

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background**

Population growth is one of the burning issues in the world, especially the less economically developed country like Nepal. Nepal had 23 million Populations in 2001 whereas 21.5 million populations were in 1998 (CBS 2001). The crude birth rate (CBR) of Nepal is 33.1 and 29.2 (estimated) in 2001 and 2007 respectively. The crude death rate (CDR) of Nepal is 9.6 and 8.5 (estimated) in 2001 and 2007 respectively. The total fertility rate (TFR) of Nepal 4.1 and 3.1 (estimated) in 2001 and 2007 respectively. The infant mortality rate (IMR) of Nepal is 644 and 48 in 2001 and 2007 respectively. The crude mortality rate (CMR) of Nepal is 91.2 and 61 in 2001 and 2007 respectively. The average marriage year of Nepal is 21.9 and 19.5 male and female respectively in 2001 (Statistical Figure of Nepal, 2064).

Nepal is a multi-lingual, multi religious and multi racial/ ethnic country. Among of all the ethnic groups, Dalit is one of the marginalized ethnic groups of Nepal. Dalits are basically occupational castes. They are such as Damai, Kami, Sarki, Gaine, Kumale, Meche, Mushar, Jhanged, etc but among them Damai, Kami, Sarki have the larger number. The status of Dalit is even lower in the society, such as Damai, Kami and Sarki. Those communities who are backward in the context of economic, social, cultural, educational and all other conditions are known as the Dalit communities who are suppose to be untouchable of the total population of Nepal. About 20 percent are Dalit.

Most of the Dalit live in rural areas and adopt the traditional occupation. They reproduce more children for help of them. Dalit are backward, exploited community. Dalits have high fertility rate. According to Regmi 1998, People who are in backward and are in an agrarian family, high fertility rate. By using contraception is one to reduce the fertility rate. This study tries to explore the knowledge, attitudes and practices of contraceptive in Dalit communities in Gunjanagar village development committee (VDC) ward No 2 and 3.

## **1.2 Statement of the Problem**

Population growth rate is a serious problem for every developing country due to lack of industrialization, low production, low literacy rate, unemployment, and less available of family planning services and so on.

Contraceptive using rate of our country is lower than other countries contraceptive prevalence rates in Nepal is 48 Percent ,India 56 Percent, Srilanka 68 Percent France 79 Percent, United state of America (USA) 73 Percent, Japan 52 Percent , Australia 85 Percent, Canada 75 Percent , South Africa 60 Percent, Zimbabwe 60 percent (World Population Data Population Reference Bureau United state Agency for international development (USAID) (USAID, 2008) Unsafe sexual relation makes the probability of unwanted of pregnancy, unsafe abortion, infection with sexually transmitted diseases and HIV/AIDS and so on . So counseling and education should be linked for using contraception.

Dalits are marginalized ethnic group of Nepal and depended on low status occupation. They are deprived from socially, economically, politically and many other factors. Most of them especially rural Dalits are illiterate and have high population growth.

Above the fact that the researcher is eagerly to know their knowledge, attitudes and practice of contraception by Dalits community in Gunjanagar VDC. This study tries to find out the answers of the following research questions.

- ) What are the knowledge and attitudes on contraception of Dalits community in the study area?
- ) What are the levels of contraception use in Dalits community in the study area?
- ) What are the reasons for use of contraception in Dalits community in the study area?
- ) How much has the knowledge of STDs, HIV/AIDS among Dalits people in the study area?

### **1.3 Objectives of this Study**

The general objective of this study is to analyze the knowledge, attitude and practice of contraceptive among married Dalits of Gunjanagar VDC in Chitwan district. The specific objectives of this study are:

- To identify the status of Knowledge of contraception in a Dalits community in Gunjanagar VDC, Ward No. 2 and 3.
- To asses the attitudes and beliefs of Dalits towards contraception in Gunjanagar VDC Ward No. 2 and 3.
- To examine the practice of contraception in Dalits communities in Gunjanagar VDC Ward No 2 and 3.
- To examine the status of their knowledge on STDs, HIV/AIDS.

#### **1.4 Significance of the Study**

A lot of studies have been done dealing with contraceptive prevalence. Many researchers found that birth rate and death rate are very high and contraceptive using rate is low in rural area than urban area in Nepal. This study is concentrated on Dalits community of Gunjanagar VDC, Ward No 2 and 3. This study has deeply explored knowledge, attitude and practice of contraception and other concerned topics of Dalits in the study area. Hopefully, finding and recommendations of this study is benefited to the policy makers, planners, government authorities, administrators, Demographers, Researchers, Teachers, Students and other concerned people.

#### **1.5 Limitation of the study**

This study is limited to the following areas:

- I. This study is concerned to married Dalits, especially up to reproductive age of Damai, Sarki and Kami in the study area.
- II. This study is confined to get the information about Knowledge, attitude and practice of contraception of Dalits in the study area.
- III. This study is based upon 125 respondents, so finding will not be generalized the scenario of Dalits towards contraception of the whole nations.

#### **1.6 Organization of the study**

This dissertation has been organized into six chapters. The first chapter deals with introduction including background of the study, statement of the problem, objective of the study, limitation of the study, significance of the study and organization of the study. The second

chapter includes literature review and conceptual framework. The third chapter is devoted to methodology for rationale for site selection, nature and source of data, universe and sampling procedure and method of data analysis and presentation. The fourth chapter deals the socio-economic of the respondents in the study area. The fifth chapter analyses knowledge, attitude and practice of contraception of married dalit of the study area. It also explores the knowledge on STDs and HIV/AIDS by dalit of the study area. The sixth chapter deals summary, conclusion and recommendation of this study.

## CHAPTER TWO

### REVIEW OF LITERATURE

Review of literature is very important part of academic research and is an essential element of research design. Various national surveys, case studies, reports etc. give ideas to researcher and enable him/her to address all the research issues systematically.

#### 2.1 Review of Previous Relevant Studies

Nepal contraceptive Prevalence Survey (1981) founded that 51.9 Percent of the currently married women in 15-49 years of age know at least one modern method of family planning. The proportional of currently married women knowing at least one family planning method was only 22.1 percent in 1976. Regarding the practice of the contraception, the overall rate of ever use of modern methods among currently women was 8.6 percent.

The Japanese birth rate (number of per thousand per annum) fell from 34 in 1947 to 33 percent in 1949 and then sharply to 23 percent in 1951, 22 percent in 1953 ,19 percent in 1953 and 17 percent in 1957. This fall of the birth rate by 17 points in 10 years has been accounted for as due to two causes, viz . The growing use of contraceptive applicances and surgical abortions carried out in the public hospitals. Can the contribution made by each of the two causative factors to be separately assessed and thus their relative importance in the process of having the birth rate be determined? It seems possible to do this first by computing the “surgical abortion rates”, and then adding it to the birth rate to arrive at the “Pregnancy rate”, When that is done it is found that 34 pregnancies

occurred per 1000 people in Japan during the year 1949. In the same year (1957) 12 out of the 29 pregnancies were terminated by surgical abortion, thereby reducing the number of child births to 17. Thus a drop of 12 points had accrued as a result of surgical abortion (Research in Family Planning, 1962).

Cliquit, R.L.(1977;190-191) the Population and Family Study Center of the Minister of Public Health and Family has conducted a national survey of fecundity and fertility in Belgium in 1996, covering a sample of 2372 married women, under 41 years. This survey has shown the knowledge, practice and effectiveness of contraceptive prevailing in Belgium. According to the study, 98 percent of the respondents have able to at least one contraceptive method. More than 70 percent of the respondents know about them. IUD was almost unknown in 1976.

Rahul Singh's studies in Sri Lanka indicate that, a variety of factors contributed to Sri Lanka's successive family planning programme. These was a legacy of Buddhism, the relation of vast majority of the people, where by everybody has access to learning not us one particular caste as in India and a tradition that revered the healers. Hence, even before the problem of excessive population growth came to the attention of the country's policy planner, the essential infrastructure to trickle it, in terms of health care and literacy, was already in place. NGOs like the Family Planning Association of Sri Lanka and the Sri Lanka association for Voluntary Surgical Contraception stepped in at a time that the government preferred to stay in the wings, testing the public reaction- when the government finally came out more forcefully with a population policy. There was close cooperation between government authorities and the NGOs volunteers also played a vital role in programme. The result was that the contraceptive prevalence rate rose to 62 per cent. The total

fertility rate dropped to 206 children per women of reproductive age and the annual population growth rate to 1.4 percent.

Pathak's (1996:75) shows that lower percentages of currently married rural women are practicing sterilization compare to urban women. It is also noted that female sterilization is popular among currently married in terai region and male sterilization is mountain and hill region. People believe that they cannot work well if they have sterilized, may be the possible causes of it. The study also reveals those working classes Nepalese are less likely to use female sterilization.

Subedi's (1997:61) study shows the relationship between current use of any modern method of living sons, the use sharply increased with increasing number of living children up to 2 less than one tenth of women with no living songs were using any modern methods of contraception and the contribution and the contribution of sterilization was less pronounced to the total use in this category. While about out of 10 women with 2 living children were current users of any modern methods at the time of survey. This indicates that a women with any number of living son is more likely to use any contraception method that of none. This is common phenomenon in Nepal considering the extent of son preference Hind dominated society.

Pushpa's (1997) study indicates that the number of child losses of women's negatively correlated with the contraceptive use. Thus, by reducing child mortality as possible or substantial increase in contraceptive use may be achieved.

