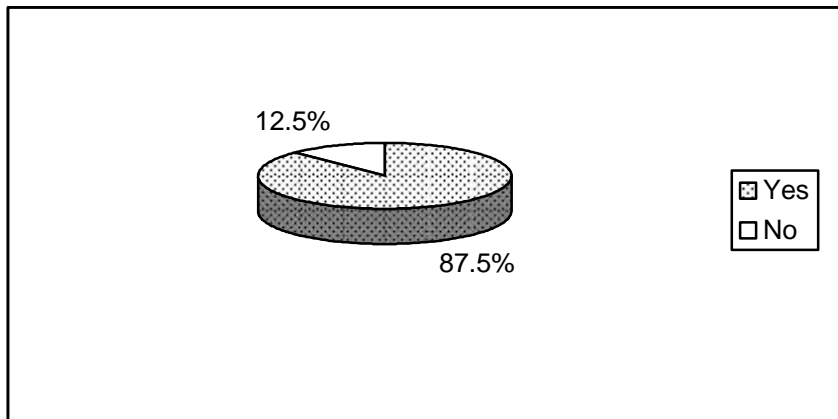
Source: Field Survey, 2009.

Figure 5.7 shows that out of 20 respondents who reported to get any treatment, around 74 percent respondents are not satisfied with treatment and 26.31 percent respondents are satisfied with treatment.

5.3.9 Intention of Future Use of Contraceptive

An important indicators of the changing demand for family planning is extent to which non users' spouse of contraception plan to use family planning in the future. The respondents who are not using contraception at the time of survey are asked about their intention of using family planning in the future. The results are shows in figure 5.8.

Figure 5.8: Distribution of Respondents by Intention of Future Uses of Contraception



Source: Field Survey, 2009.

Figure 5.8 shows that among 16 respondents who are the non-users of contraception methods. Now 87.5 percent respondents intend is to use contraceptive methods in future and 12.5 percent is not any intention to use family planning in future.

CHAPTER- SIX

SUMMARY, FINDINGS AND RECOMMENDATIONS

6.1 Summary

This study has been carried out to examine the knowledge, attitude and practice of contraceptive use among currently married women of the reproductive age (15-49 years) group at Salkot VDC in Surkhet district. This study attempts to find out some selected socio-economic characteristics of the study population. The data have been taken by asking the women of reproductive age group 15-49 years residing in different wards. Data are collected purposively from 115 households in the study area. The main objectives of this study are to find out the socio-economic characteristics, knowledge, attitudes and practice of family planning methods.

6.2 Findings

Major findings of the study are as follows:

- All the respondents are married Magar women aged 15 to 49 years and mother of at least one child.
- Among the respondents (115), 20 percent are in the age group 30 to 34 followed by age group 20-24 and 25-29 with 19.13 percent and remaining are in age group of 45.49.
- Majority of respondents 48.70 percent get marriage at the age of 16 to 19 years and 0.87 percent of respondents married at the age of 10-13 years which is early marriage.
- The majority of respondents 56.52 percent are staying in nuclear family and 43.48 percent are in joint family.
- Majority of respondents around 70 percent are used pipe line water 21 percent used well water, 4 percent use rive water.
- Among 115 respondents around 69 percent have toilet facilities and 31 percent have not any toilet facilities.
- Among the respondents maximum 43.48 percent have 3 to 6 families members and 6.96 percent have 12 and above family members in their house.

- Majority of respondents 57 percent are illiterate 26 percent respondents have attend primary education, 6 percent lower secondary education, 2 percent secondary and 6 percent informational education.
- Among 115 respondents, 66.09 percent are engaged in agriculture. 26.96 percent sell labour, 3.48 percent are in business and housewife.
- Among the respondent, only 86.96 percent respondents have ownership on won khet and 100 percent respondents have ownership on own bari.
- Among the 115 respondents 71 percent have kachi houses, 20 percent have traditional houses, around 7 percent have semi-kachi houses.
- Maximum number 98.26 percent respondent heard about contraception method and only 1.78 percent respondent does not hear about contraception method.
- Majority of respondents 43.48 percent opinion for the ideal time of birth spacing was 2-3 years time interval, 26.09 percent are 3-4 years, 17.39 percent were 4 years above and 13.04 percent respondents 1-2 years.
- Majority respondent 67.82 percent had knowledge availability of family planning services in sub-health post, secondary 13.04 percent had knowledge availability of family planning services in health post.
- Majority respondents 95.6 percent have positive attitude about frequencies pregnancy may lead to health problems and 4.35 percent have no knowledge about it and non of the respondents had negative attitude about it.
- Majority respondents 52.7 percent said they have 2-3 children for ideal family, 33.91 percent said 3-4 children and 13.91 percent said that, they have 4 above children for ideal family.
- Majority respondents 94.78 percent prefer both (son and daughter) 4.35 percent prefer son and 0.87 percent respondent prefer to daughter for ideal family.
- Among the 115 respondents, higher 93.91 percent said contraception method helps to improve family health status.
- Majority respondents 91.31 percent said using contraception devices is not against for religion, only 1.74 percent said contraception is against for religion and, only 6.96 percent said don't know about it.

