CHAPTER - I

INTRODUCTION

1.1 Background of the study

Population plays a vital role in the development of a country. The size of the population should fit the situation of the country for its progress and development. Over population causes various problems and hinders development. It is rapid population growth that causes over population. Rapid population growth and development are related in the vicious cycle. Development may not be possible as long as the current high rate of population growth continuous. In order to bring population growth rate in line with the resources, many developing countries have adopted family planning program, as their national policies and programs.

In Nepal, involvement in utilization of family planning is an important way of the health care system aimed at reducing morbidity and mortality related to pregnancy, several studies demonstrate that men have fairly high level of basic knowledge regarding family planning than women. Family planning helps to promote the health and welfare of the family group, so males' involvement in family planning is essential.

Nepal is also a developing country. It has high population growth rate which has been a matter of greater concern. According to the latest census of 2001 Nepal's population is increasing at the rate of 2.25 percent per annum. In Nepal family planning program was first introduced in 1959 with the organization of Family Planning Association of Nepal (FPAN). In fact, Nepal was one of the first countries of South Asia where information about family planning was available through a non governmental organization (Nepal population report 2004).Initially the services were centered in Kathmandu valley and only limited services were available outside the valley. His Majesty's Government began providing family planning services integrated with MCH activities in 1965 and in 1968. The government established a semi-autonomous family planning and MCH board under which Nepal family planning and maternal child health project was established since 1968 His Majesty's Government of Nepal has been actively involved in family planning services.

Currently, besides the governmental programs, different NGOs and INGOs such as Nepal Family Planning Association, Nepal Red Cross Society, Plan International, etc are involved in providing family planning services as well as information, education, and communication (IEC) services related to family planning. The main thrust of the National Health Policy 1991 related to national reproductive health and family planning (RH/FP) program is to expand and sustain adequate quality family planning services to the community level through health facilities such as hospital, primary health care centers (PHC), health posts (HP), sub-health posts (SHP), PHC outreach clinic and mobile vasectomy camp (VSC). The policies also encourage NGOs, social marketing organizations as well as private sectors to complement and supplement government efforts. Awareness on RH/FP is to be increased through various IEC intervention as well as active involvement of FCH and mother group.

In Nepal family planning services are provided using cafeteria approach which means different methods of contraception are available to most of the health institutions and client chooses the method that suits his/her objectives.

NFH survey 1991 revealed that 92.7 percent of women of reproductive age, who are currently married, know about at least of one method of family planning. BCHIMES 2002 states that, 99.7 percent of currently married women have heard of contraception.

Besides the high knowledge of family planning, the contraceptive prevalence rate is relatively low. The current use of contraception or contraceptive prevalence rate (CPR) is expressed as the percent of currently married women who report using a method at the time of interview the level of modern contraceptive use in Nepal has increased gradually in the last two decades.

In Nepal unmet need of family planning is very high. Unmet need for family planning has been defined as the proportion of women who want more children or want children only after 2 years but not using any form of contraception. The total demand of family planning is defined as proportion of women who want more children or want children only after 2 years but are not using any form of contraception. The total demand of family planning is defined as the sum of met need and unmet need. The total demand for family planning has been increasing over the years 1991. It was

51percent which increased up to 67percent in 2001. On hand demand for contraceptives has been increasing. Unmet need is also high in the other hand. For the year 2001, the unmet need for contraception was 27.8percent which was 27.7percent in the year 1991(MOH, 1993, 2002). According to NDHS 2001, the prevalence of strictly male method use (i.e. Condom, vasectomy and withdrawal) was only 12percent.

There are various factors affecting the use and non use of family planning services such as education, place of residence, and availability of services, quality of services as well as affordability and acceptability. Educated women frequently use family planning methods than non educated women in count of their better knowledge for e.g. CPR was 27.2percent for women with non schooling whereas comparable figure for women with secondary education was 40percent (Health Survey 1996). In our societies, where man exercise greater power in nearly every sphere of life ranging from personal decisions regarding the size of families to the policy and program decision taken at all level of government, men play a key role in bringing about gender equality. So, male involvement should be effective in utilization of family planning service.

Similarly, contraceptive prevalence rate differs according to the development regions. The highest CPR was for central development region (i.e. 43.8percent) followed by 43.5percent for Eastern region. The lowest CPR was for the far western development region which counts 27.1percent (annual health report, department of health services 2003/2004). For Dhading district contraceptive prevalence rate was 39.5percent.at the same period. That is why the researcher intends to carry out the reasons for little use of family planning methods in Dhading through case study of Baireni V.D.C.