Aryal (1999) has studies contraceptive knowledge and use: an evaluation to Kumal community VDC in Gulmi district. The study reveals that the contraceptive prevalence rate has been found 25.6 percent of he currently



married women in reproductive ages. Almost twenty-six percentage of the total CPR is contributed by female sterilization followed by injectable (5.6%) pill (5.0%) and condom (3.9%) are also used methods. Traditional and her methods are also used less than three percent. The current users of male sterilization, IUD and Norplant are not found.

Josh (1998) has studied utilization of family planning services: an evaluation of Byansi community at Khalanga VDC in Darchuyla district. The study reveals that almost all (99.2%) of currently married women of reproductive age group are familiar with at least one family planning methods. Among the individual methods female sterilization appears to be the best known methods (99.2%) followed by male sterilization (96.5%) injectable (93.9%) and pill (62.2%) . the overall knowledge of traditional method is found very low (5.3%).

Tuladhar (1986) found contraceptive use was inversely related to the level of fertility. Contraceptive use itself is affected by various socio-economic factors such as level of educational attainment place of urban and rural and occupational status. In Nepal, high fertility is mainly due to lack of population demand of family planning.

Mishra (1987: 60) referred that the tradition or conservative feeling of rural people are one of the main barrier of contraceptive use.

The young women are less likely to use contraceptives than older women because as age increases women are more likely to have completed their desired family size and are therefore more likely to use contraceptives. It is, however, interesting to note that the proportion of current user is higher among (30-39) years old women than those aged (40 - 49) (UN, 1989).

Risal and Shrestha (1989: 33) found that the use of contraception shows strong positive association with the number living sons. There was the large difference in the level of current use between women without a living son and those who have three or more living sons.

Pradhan (1997: 83) found that in the context of Nepal while going over the literature it is found that very little information is available among Nepalese adolescents. Whatever is available, is mostly confined to married women of reproductive age (15-49) is particular focus on adolescents, family planning knowledge, practice and sexual activities of currently married women in the first four weeks preceding the survey. Data indicate that 60 percent of women aged 15-19 were sexually active in the last four weeks.

Manandhar (1993) indicated that among various several reasons of population growth, one of the reasons was socio-economic tradition which favors sons.

Rijal (2001) has studied on statues of Dalits (Kami, Sarki and Damai) women fertility. His study is based on Household questionnaire of married women of the age 15 years old and above. He conclude that early and almost universal marriage results low statues of women and high fertility rate that is number of children ever born is high on the Dalits community can be reduced through increasing statues of women and the use of contraception.

Paudel (2003) has studied adolescent's contraceptive knowledge, use and sexual behaviour of Dalits community in Gajedi VDC in Rupandehi district .His study is based on primary information of 104 respondents from 2,3,6 and 7 wards of Gajedi VDC by using purposive sampling method. He found that most of the women used the contraceptive,

especially using injectable method, after the age 25 and above. He concluded that higher the Contraceptive knowledge and use was associated with non-Agriculture job and higher education level of women.

## **2.2 Conceptual Framework**

The main objectives of this research are to study of knowledge, attitude and practice of contraception in a married Dalits of Gunjanagar VDC in Chitwan district. The following proposed conceptual framework will help to meet the objectives of the study.

### **Figure 1: conceptual Frame work**

## **CHATER THREE**

### **METHODOLOGY**

This section will discuss preparation and way of conducting field works for this study. An effort will be made to collect as much as information on knowledge, attitude and practice of contraception of married Dalits in Gunjanagar VDC ward no 2 and 3. This study will be based upon primary and secondary data information. This study will be based on qualitative and quantitative data and information as well.

#### **3.1 Rational for the site selection**

The study area “Dalits settlement” of Gunjanagar VDC ward no 2 and 3 will be selected. This ward is located at the southern western part of the Chitwan district.

Dalits are dominant group of these wards. The researcher is curious to knowledge their attitude and practice of contraception by Dalits .These wards are adjoining of researcher residence ward. So researcher is too much familiar with them. The researcher is hopefully to collect the data and information as easily as possible as accuracy.

#### **3.2 Nature and sources of Data**

The study will be based on qualitative and quantitative data and information. The data and information will be acquired through primary and secondary sources. Primary data and information will be collected from field works and secondary data information will be called from books, journals, articles, unpublished thesis and dissertation, website and so on.

### **3.3 Universe and sampling procedure**

There are two municipalities and thirty VDC in Chitwan district. Among them, Gunjanagar VDC has selected for this study. The total population of this VDC is 12,875 with 2,477 households among them Dalits ethnic groups are dominant of the wards 2 and 3 of this VDC.

In this study, judgmental sampling methods are used for sample selection. The respondents are selected through purposive random sampling method. On the basis of their age sex education occupation and so on. Both male and female married Dalits, especially up to reproductive age, is selected from ward no 2 and 3 of Gunjanagar VDC. The researcher takes 125 sample size to meet the objectives of this study.

### **3.4 Construction of Tools and Technique**

In the study both households and individual questionnaires have been utilized for the data collection. Data collection are derived through questionnaire about the information of married Dalit from age 15 to 49 on their socio-economic characteristics, age, sex, literacy, occupation, contraceptive use, knowledge and attitude.

### **3.4 Methods of Data Analysis and presentation**

Various tools and techniques are used to collect data and information which is edited and analyzed in an appropriate way. Then gathered data and information is presented in a table, chart, and figures and SPSS.

## CHAPTER FOUR

### BACKGROUND CHARACTERISTICS OF HOUSEHOLD AND RESPONDENTS

This chapter provides some demographic and socio-economic characteristics of the household and respondents of study area. In this study demographic characteristics include age sex and marital status. Socio-economic characteristics include educational attainment major occupation, size of land holding and level of annual income of this population.

#### A Household Background Characteristics

##### 4.1 Demographic Characteristics

##### 4.1.1 Age sex Structure

There are 125 total respondents of this study where 47 respondents are male and 78 are female. The following table shows age sex structure.

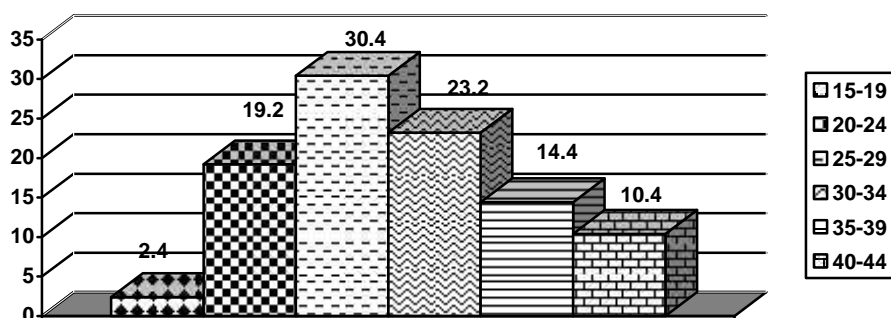
Table 1: Age-wise Distribution of Respondents

Age distribution of the total population	Frequency	percent
15-19	3	2.4
20-24	24	19.2
25-29	38	30.4
30-34	29	23.2
35-39	18	14.4
40-44	13	10.4
Total	125	100.0

Source: Field Survey, 2009.

Table 1 show that the highest no of population (30.4 percent) are found of the age group 25 to 29, followed by 23.2 percent of the age group 30 to 34, 19.2 percent of 20 to 24, 14.4 percent of 35to39, 10.4 percent of 40 to 44 and 2.4 percent of 15 to 19.

**Figure No. 1 Age-wise Distribution of Respondents**



## 4.2 Socio-economic Characteristics

Socio-economic characteristics deal with educational attainment, occupation, access to water supply, size of landholding and level of annual income of the respondent's households.

### 4.2.1 Educational Attainment

On the basis of field survey (2009), there are 58.4 percent and 41.6 percent respondents are literate and illiterate respectively. The following table shows the educational attainment of respondents.

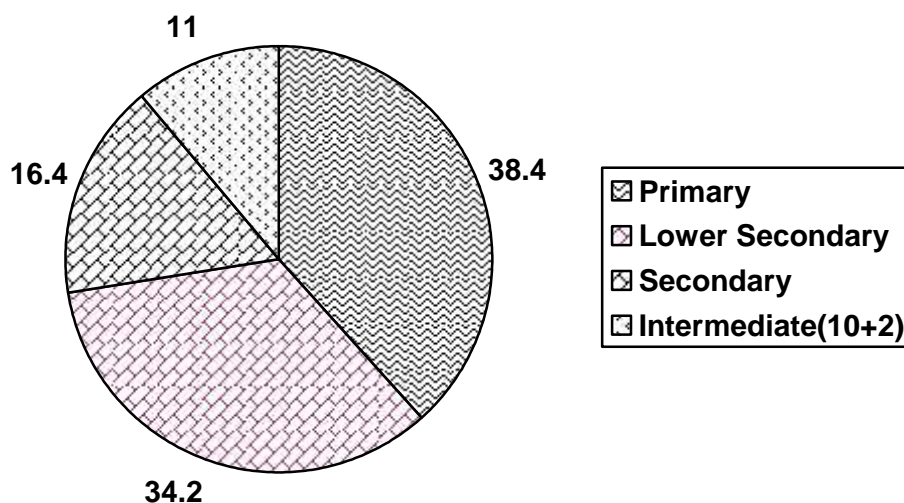
**Table: 2 Distributions of Respondents by Educational Attainments.**

Educational attainment of the respondents	Frequency	percent
Primary	28	38.4
Lower Secondary	25	34.2
Secondary	12	16.4
Intermediate(10+2)	8	11.0
Total	73	100.0

Source: Field Survey, 2009.