- In the study area 54.78 percent respondents are allow permanent method of which 30.43 percent are allowed vasectomy and 4.35 percent respondents are allow female sterilization in their society.
- Among the respondents 45.22 percent are allowing temporary method of family planning of which 35.65 percent are depo, 5.22 percent, condom 1.74 percent pills and copper T and 0.78 percent are allowing Norplant in their society and 2.61 percent respondent are no knowledge about it.
- Majority respondents 56.52 percent respondents said family planning devices have side effects, 21.78 percent said not side effect and do not know about it.
- Among knowledgeable women, majority respondents 83.48 percent said ever use of contraception method and 16.52 percent said not ever use of contraception method.
- Among ever use of contraception, majority respondents 54.17 percent use vasectomy, secondly 32.57 percent used depo.
- Among total non-user 19, of which 47.37 percent respondents said the main reason is fear of side effect, 47.37 percent said desire of son and 5.26 percent respondents said the reason is the illiberally and ignorance.
- Around eighty-three percent are currently using contraceptive method remaining 16.67 percent are not currently users.
- Among the current user 56.25 percent are using vasectomy, 33.75 percent depo, 3.75 percent, female sterilization, 2.50 percent condom, 1.25 percent are using pills, Norplant and copper T.
- Among current user of contraception 62.50 percent complained the side effect and 37.50 percent do not feel side effect of contraception.
- Among felt side effect majority respondent 74 percent had backache, secondly 12 percent have weakness and 10 percent had irregular menstruation.
- Majority respondent 56 percent does not got treatment for side effect and 44 percent have got treatment for side effect.
- Majority respondents 73.68 percent are not satisfied with treatment and 26.31 percent are satisfied with the treatment.

6.3 Conclusion

In conclusion, the present study indicates that female education is most important for increase family planning knowledge in Magar community. They are backward in economic and health condition. They are struggling for survive. Maximum respondent had no irrigated land they had only dry land. Due to the low socio economic status of Magar community's women they have poor status having contraception.

- Most of the respondents have knowledge on family planning methods but rate of use is low because of the low economic status and low availability of family planning.
- The knowledge of contraceptive method is almost universal i.e. 99.1 percent in the study area.
- The finding reveals that the contraceptive prevalence rate in the study area is higher than that of the national average figure.
- Injection, pills, female sterilization and condom dominate the current pattern of modern contraception among currently married women of reproductive age in Magar community.
- The study shows that there is strong relationship between women age, education and use of contraceptive methods.
- The main reason for non-use of contraception in the study area is fear of side effects and sexual displeasure.
- The study shows that more women are intended to use any contraceptive methods after bearing her first child.
- Majority women, who have less than two children, are used temporary methods and who have more than two children are used permanent method (female sterilization).

6.4 Recommendations

- Most of the women are engaged in agriculture and daily wages work so income-generating programme should be launched by GOs and NGOs which could be help to use family planning methods.
- Audio and Visual materials should be distributed by the local GOs, NGOs and CBOs.
- CPR varies with the level of women's education and higher level of education means higher CPR and vice-versa. Therefore, family planning program should be integrated with various development programs. .
- Education of women has profound effects on the use of contraception, there is considerable different found in contraceptive use between women with no education and women with primary and non-formal education.
- Female education programme should be conducted through seminar, training and street drama by the concerned authorities with the help of local leaders.

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**Knowledge, Attitude and Practice of Family Planning in Magar Community
(A Case Study of Salkot VDC in Surkhet District)**

Section 1: Household Questionnaire (only for Married Women of age group 15-49 years)

Household No.:

Date:

Name of Locality :

Religion :

Name of Respondents:

Ward No.:

Family Type : 1) Nuclear 2) Extended

S.N.	Name	Relation of the HH Sex	Sex		Age	Education	Marital Status	Occupation
			Male	Female				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Code for