1.2 Statement of the problem

Rapid population growth has become a serious problem for the development of many developing countries. Through Nepal has invested 15-19percent of its total health expenditure in family planning program (CBS 1987:33). CPR of Nepal is very low in comparison to other south Asian countries. Besides these, the knowledge of any modern method is nearly 100percent among currently married women of reproductive age (15-49) years but, the utilization of family planning services is low. Only

39.3percent of the currently married women of reproductive age use contraception. The main thrust of national health policy related to family planning program is to expand and sustain adequate quality family planning services in the community level, through the unmet need of family planning i.e. contraception is increasing over the years instead of having a greater participation of NGOs and INGOs.

Utilization of family planning services in any area is affected by socio economic and cultural norms prevailing in any community. There is different aspect about contraceptive use among communities which is determined by their cultural belief. Utilization of family planning services also differs according to the geographical location. Dhading district lies in central development region. Contraceptive prevalence rate for central development region for the year 2003/4 is 43.8percent. In Dhading district, for the same period, it was 39.5percent which is low than the national level. That is why it became the statement of the problem.

Baireni V.D.C lies in Dhading district. There are no studies conducted regarding the utilization of family planning services. So, it is needed to conduct research regarding family planning of this community.

This study regarding utilization of family planning services is the first of its kind in this VDC. This study attempts to explore the factors that determine contraceptive use and non use in Baireni VDC of Dhading district.

1.3 Significance of the study

Family planning is a program which enables couples to decide freely and make responsible for the number of spacing of their children. It can also be understood as a way of management of family. Our country is multilingual, multiethnic, and multicultural country. Involvement in family planning services is effected by cultural beliefs, social system, availability of services and confidence about the methods and the survival of living children mainly son.

Family planning limits the risk of pregnancy and child birth. It has a greater role to control the fertility. So it is necessary to decrease population growth with the resource. Development may not be possible if high growth rate of population continues and low availability of resource. Utilization of family planning services is

one of the better ways to bring down population growth. So, it is necessary mainly to those who are residing in remote part of the nation and are unaware of family planning.

Dhading district is one of the hilly regions which has less educated and less aware people of family planning. Utilization of family planning in Dhading is very low in comparison to other districts of Nepal. So, it is necessary to be realized by the policy makers and other sector such as NGOs INGOs and other social worker groups, to implement the effective programs that will raise awareness and necessity of family planning and role of family planning methods in family life.

In Baireni, V.D.C there have been no studies regarding family planning conducted. So, it is necessary to know the family planning practice in this V.D.C. and respondent's attitude towards family planning services and service providers. The significance of this study goes to collect the necessary information about the involvement of male in utilization of family planning services in the study area and to address the low level of involvement in utilization of this service.

1.4 Objectives of the study

Objective of this study are as follows:

- To identify the knowledge, attitude and practice of family planning methods among reproductive age of male (15-59) in Baireni V.D.C of Dhading.
- To examine the socio economic and demographic determinants of current use of family planning methods.
- To identify the reasons for use and non use of family planning services among married reproductive age of male (15-59).

1.5. Hypothesis

- Educated men frequently use family planning than uneducated men.
- Involvement in utilization of family planning services depend upon the availability and accessibility of the family planning method.
- Living sons are more important.

1.6. Organization of the study

This study entitled “Male Involvement in utilization of Family Planning Services in Dhading” a case study from Baireni V.D.C is divided in six chapters. The first Chapter deals with introduction, statement of the problem, significance of the study, objectives of the study, hypothesis of the study, organization of the study and limitation of the study. The second chapter deals with literature review, and conceptual framework. The third chapter deals with methodological parts of the study. Similarly, fourth chapter deals with demographic and socio-economic characteristics of the studied population. The fifth chapter is analysis part providing information about family planning in respect with knowledge, attitude, and practice of family planning service in Baireni V.D.C. With various variables viz. age of men, education of men, no. of living children etc. it also provides information about the intension of future use of family planning methods in Baireni V.D.C and the last chapter concludes summary and recommenders the recommendation.

1.7 Limitation of the study

- This study done on the basis of the data available from Baireni V.D.C. may not be generalized for other communities.
- The eligible respondents for this study were male of age (15 – 59) of Baireni V.D.C.
- Though a lot of factors affect the utilization of family planning services this study was basically based on only limited variables.

CHAPTER – II

LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

2.1 Literature review

2.1.1 Theoretical review

For the first time in history high fertility rate in various parts of the world have become a universal concern. The concern is justifiable particularly in the developing world where government has been striving for the betterment of the life of their people. Towards this end, a number of them adopted policies to promote fertility control programs.

With introduction of modern technology and extensive application of inexpensive public health measures, mortality has fallen sharply resulting in high growth rate of population.

The problem of population growth in the developing world is extremely acute. Most of the countries therefore set goals which are rather high and achievement of which calls for tremendous efforts. Best way to achieve the goals includes the adoption of official policies, effective administrative organization and optional strategy in using various fertility control method.