Table 2 shows that 38.4 percent respondents have taken primary education likewise 34.2 percent respondents have taken. Lower secondary education.16.4 percent respondents have taken secondary education .11 percent respondents have taken intermediate (10+2) education.

**Figure : 2 Distributions of Respondents by Educational Attainments.**



#### 4.2.2 Major Occupation

The following table shows major occupation of the respondents in the study area.

Table 3: Distribution of respondents by major occupation

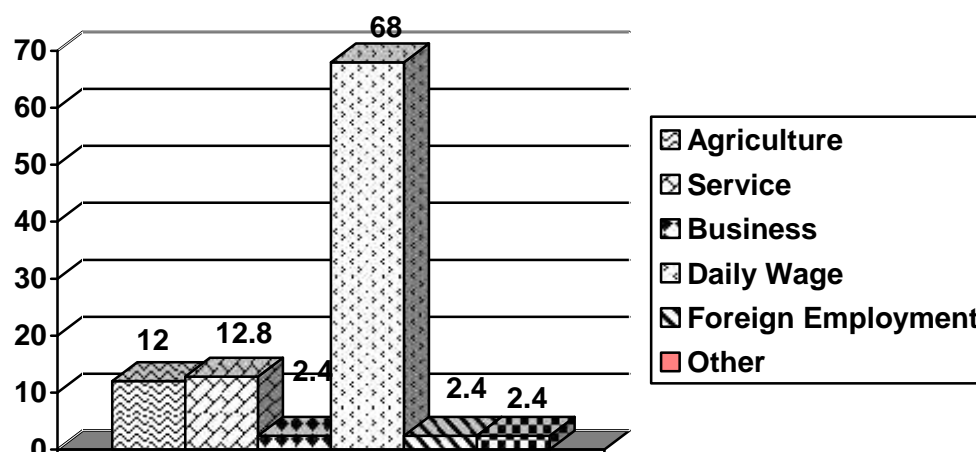
Occupation	Frequency	percent
Agriculture	15	12
Service	16	12.8
Business	3	2.4
Daily Wage	85	68.0
Foreign Employment	3	2.4
Other	3	2.4
Total	125	100.0

Source: Field Survey, 2009.



Table 3 shows that 68 percent of the respondents have adopted. Daily wage occupation, followed by, 12.8 percent in service 12 percent of respondents have adopted agriculture, followed by 2.4 percent in foreign employment and 2.4 percent in other occupation.

**Figure 3: Distribution of respondents by major occupation**



### 4.2.3 Size of landholding

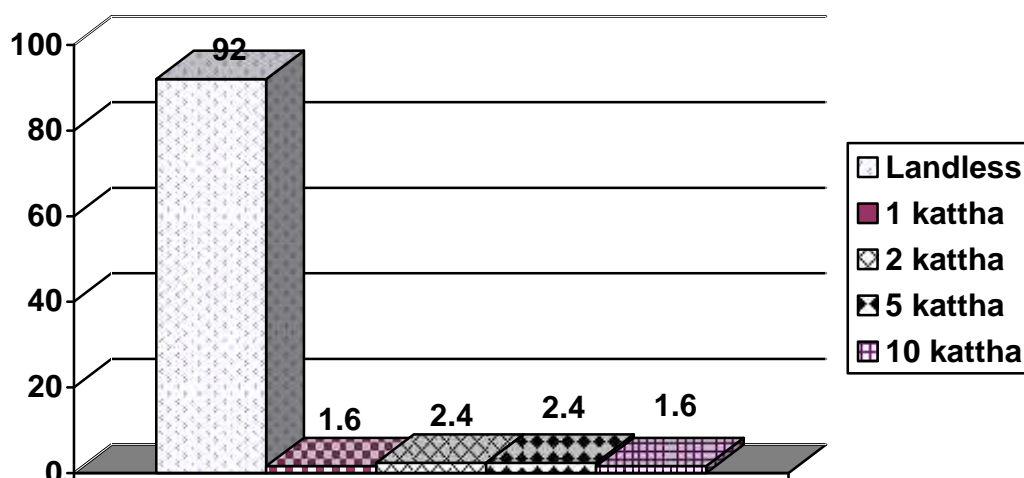
Table 4 Distribution of respondents by size of land holding

Size of landholding	No of respondents	percent
Landless	115	92
1 kattha	2	1.6
2 kattha	3	2.4
5 kattha	3	2.4
10 kattha	2	1.6

Source: Field survey, 2009.

Table 4 shows that 92 percent of respondents are landless.8 percent respondents have their own land. Where 2.4 percent of respondents have 5 kattha and 2.4 percent of respondents have 2 kattha .1.6 percent of respondents have 10 kattha and 1.6 percent respondents have one kattha.

**Figure : 4 Distribution of respondents by size of land holding**



#### **4.2.4 Access to water supply**

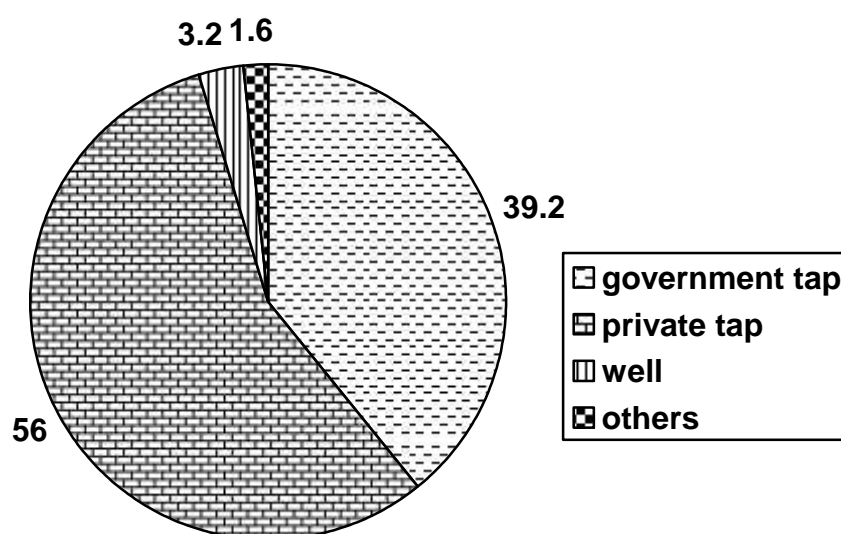
**Table 5: Distribution of respondents by access to water supply**

Source of drinking water	Frequency	percent
government tap	49	39.2
private tap	70	56
well	4	3.2
others	2	1.6
Total	125	100.0

Source: Field survey, 2009.

Table 5 shows that 56 Percent respondents use private tap followed by 39.2 percent respondents government tap, 3.2 percent of respondents of well, 1.6 percent respondents of other sources of water.

**Figure 5: Distribution of respondents by access to water supply**



#### 4.2.5 Marriage age structure

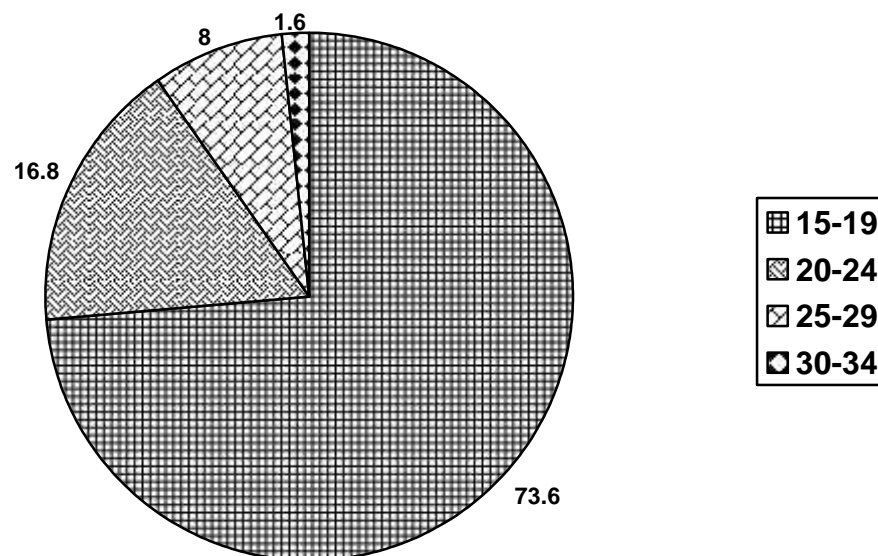
Table 6: Distribution of respondents by marriage year

Year of marriage	Frequency	percent
15-19	92	73.6
20-24	21	16.8
25-29	10	8.0
30-34	2	1.6
Total	125	100

Source: Field survey, 2009.

Table 6 shows that 73.6 percent respondents are found marriage year in between from 15 to 19years age group, 16.8 percent respondents are found from 20 to 24, 8 percent respondents from 25 to 29 and only 1.6 percent from 30 to 34 years.