Relation to HH		Education		Marital status		Occupation	
Head of the household	01	Illiterate	00	Married	01	Agriculture	01
Husband/wife	02	Literate	01	Unmarried	02	Service	02
Father/Mother	03	Primary	02	Widow	03	Business	03
Son/daughter in law	04	Lower secondary	03	Divorced	04	Household work	04
Grand child	05	Secondary	04	Separated	05	Daily wage workers	05
Father/Mother in law	06	Higher Secondary	05			Pension	06
Brother/Sister	07	Higher Education	06			Students	07
Nephew/Nice	08	Others	07			Dependent	08
Other relatives	09					Do not know	09

Section 2: Socio-economic condition of household

S.N.	Questions	Opinion	Code	Skip
1	Do you have own cultivate land ?	Yes No	01 02	QN 3
2	If yes, how much	Ropani	01	
3	What is the main sources of drinking water ?	Pipe line water Well water River	01 02 03	

		Pond	04	
		Others	05	
4	Do you have toilet ?	Yes	01	
		No	02	
5	Does your household have ?	Electricity	01	
		Telephone	02	
		Television	03	
		Radio	04	
6	What kind of your house ?	Pakki	01	
		Kachhi	02	
		Semi-pakki	03	
		Traditional	04	

Section 3: Individual Questionnaire (Only for currently married women age 15-49 years)

A. Respondent Background

S.N.	Questions	Opinion	Code	Skip
7	How old are you ? (completed)		
8	What is your main occupation ?		
9	Can you read and write ?	Yes	01	
		No	02	QN 11
10	If yes, what class have you completed ?		
11	Is this your first marriage ?	Yes	01	
		No	02	
12	If no, what is your order of marriage ?	Second	01	
		Third	02	
		Fourth	03	
13	Do you have given any birth ?	Yes	01	
		No	02	QN 15
14	If yes how many children were you born ?		
15	Have you ever been pregnant up to now ?	Yes	01	
		No	02	
16	How old were you at your first pregnancy ?			
17	How many children live with you ?			

B. Knowledge of family planning method

18	Have you ever heard about family planning method?	Yes No	01 02	QN 24
19	If yes, what are they ? (multiple answer)	I. Any Method II. Any modern method - Pill - Injection - IUD - Foam tab - Condom - Norplant - Male st III. Any traditional - Period abstinence - Withdraw - Others (specify)	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	
20	When did you know about family planning method ?	After marriage Before marriage Don't know	01 02 03	
21	What are the sources of information about family planning method ?	- Radio/TV Newspaper/ magazine Friends/relatives Others (specify)	01 02 03 04	
22	What do you mean by family planning ?	Means to maintain birth spacing To use family planning devicing Having only two children Improvement of health condition of family To bring wanted births To avoid unwanted birth	01 02 03 04 05 06	
23	Do you know, where the F/P service is available ?	Our reach clinic Sub health post Health post Primary health center Hospital Health workers Private clinic	01 02 03 04 05 06 07	

C. Attitude Towards family planning

24	Frequent pregnancies may lead to health problem.	Yes No Don't know	01 02 03	
25	Have you ever visited the center for family planning services ?	Yes No	01 02	QN 28
26	If yes, which place do you like to go to family planning services ?	Hospital Primary health center Health post Sub health post Medical shop Mobile health clinic If other specify	01 02 03 04 05 06 07	
27	If no, why you don't want to go ?	Religions cause Behave of health person Family causes Not a about it Desire of son	01 02 03 04 05	
28	How many children's are needed for ideal family ?		
29	Whom do you prefer ?	Son Daughter Both	01 02 03	
30	Family planning helps to improve family health status.	Yes No Don't know	01 02 03	
31	Using contraceptive devices is against for religion.	Yes No Don't know	01 02 03	
32	All type of contraceptive methods is against for religions.	Yes No Don't know	01 02 03	
33	Family planning devices have many side effect.	Yes No Don't know	01 02 03	

D. Practice towards family planning method

34	Have you or your husband is using contraception ever ?	Yes No	01 02	QN 36
35	If yes, which contraception methods are ever use ?	Female sterilization Male sterilization Depo Condom Pills Norplant Copper T Others (specify)	01 02 03 04 05 06 07 08	
36	Do you current use family planning methods ?	Yes No	01 02	QN 38
37	If yes, which contraception methods are current use ?	Female sterilization Male sterilization Depo Condom Pills Norplant Copper T Others (specify)	01 02 03 04 05 06 07 08	
38	Do you tend to use family planning method in future ?	Yes No	01 02	
39	Do you feel any side effect ?	Yes No	01 02	QN 43
40	If yes, what are these ?	Headache Loss of location Backache Weakness Excessive bleeding Irregular men-structuration If any others	01 02 03 04 05 06 07	
41	Did you get any treatment	Yes No	01 02	
42	If yes are you satisfied with this treatment ?	Yes No	01 02	
43	Do you have any suggestions ?		

			
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