Most family planning and reproductive health research and service in India and elsewhere are targeted to women, that to ever married women in reproductive ages. Consequently, this service as well as research have not addressed it a large number of issues concerning men. Ironically, the Indian family planning program, which witnessed a massive response from men to accept vasectomy, took a complete U turn during 70s and vasectomy was replaced by tubectomy, and fluoroscopy. It has often been argued that probably, it is easier to reach women than men. Particularly, from an international standpoint, one might anticipated that it would be easier to motivate change in health care behaviors among women than men. A very high maternal mortality and poor health programs on reduction of material and child mortality and therefore, left man out of focus. In 1970s following the Bucharest conference,

integrating family planning with the maternal and child health was strongly emphasized. While these were welcome changes in the overall strategies for promoting the welfare of women and children, the criticism which comes in the way of family planning and health programs have ignored the ground realization of reproductive behavior, family structure and gender relations. It needs to be recognized that women participation particularly in developing countries, females are economically and emotionally dependent on their male partners and find it difficult to raise issues such as safe sex (Gordon and Kanstrap, 1992).

Men often delay examination with painful symptoms. Studies in Nigeria and Uganda found that men waited an average of two and half year after the onset of symptoms before seeing a doctor. Gonorrhea, Chlamydeous infections and other STDs can also cause infertility in men as non-sexual infectious diseases can cause congenital disorders, normal imbalances by drugs and alcohol (UN, 1995:80).

In the context of Arab world, men in general, remain opposed to the idea of family planning or feel that this issue is solely the concern of women (IPPF, 1994:51). The involvement of male in family planning requires the review of two related themes, the use of so called 'male' methods that are (condom, vasectomy, periodic abstinence and withdrawal).

In Nepal, male involvement in family planning is generally determined by the social and economic factors. Male is also some how far more sensitive to the issue of family planning than female because of the social and cultural role assigned to him (Bhatti, 1987:2). In our society male are thought that one reason for the apparent gap between man's attitudes and their contraceptive behaviors is that, while men may be aware of modern contraceptions, they often know little about it(Upadhya and Robey, 1999: 17).

A male involvement includes men's support of and commitment to the concept of family planning, their willingness to use male method, and their approval of contraceptive use by their partners (Bhatti, 1996:2).

2.1.2 Empirical review

Cultural barriers present men and women from talking about sexuality. Service providers lack training whom to consult men about their reproductive health. Social

systems discourage men from using family planning services and men's own attitude towards reproductive health can block all communication and the involvement of men in general in post pregnancy services. Couples need to be aware of when women return to fertility, how to protect themselves from sexually transmitted diseases and what form of contraceptions to use. Men could also be given message about their own reproductive health, encouraged to take part in child care and to value their daughters equally with their sons (Blaney, 1997).

Induced abortion which is illegal in most of the countries has played an undeniable rate in fertility control. Satisfied have always underestimated its prevalence. Medical and social options have been shifting to favor a liberal attitude towards it. However it should be resorted to as a method career contraceptive failure rather than as a fertility control method itself. Men are less positive toward the actual practice of male contraceptive method. While the 15 countries represent only portions of Africa and Asia, there is a striking consistency among them regarding male interest in reproductive health, enough so to suggest a similar level of male interest elsewhere only a few DHS have interviewed men in Latin America and the Caribbean (Brazil, Dominican Republic, Haiti and Peru), however initial results suggest a similar pattern of men interest for example in brazil men are even more likely than women to say that they do not want to have more children. In Haiti, 92 percent of men surveyed approved of contraceptives use and in Brazil, 86 percent approve. Among 88 developing countries studied in 1998 the average percentage of couples who had convenient access to condoms was 79 percent to oral contraceptives 76 percent, to IUD 61 percent to female sterilization 43 percent and to male sterilization 29 percent. This analysis gives equal weight to each country regardless of population size. The same study found that couples in 50 countries have little or no access to vasectomy, in 29 to female sterilization in 14, to IUDs, in 5, to Oral contraceptives and in 2, to condoms(357).(UNFPA: Network Spring 1998).

In the context of Nepal, according to the percentage distribution of currently married women who are currently using contraceptives methods shows that only 1.8 percent women are safe from being pregnant due to use of condom by their husband. About 7 percent are following the method of vasectomy. The other traditional methods like

withdrawl is popular among 0.1 percent women and almost the similar rate is also applied for the method like periodic abstinence (K.C. Balkumar, 1996: 10).

According to the NDHS 2001, the prevalence of strictly male method is (Condom, Vasectomy and Withdrawal) was only 12 percent. Giving birth to a child is the work of male/female so to use contraceptive automatically goes to the woman is to our concept. Wife can also play an important role to raise the economy of the family being engaged in some job. So, the husbands have lessened the burden at their wives by using contraceptives, men can accompany their partners to meet with family planning counselors or health worker together, they can learn about the available contraceptive methods and choose the own that best meets their needs.