**Figure 6: Distribution of respondents by marriage year**



#### 4.2.6 Annual income of the family

Table 7 distribution of respondent's household by annual income of the family

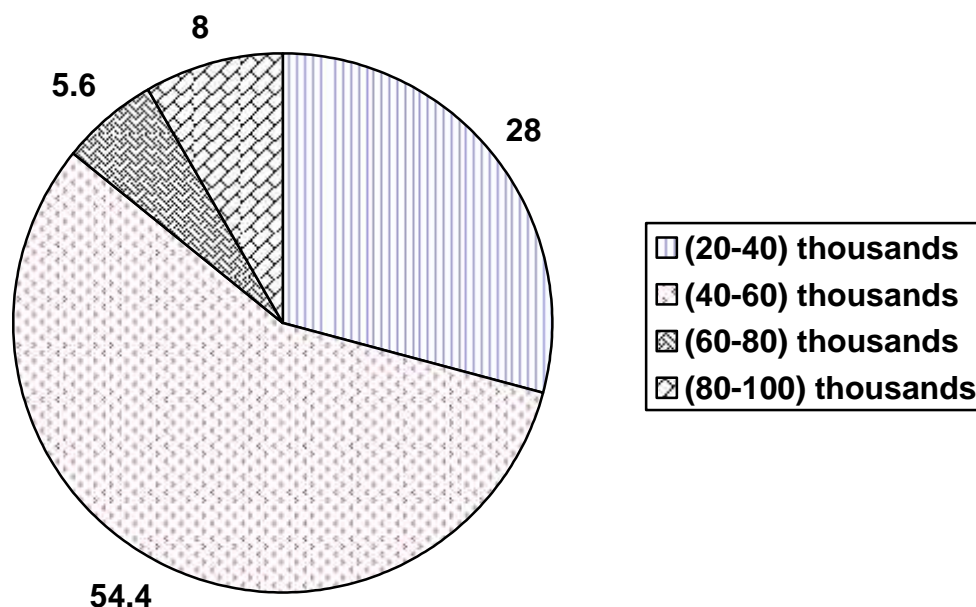
Annual income of the family	Frequency	Percent
(20-40) thousand	35	28.0
(40-60) thousand	68	54.4
(60-80) thousand	7	5.6
(80-100) thousand	10	8.0
100 thousand and above	5	4.0
Total	125	100.0

Source: Field survey, 2009.

Table 7 shows that 54.4 percent of respondents household are found annual income in between from 40 to 60 thousands. 28 percent respondents household are found annual income in between from 20 to 40 thousands. 8 percent of respondents household are found annual income

in between from 80 to 100. 5.6 percent of respondents household are found annual income in between from 60 to 80 thousands. 4 percent of respondents are found annual income to thousands and above.

**Figure : 7 distribution of respondent’s household by annual income of the family**



#### 4.2.7 Annual expenditure of the Family

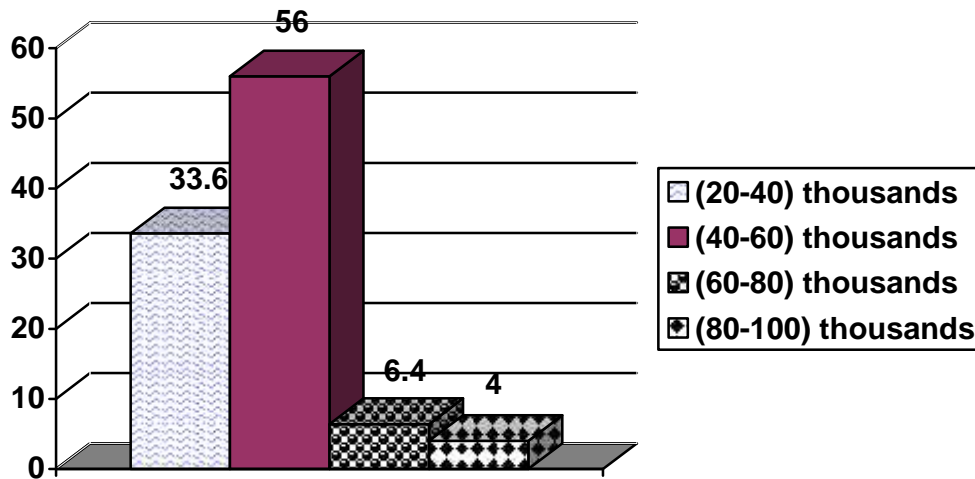
**Table 8:** Distribution of respondents’ households by annual expenditure of the Family

Annual expenditure of the Family	Frequency	Percent
(20-40) thousands	42	33.6
(40-60) thousands	70	56.0
(60-80) thousands	8	6.4
(80-100) thousands	5	4.0
Total	125	100.0

Source: Field survey, 2009.

Table 8 shows that 56 percent of respondent's households are found annual expenditure between from 40- 60 thousands. 33.6 percent of respondent's households are found annual expenditure between from 20-40 thousands. 6.4 percent respondent's household is found annual expenditure between from 60-80 thousands and 4 percent respondent's household are found annual expenditure between from 80-100 thousands.

**Figure 8 : Distribution of respondents' households by annual expenditure of the Family**



## CHAPTER V

### KNOWLEDGE, ATTITUDE, AND USE OF CONTRACEPTIVE METHODS

This chapter is to discuss knowledge, attitude and use of contraceptive methods.

#### 5.1 A Knowledge on contraceptive methods

There are 125 total respondents of this study where 81.6 percent respondents have knowledge about contraceptive methods. Whereas 18.4 percent of respondents haven't knowledge about contraceptive methods. Out of having knowledge about contraceptive knowledge, 60.8 percent and 39.2 percent respondents are female and male respectively.

**Table 9: Distribution of knowledge about temporary method of family planning**

Types of Contraceptive	Yes		No		Total	
	count	%	count	%	count	%
Condom	102	100	0	0.0	102	100
Nilocon	68	66.7	34	33.3	102	100
Gulab	65	63.7	37	36.3	102	100
Kamal chakki	62	60.8	40	39.2	102	100
Norplant	61	59.8	41	40.2	102	100
Lup	25	24.5	77	75.5	102	100
IUD	26	25.5	76	74.5	102	100
Depo-Provera	74	72.5	28	27.5	102	100
Pills	23	22.5	79	77.5	102	100
Immunization	74	72.5	28	27.5	102	100
Foam	25	24.5	77	75.5	102	100
Others	0	0	102	100	102	100

Source: Field survey, 2009.

Table 9 demonstrates that 100 percent respondents know about contraceptive method that is Condom, followed by 72.5 percent of Depo-Provera, 68 percent of Nilocon, 72.5 percent of immunization, 63.7 percent of Gulab 60.8percent of kamalchhaki 59.8 percent of Norplant, 25.5 percent of IUD, 24.5percent of Lup, 24.5 percent of foam and 22.5 percent of pills.

## 5.2 Knowledge of temporary method of family planning by major Occupation

Table 10: distribution of knowledge of temporary method of family planning by major occupation.

occupation	Knowledge of temporary method of family planning				Total	
	Yes		No		N	%
	N	%	N	%		
Agriculture	13	12.7	2	8.7	15	12.0
Service	16	15.7	0	0	16	12.8
Business	3	2.9	0	0	3	2.4
Daily Wage	67	65.7	18	78.3	85	68.0
Foreign employment	3	2.9	0	0	3	2.4
Other	0	0	3	13.0	3	2.4
Total	102	100	23	100	125	100

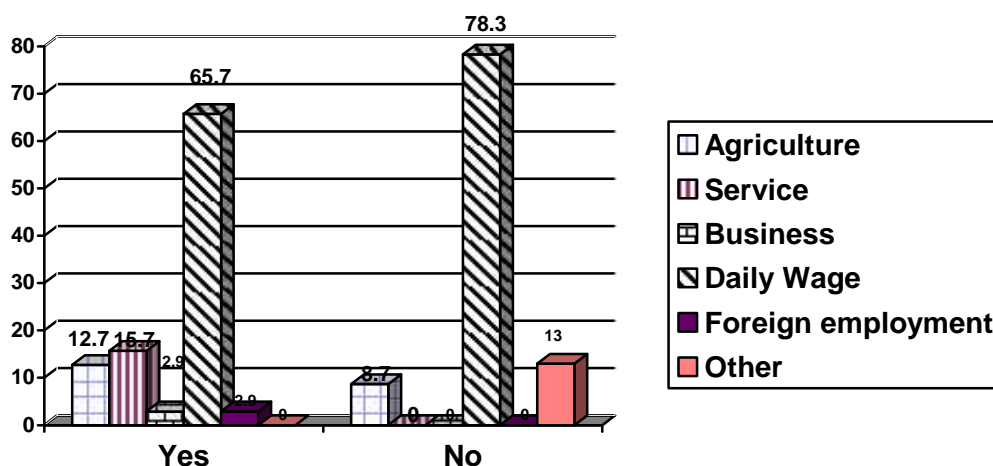
Source: Field survey, 2009.

Table 10 shows that 65.7 percent daily wages respondents know about contraceptive method. 15.7 percent service's respondents know about contraceptive method.12.7 percent agriculture's respondents know about



contraception method. 2.9 percent business respondents know about contraceptive method. 2.9 percent foreign employment respondents know about contraceptive method.

**Figure 9 : Distribution of knowledge of temporary method of family planning by major occupation**



### 5.3 Getting Knowledge about contraception method

63.7 percent of respondents out of 102 respondents know about temporary method of family planning after marriage. 36.3 percent of respondents out of them know about temporary method of family planning before marriage.

#### 5.4 Sources of contraceptive information.

Table 11: Distributions of respondents by sources of contraceptive information

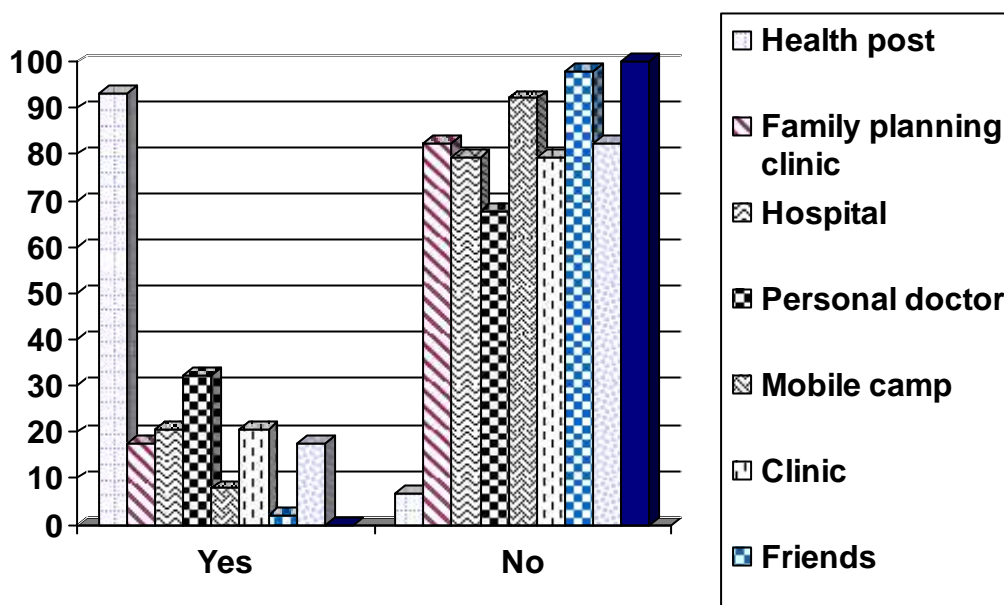
Source of constrictive information	Yes		NO		Total	
	count	%	count	%	Count	%
Health post	95	93.1	7	6.9	102	100.0
Family planning clinic	18	17.6	84	82.4	102	100.0
Hospital	21	20.6	81	79.4	102	100.0
Personal doctor	33	32.4	69	67.6	102	100.0
Mobile camp	8	7.8	94	92.2	102	100.0
Clinic	21	20.6	81	79.4	102	100.0
Friends	2	2.0	100	98.0	102	100.0
shop	18	17.6	84	82.4	102	100.0
Others	0	0	102	100	102	100.0

Source: Field survey,2009.

Table 11 shows that 93.1 percent respondents get contraceptive information from health post, followed by 32.4 percent respondents from personal doctor, 20.6 percent from hospital, 20.6 percent

From clinic, 17.6 percent from family planning clinic, 17.6 from shop 7.8 percent from mobile camp and percent from clinic.

**Figure 10: Distributions of respondents by sources of contraceptive information**



## B. Attitude towards Contraceptive Use

### 5.5 Preference of temporary method of family planning in future

**Table 12: Distribution of respondent by preference of temporary method of family planning in future**

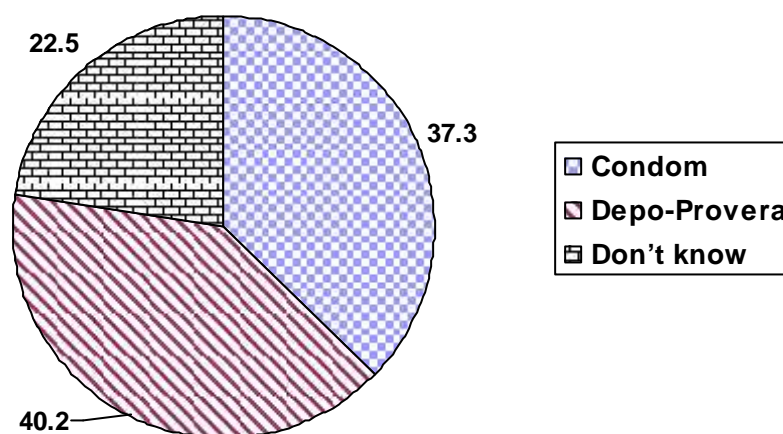
Preference of temporary method of family planning in future	Frequency	Percent
Condom	38	37.3
Depo-Provera	41	40.2
Don't know	23	22.5
Total	102	100.0

Source: Field survey, 2009.

Table 12 shows that 40.2 percent of respondents prefer the contraceptive that in Depo-Provera in future, followed by 37.3 percent of Condom and

rest of the respondents (22.5 percent) don't know the preference contraceptive in future.

**Figure 11: Distribution of respondent by preference of temporary method of family planning in future**



### 5.6 Appropriate age of first birth

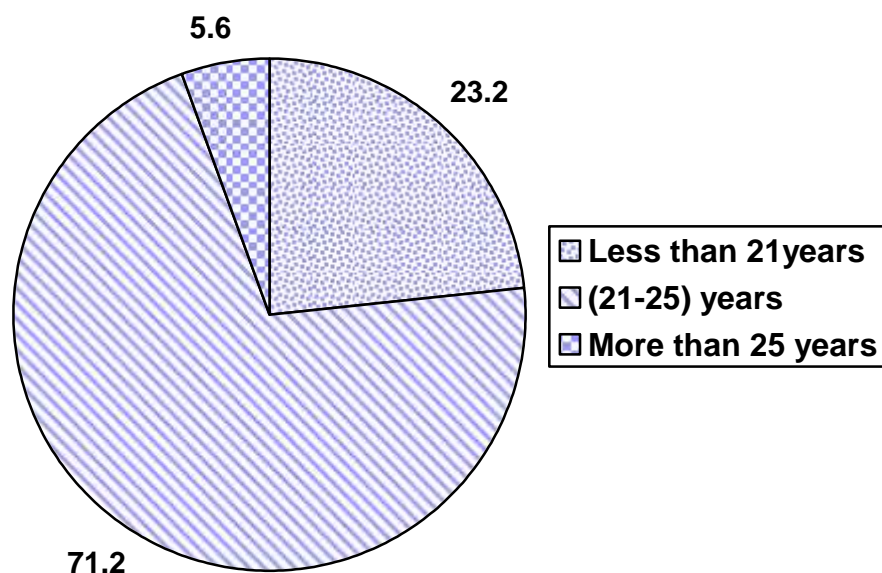
Table 13: Distribution of respondents' by appropriate age of first birth

Appropriate age of first birth	Frequency	percent
Less than 21years	29	23.2
(21-25) years	89	71.2
More than 25 years	7	5.6
Total	125	100.0

Source: Field survey, 2009.

Table 13 shows that 71.2 percent of respondents tell appropriate age of first birth in between from 21 to 25 years, followed by 23.2 percent of less than 21 years and 5.6 percent of more than 25 years.

**Figure 12: Distribution of respondents' by appropriate age of first birth**



### 5.7 Appropriate birth interval by taking Care of mother and child

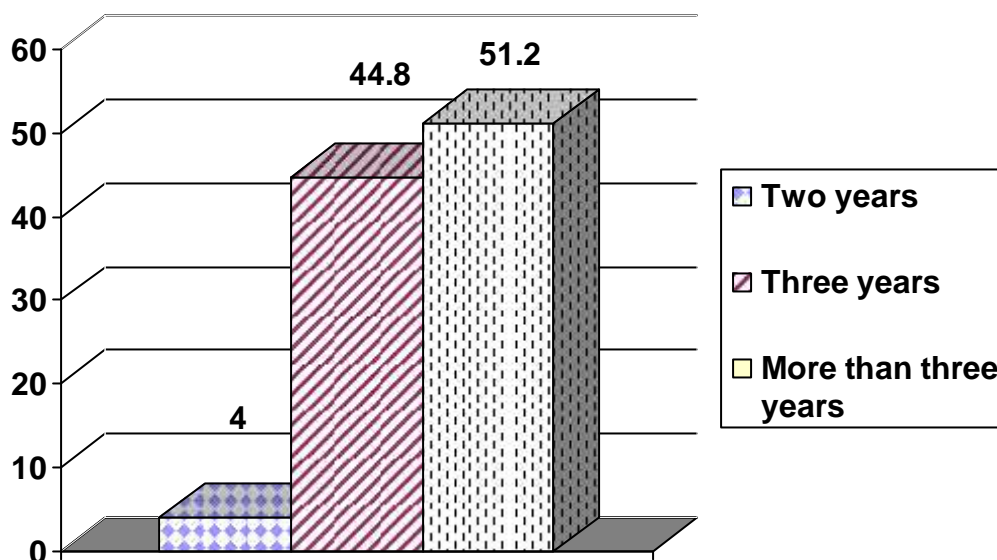
Table 14: Distribution of respondents by appropriate birth interval by taking care of mother and child.

Appropriate birth interval by taking care of mother and child	Frequency	Percent
Two years	5	4.0
Three years	56	44.8
More than three years	64	51.2
Total	125	100.0

Source: Field survey, 2009.

Table 14 shows that 51.2 percent of respondents tell appropriate birth interval by taking care of mother and child in more than three years, followed percent of three by 44.8 percent of three years and 4.0 percent of two years.

**Figure 13: Distribution of respondents by appropriate birth interval by taking care of mother and child**



### 5.8 Appropriate number of family members.

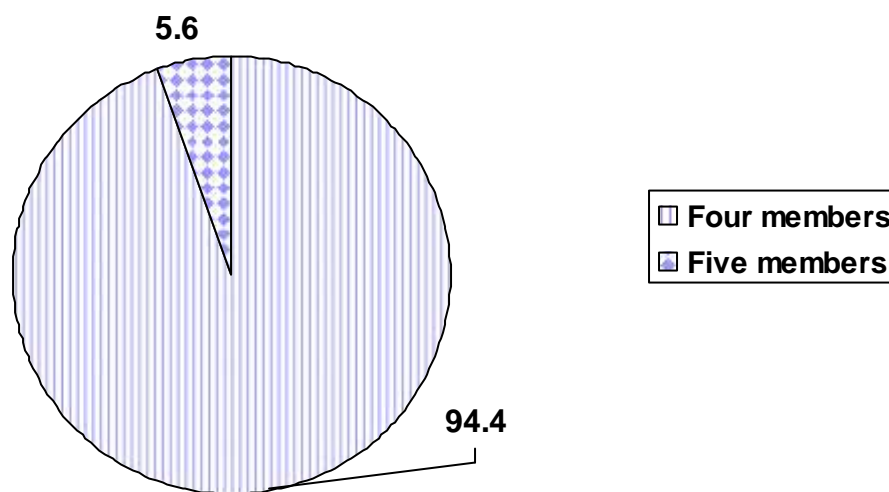
Table 15: Distribution of respondents by appropriate number of family members

Appropriate number of Family members	Frequency	Percent
Four members	118	94.4
Five members	7	5.6
Total	125	100.0

Source: Field survey, 2009.

Table 15 shows that 94.4 percent of respondents tell four members as an appropriate number of family size followed by 5.6 percent of five members.

**Figure 14: Distribution of respondents by appropriate number of family members**



### 5.9 Discussion of temporary methods of family planning with spouses

Out of 125 respondents 53.9 percent discuss of family planning with spouse and rest of the respondents don't discuss about them.

### 5.10 Advantage of contraceptive methods

**Table 16: Distribution of respondents by advantage of contraceptive methods**

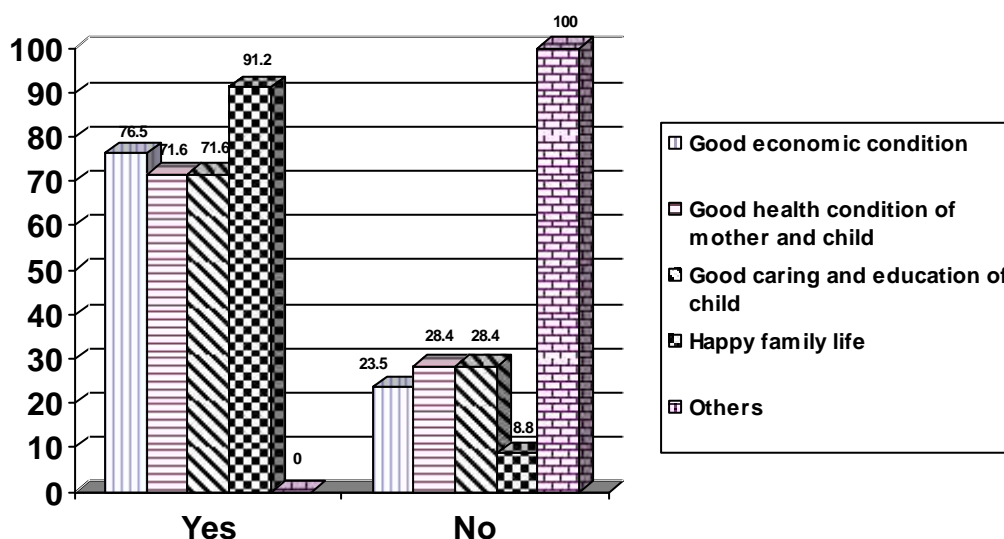
Advantage of contraceptive methods	Yes		No		Total	
	count	%	count	%	count	%
Good economic condition	78	76.5	24	23.5	102	100
Good health condition of mother and child	73	71.6	29	28.4	102	100
Good caring and education of child	73	71.6	29	28.4	102	100
Happy family life	93	91.2	9	8.8	102	100
Others	0	0	102	100	102	100

Source: Field survey, 2009.

Table 16 shows that 91.2 percent respondents tell that the advantage of contraceptive is to make happy family life followed by 76.5 percent of

good economic condition, 71.6 percent of good health condition of mother and child, 71.6 percent of good caring and education of child.

**Figure 15: Distribution of respondents by advantage of contraceptive methods**



### C. Use of contraceptive method

#### 5.11 Use of temporary method of family planning.

Out of 102 respondents, 39.2 percent of respondents use of temporary method of family planning and rest of the respondents don't use any type of contraceptive methods.

#### 5.12 Name of the temporary method of family planning.

The following table shows name of the temporary method of family planning.



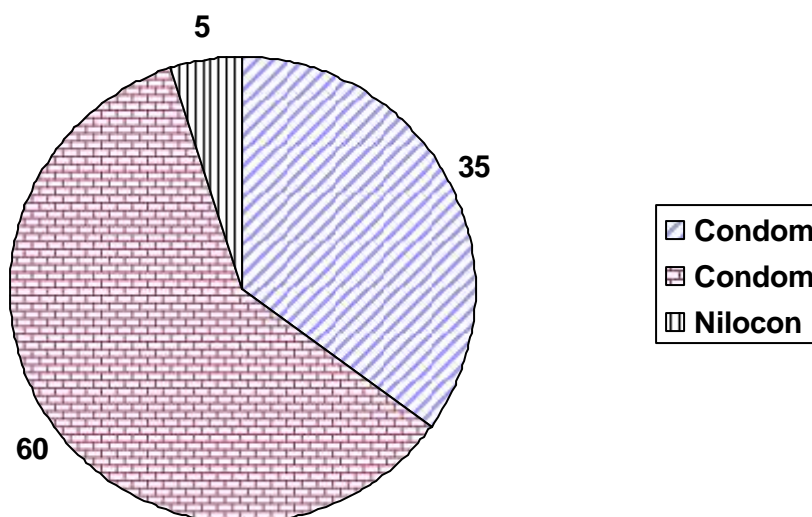
**Table 17: Distribution of name of the temporary method of family planning**

Name of the temporary method of family planning.	Frequency	Percent
Condom	14	35.0
Depo-Provera	24	60.0
Nilocon	2	5.0
Total	40	100.0

Source: Field survey, 2009.

Table 17 shows that 60 percent of respondents use Depo-Provera of the temporary method of family planning, followed by 35 percent of condom and 5 percent of Nilocon.

**Figure 16: Distribution of name of the temporary method of family planning**



### 5.13 Period of using temporary method of family planning

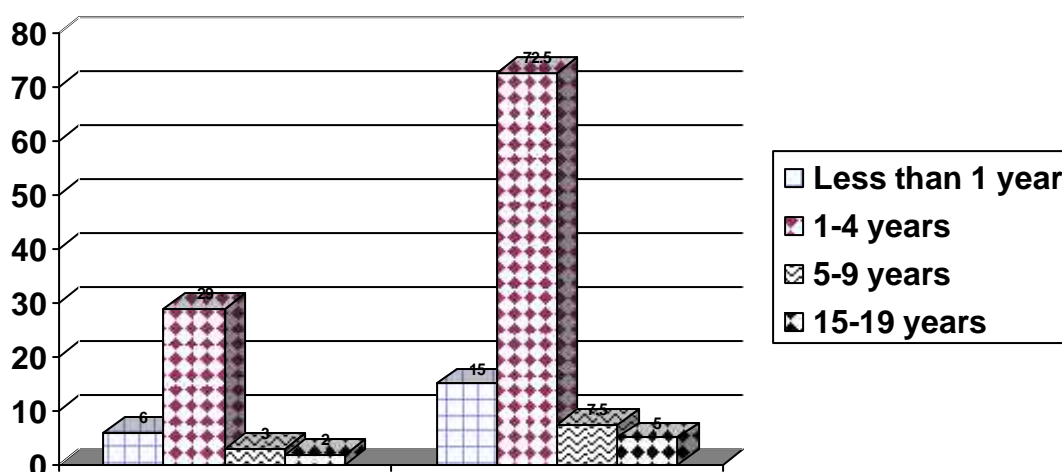
Table 18: Distribution of respondents by period of using temporary method of family planning in year

Time of using temporary method of family planning in year.	Frequency	Percent
Less than 1 year	6	15.0
1-4 years	29	72.5
5-9 years	3	7.5
15-19 years	2	5.0
Total	40	100.0

Source: Field survey, 2009.

Table 18 shows that 72.5 percent respondents are using contraceptive method from 1 to 4 years, followed by 15 percent of less than 1 year, 7.5 percent of 5 to 9 years and 5 percent of 15 to 19 years.

Figure 17: Distribution of respondents by period of using temporary method of family planning in year



### 5.14 Reason for using temporary contraceptive method

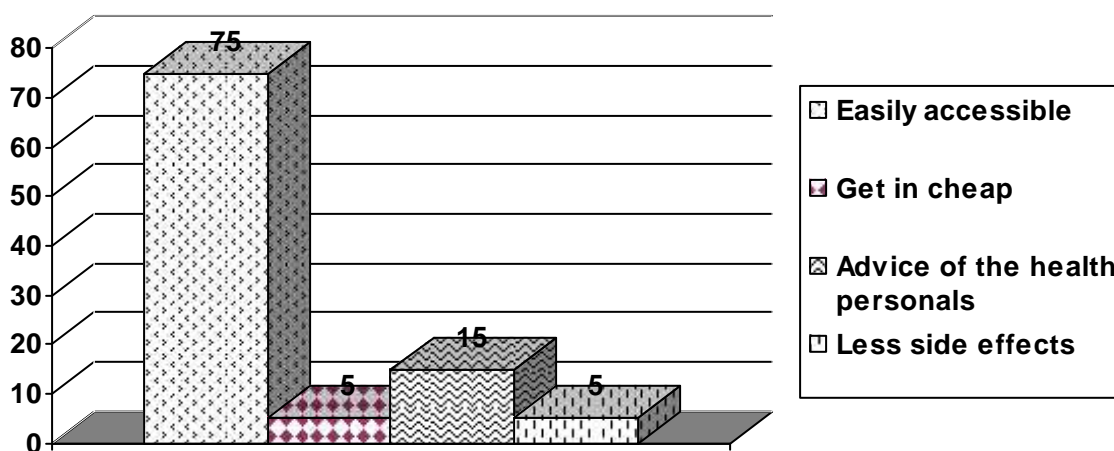
Table 19: Distribution of respondents by reason for using temporary contraceptive method

Reason for using temporary contraceptive method	Frequency	Percent
Easily accessible	30	75.0
Get in cheap	2	5.0
Advice of the health personals	6	15.0
Less side effects	2	5.0
Total	40	100.0

Source: Field survey, 2009.

Table 19 shows that 75 percent of respondents use contraceptive method by easily accessible, followed by 15 percent of advice of the health personas and each 5 percent of less side effects and getting in cheap.

**Figure 18: Distribution of respondents by reason for using temporary contraceptive method**



## Knowledge of STDs and HIV/AIDS

### 5.15: Knowledge of STDs and HIV/AIDS

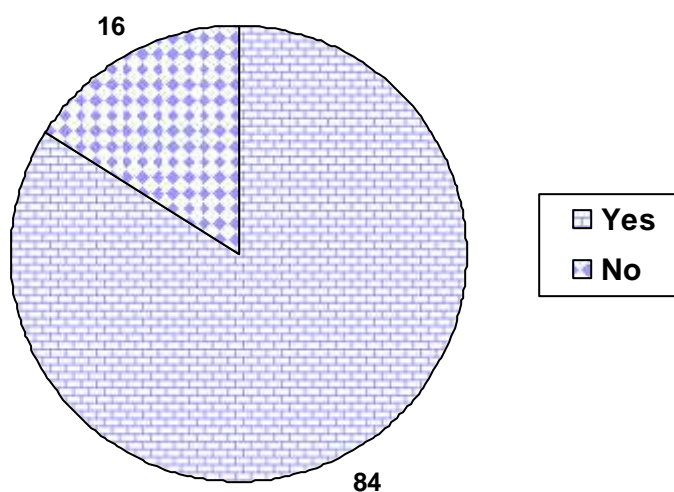
Table 20: Distribution of respondents by knowledge of STDs and HIV/AIDS.

Knowledge of STDs and HIV/AIDS	Frequency	Percent
Yes	105	84.0
No	20	16.0
Total	125	100.0

Source: Field survey, 2009.

Table 20 shows that 84 percent of respondents know about the information of STDs and HIV/AIDS and rest of the respondents don't know about the information of STDs and HIV/AIDS.

### Table 19: Distribution of respondents by knowledge of STDs and HIV/AIDS



## 5.16 Source of knowledge of STDs and HIV/AIDS

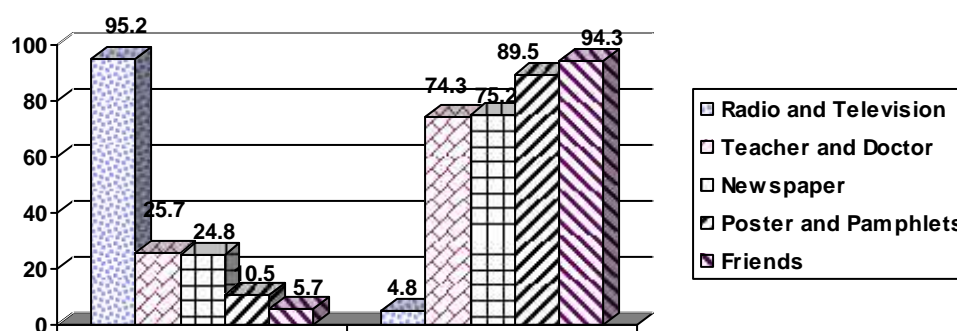
Table 21: Distribution of respondents by sources of knowledge of STDs and HIV/AIDS

Source of knowledge of STDs and HIV/AIDS	Yes		No		Total	
	count	%	count	%	count	%
Radio and Television	100	95.2	5	4.8	105	100
Teacher and Doctor	27	25.7	78	74.3	105	100
Newspaper	26	24.8	79	75.2	105	100
Poster and Pamphlets	11	10.5	94	89.5	105	100
Friends	6	5.7	99	94.3	105	100

Source: Field survey, 2009.

Table 21 shows that 95.2 percent of respondents get information about STDs and HIV/AIDS from Radio and Television, followed by 25.7 percent of from Teacher and Doctor, 24.8 percent of from Newspapers, 10.5 percent of from poster and pamphlets and 5.7 percent of from friends.

**Figure 20 Distribution of respondents by sources of knowledge of STDs and HIV/AIDS**



## CHAPTER VI

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 6.1 SUMMARY

This study has been analyzed knowledge, attitude and practice of contraceptive of married dalit of Gunjanagar VDC ward no 2 and 3. This study is mainly based on primary data collection of 125 respondents with simple random sampling method by using questionnaire and partly based on secondary data.

The distribution of population by age group is highest in the age group 25 to 29 years which is 30.4 percent whereas very low proportion of population is (15- 19) years age group which is 2.4 percent. 38.4 percent respondents have taken primary education.

68 percent respondents have adopted daily wage and each 2.4 percent are involved in foreign employment and business. 92 percent respondents are landless. 56 percent respondents have used private tap and 39.2 percent respondents have used government tap. 73.6 percent respondents are found marriage year in between from (15-19) years age group. The study shows that the majority of respondents 54.4 percent households are found annual income in between (40-60) thousands. 28 percent respondents' households are found annual income in between from (20-40) thousands. Only 4 percent are found annual income above 100 thousands. 56 percent respondents' households are found annual expenditure from (40-60) thousands and 4 percent respondents' households are found annual expenditure from (80-100) thousands.

100 percent respondents know about contraceptive method that is condom. 72.5 percent respondents know Depo-Provera and 68 percent of nilocon. 65.7 percent daily wages respondents know about contraceptive method. 93.1 percent respondents get contraceptive information from health post, followed by 32.4 percent respondents from personal doctor. 40.2 percent respondents prefer the contraceptive than Depo-Provera in future, followed by 37.3 percent of condom.

71.2 percent respondents tell appropriate age of first birth in between from (21-25) years, followed by 23.2 percent of less than 21 years. 51.2 percent respondents tell appropriate birth interval by taking care and mother in more than 3 years, followed by 44.8 percent of 3 years. 94.4 percent respondents tell 4 members as an appropriate number of family size. 91.2 percent respondents tell that the advantage of contraceptive is to make happy family life, followed by 76.5 percent of good economic condition.

60 percent respondent use Depo-Provera of temporary method of family planning method, followed by 35 percent of condom. 72.5 percent of respondents are using contraceptive method from 1 to 4 years, followed by 15 percent of less than 1 year. 75 percent of respondents use contraceptive method by easily accessible, followed by 15 percent of advice of health personals.

84 percent of respondents know about the information of STDs and HIV/AIDS and rest of respondents do not know them. 95.2 percent of respondents get information about STDs and HIV/AIDS from radio and television, followed by 25.7 percent from teacher and doctor, 24.8 percent from newspaper.

## **6.2 Conclusion**

Contraceptive knowledge and use saves life of mother and child and improve the condition of life. It is also contributing to improve children health and ensuring that they have access to adequate basic needs and educational opportunities.

This study shows knowledge, attitude and practice of contraceptive method. In this study areas usually low use of temporary method indicate that most of respondents want to fulfill desire family size. It concludes that men and women use any kind of modern method after having two children. Contraceptive use is highly dominated by no of son in a family. Higher the living children cause higher the probability of contraceptive use.

The strong evidence of education has strong power to use contraceptive and higher the rate of literacy, higher the chance of use of contraceptive.

The most popular methods are Depo-Provera, Condom, male sterilization and female sterilization.

Generally, there is positive relationship between no of living children and contraceptive use. It is also concluded that there is positive relationship between education and knowledge, attitude of contraceptive use.

It can be also concluded that female education is better than of male education regarding to use contraceptives.

Among them 39.2 percent of respondents use temporary method of family planning and rest of the respondent do not use any type of contraceptive methods.



The most important reason for using contraceptive are 75 percent respondents stated that easily accessible, followed by 15 percent respondents advice of health personals, 5 percent of cheap and less side effects.

Out of total respondents 84 percent of respondents know about the information of STDs and HIV/AIDS and rest of respondents don't know about them. 95.2 percent of respondents get information about STDs and HIV/AIDS from radio and television, followed by 25.7 percent of from teacher and doctor.

### **6.3 Recommendation**

In every aspect of life the component of livelihood viz education, health, habit and their own roles is to play the overall development of human or society which are very much interdependent with each other. The following given recommendations have been drawn out of the upliftment of socio-economic condition of the people in the study area and to increase the rate of contraceptive use and to accept small family norms.

- ❖ Poor economic is the obstacle of development of society shows that the government and non-government organization should encourage people to do more income generative activities.
- ❖ Study shows that couples using contraceptive only when the desired family size desired no of children attained. Therefore, contraceptive program should be launched through community health workers to develop concept of birth spacing.
- ❖ In the field of decision making man's play great role yet most family planning methods are directed towards women. Men must be involved in contraceptive acceptance.

- ❖ Government and other related bodied should encourage the people to have small family norms by rewarding them different opportunities, free education, loan for housing, etc.
- ❖ Women play vital role in effective population control. As long as woman remains illiterate on employment it is therefore, important to raise socio-economic condition of woman or social status of woman by improving their education and employment opportunities in various development sectors.

## REFERENCES

- Aryal, G.R. (1999). *Contraceptive knowledge and use in Kumal community an evaluation*, An unpublished M.A. Thesis Kathmandu: CDPS.
- Central Bureau of Statistics (CBS). (2001). *Population Census National Report*, Kathmandu.
- Central Bureau of Statistics (CBS). (2064 B.S.). *Statistical Figure of Nepal*, Kathmandu.
- Clinquest, R.L. (1997). *Knowledge and Effectiveness of Contraceptives in Belgium*. Chicago: The University of Chicago Press.
- Ghimire, B. R.. (2001). *Contraceptive Knowledge, Attitude and Practice among School Teacher: A Case Study in Chitwan District, Nepal*, An Unpublished M.A. Dissertation, T.U., Kirtipur.
- Joshi , M.R. (1998). *Utilization of family planning services in Byansi community an evaluation*, An unpublished M.A. Thesis Kathmandu: CDPS.
- Kasher, C.V. (1962). *Research in Family Planning*. New Jersey: Princeton University Press.
- Manandhar, M.L. (1993). *Family Planning and Family Welfare in Nepal ed. Bal Kumar K.C. Population and Development Vol-3*.
- Ministry of Health. (1981/83). *Nepal Contraceptive Prevalence Survey (NCPS)*.

- Mishra, S. (1987). *Fertility Behaviour and Effectiveness of FP Services in Bholohiya Village Panchayat: A Case Study in Village Community in Rautahat District*, An Unpublished M.A. Dissertation, T.U., Kirtipur
- Pathak, R.S. (1996). *Government family planning programme efforts in Nepal An Evaluation*, An unpublished M.A. Thesis Kathmandu: CDPS.
- Paudel, P.K. (2003). *Adolescent's Contraceptive Knowledge, Use and Sexual Behaviour: A Case Study of Dalit Community, Gajedi VDC, Rupandehi District*, An Unpublished M.A. Dissertation, T.U., Kirtipur.
- Population Reference Bureau. USAID. (2008). *World Population Bureau*. New York.
- Pradhan, A. et al. (1997). *Nepal Family Health Survey Report, (Kathmandu Family Health Division/ Ministry of Health)*.
- Regmi, L.K. (1998). *Knowledge, Attitude and Practice of Contraceptive: A Case Study of Married Dalits of Duruwa VDC of Dang District*, An Unpublished M.A. Dissertation, T.U., Kirtipur.
- Resources Centre for primary Health care (RECPHEC). (1994). *Gender and Women's Health* (Kathmandu: RECPHEC)
- Rijal, C.P. (2001). *Status of Dalit (Kami, Sarki, Damai) Women and Fertility: A Case of Bijuwar VDC, Phyuthan*, An Unpublished M.A. Dissertation, T.U., Kirtipur.

- Risal, R.P. and Shrestha A.. (1989). *Fertility and Its Proximate Determinants, South Asian Study on Population Policies and Programmes, Nepal* (KTM-UNFPA).
- Singh, R. (1994). *Family planning success stories*. New Delhi: UBS Publishers , Distribution Ltd.
- Subedi ,G. (1997). “Contraceptive use in Nepal: A National scenario from MEBDC Survey”, In Bal Kumar K.C. (ed.) *Nepal population journal*, 6 (5) : 55-66.
- Tuladhar, J.M.. (1986). *The Persistence of High Fertility in Nepal*, New Delhi Inter India Publication.
- UN Population Fund (UNFPA) (1989). *South Asian Study on Population Policies and Programmes in Nepal*.

## Appendix I

### KNOWLEDGE, ATTITUDE AND PRACTICE OF CONTRACEPTIVE

(A case study of Married Dalit of Gunjanagar VDC wards No 2 and 3 in  
Chitwan District

Name of respondents .....

Age: .....

Gender : .....

Address : .....

VDC./ Municipality ..... Ward No. ....

Date : .....

#### Individual Questionnaire

1. How old are you ? [..... Year]
2. what is your age ? [..... Year..... month]
3. What is your major occupation ? [ .....
4. What is your relation ?  
a. Hindu b. Buddha c. Muslim d. other
- 6 What is your educational attainment? [.....]
7. Can your husband/spouse read and write?[.....]
8. What is your Husband/Spouse educational attainment?[.....]
9. In Which age did you get married? [.....]

10. How many children do you have? [.....]

11. If yes, How many no of sons and daughters do you have?

(1) No of sons ( ) (2) No of daughter ( )

12. DO you have own cultivated land?

(1) Yes (2) No

13. If yes, how much land your family has? [.....]

14. What is the main drinking water for members of your family?

Hand pump public 01

Hand pump private 02

Well water 03

River 04

Other 05

15. Does your household have a toilet?

(1) Yes ( ) (2) No

16. For how many months your own food production can support your family?

	Yes	No
Whole year	1	2
For 6 month	1	2
For 3 month	1	2
No production	1	2







**Attitude towards Family Planning Methods**

23. Suppose you are going to use family planning methods which method will you prefer?

	Yes	No
(1) Pill	1	2
(2) Nilocon	1	2
(3) Gulab	1	2
(4) Kamal chakki	1	2
(5) Lup	1	2
(6) Depo-Provera	1	2
(7) Condom	1	2
(8) IUD	1	2
(9) Immunization	1	2
(10) Foam	1	2
(11) Norplant	1	2

24. what is the best childbearing age of women?

Under 18 year	01
18-21 year	02
Above 21 year	03

25. What should be childbearing space for the better health of mother and child?

2 year	01
3 year	02
Above 3 year	03
Don't know	04

26. In your opinion what should be the family size?[.....]

27. Do you discuss about family planning method with your spouse?

(1) Yes (2) No

28. What do you think the advantage of family planning methods?

To make better economic condition of family	01
To make better child and mother health	02
To make better education and appropriate care of child	03
To make happy family life	04
Others	05

29. Did you experience any side effects while using contraceptives methods?

(1) Yes (2) No

30. If yes, what are they?

Irregular menstruation	01
Irregular bleeding	02
Over bleeding	03
Insufficient flow of breast	04
Weakness	05
Weight loss	06
Leg pain, leg Swelling	07
Eye weakness	08
Vomiting	09
Chest pain	10
Back pain	11
Headache/dizziness	12
Other (specify)	13

31. Did you have any treatment for the side effects?

(1) Yes      (2) No

Practice of Family Planning Methods

32 Have you or your spouse and ever used any family planning methods ?

(1) Yes      (2) No

33. If Yes, what method did you/your spouse ever used?

	Yes	No
(1) Pill	1	2
(2) Nilocon	1	2
(3) Gulab	1	2
(4) Kamal chakki	1	2
(5) Lup	1	2
(6) Depo-Provera	1	2
(7) Condom	1	2
(8) IUD	1	2
(9) Immunization	1	2
(10) Foam	1	2
(11) Norplant	1	2

34. How Long have you or your spouse been using the current family planning methods?

..... Year ..... Month            01  
..... Don't know                        02

35. What is main reason you choose to use this method ?

Easy to obtain                            01  
inexpensive method                    02  
effective method                         03

Recommended by health worker 04

No/ Little side effect 05

Do not known 06

36. Have you ever been pregnant while using a family planning method ?

(1) Yes (2) No

37. If yes, what method was that ?

Name of that method .....

38. Have you ever visited the center for family planning services?

(1) Yes (2) No

39. Which place do you prefer to go for family planning services?

Health post 01

Health Centre 02

Hospital 03

Health Worker 04

Mobile Health Clinic 05

Private Doctor 06

Family Planning Clinic 07

Shop 08

Others 09

40. why didn't you use contraception? (reason)

Fear of side effect	01
Sexual displeasure	02
Want more children	03
want son	04
want daughter	05
Desire for more children	06
Hard to get method	07
Husband disagreement	08
Family disagreement	09
Against religion	10
Others	11

STDs,HIV/AIDS

41. Have you heard about STDs,HIV/AIDS ?

(1) Yes (2) No

42. What is the source form which you heard about ?

Radio/T.V	01
Newspaper/ magazine	02
Poster/ pamphlets	03

Wall paints	04
Teachers/doctors	05
Own family members	06
Neighbours/ relatives	07
Friends	08
Others	09

43. Do you know what is the agent of STDs,HIV/AIDS ?

Bacteria	01
Insects	02
Virus	03
Worms	04
Do not know	05

44. Do you know the methods of STDs, HIV/AIDS transmission?

(1) Yes      (2) No

45. What is the route of STDs, HIV/AIDS transmission you have heard?

Sharing of combs, clothes, towels etc	01
Sharing of room, toilets, kitchen etc.	02
Hand shaking	03
Blood transmission	04



Mosquito bites	05
Using interlining syringes and needles	06
Having unprotected/ multiple sex	07
Do not know	08

46. What is the name of contraceptive that can be used during intercourse to protect form STDs, HIV/AIDS?

Pill	01
Condom	02
IUD	03
Do not know	04

47. Have you heard about STDs except AIDS ?

(1) Yes (2) No

48. Do you support that the information and services on reproductive and sexual health and family planning methods should be provided to adolescent especially for unmarried ?

(1) Yes (2) No

49. In your opinion, where should such information be to convey to you ?

School	01
Home	02
Community/ society	03

Mass Media 04

Others 05

50. Have you ever discussed about reproductive and sexual health and family planning methods with others ?

(1) Yes (2) No

51. If yes, with whom you have discussed ?

Friends 01

Family members 02

Neighbours 03

Students 04

Clinical persons 05

With spouse 06

Others 07

51. Does your society accept pre- material sexual activities?

(1) Yes (2) No

52. Does your society accept pre- material birth activities in your tradition?

(1) Yes (2) No