NDHS surveys over the last 10 years (1996-2006), shows that current use of modern contraceptions has increased from 26 percent in 1996 to 44 percent in 2006. While use of female sterilization increased by 49 percent over the last 10 years but there was very slight increase in use of men sterilization between 1996 - 2001 . An interesting to note that this has not changed between 2001 and 2006(MOHP et, al..2007)

In Nepal, information collected from male shows that 80 percent of them believe that both the husbands and wives should jointly decide the number of children a couple has. About 18 percent said that the decisions should be left to fate (VARG,1995:44).

2.2 Knowledge, Attitudes and Practice of family planning method

2.2.1 Knowledge

Awareness of family planning methods is universal. In developing country like Nepal, a major barrier on the promotion of the program is people's lack of knowledge about family planning. In 1965 as of the fertility survey in Taiwan, 53 percent of respondents have never heard about loops, although the island-wide IUD program had been in operation for nearly two years. Pills were known by 31percent of respondents while 78 percent knew at least one contraception method.

In Nepal, The first survey was family planning and fertility survey, conducted in the year 1976 and latest survey is Nepal Demographic health survey (NDHS) was conducted in 2001. In Nepal, knowledge of family planning is bigger but this knowledge seemed not working while reviewing various health survey reports.

2.2.2 Attitudes

Enjoy for happy life is possible only when all the factors effecting health are analyzed and fully understood one by one and brought into practice. The agrarian economic setting and higher mortality in the past have favored a larger family in the developing world. Number of children not only add more working hands on the farm, but also are a prime source of security when they get old. 78 percent of respondents indicated that they expect to live with their children when they are old in Taiwan in 1965. In Nepal, couples generally use family planning methods to stop getting children rather than spacing births. Most of the health survey showed that attitude towards family planning in Nepal is intermediate.

2.2.3 Practice

Fertility control methods are used mainly for stopping rather than spacing birth in Taiwan 66percent of contraceptive users started to practice after having had more than 3 living children and 84percent of those accepting the loop wanted no move children. It is to be found that desire for more children especially sons is major barrier for the lower use of family planning methods. In every five year plan Nepal's family planning programmes have the target of reducing the total fertility rate by the end of tenth plan the target of reducing the TFR from 4.1 per women in 2001 to 3.6 per women. To meet the fertility targets, the contraceptive prevalence rate (CPR) has been increased day by day.

2.3 Family Planning in Nepal, its objectives and Targets.

Family Planning programmers in our country has placed greater emphasis on promoting temporary methods of contraception especially for spacing of births in Nepal family planning services are designed to provide a constellation of contraception methods that reduced Fertility enhance maternal and natural health, child survival and contribute to bring about a balance in population growth and socio-economic development that will help the Nepalese people to improve their quality of the life. (family planning policy of Nepal in 1991)

2.3.1 Targets of family planning program

The family planning programmes have the target to reduce the total fertility rate (TFR) from 4.1 per women in 2001 to 3.5 per women by the end of tenth five year plan and to 3.05 in 2017 (MOH 2002/2003) Similarly, family planning programme targets to raise the contraceptive prevalence rate (CPR) to 47percent by the end of tenth five year plan period and to 58.2percent by 2017.

2.3.2 Strategies to implement family planning programme

In Nepal, Family planning programme started with the name of family planning association of Nepal in 1959. It's programme aims to provide a constellation of contraceptive through out the kingdom. The main strategies to achieve the family planning goals and objectives include the following.

- IEC activities for creation of demand for family planning services.
- Provision and expansion of different family planning services, for example, free access to condoms by having condom boxes at all health institutions.
- Minimization of duplication of efforts between governmental sector, NGO and INGOs.

2.3.3 Family planning services available in Nepal

The following family planning services are available in Nepal.

2.3.3.1 Voluntary surgical contraception

Voluntary surgical contraception (VSC) includes vasectomy for male, also minilap and laparoscopy for female. Sterilization services are limited to district hospitals where trained medical doctors are available in districts where these services are not available on a regular basis a number of mobile sterilization camps are organized to provide these services at the peripheral level.

2.3.3.2 Spacing methods

There are five temporary methods of contraception available through government programmes. Viz. Depo-provera, oral pills, Norplant, IUCDs for women and condom for male.

These are available at selected health post (HP), primary health centers (PHCs) and hospitals. Furthermore, spacing methods are also available through private practitioners, contraceptive retail sales (CRS) company outlet, pharmacies and other NGOs and INGOs.

2.4 An Evaluation of family planning programme in Nepal

Family planning is an important programme of the health care system aimed at reducing morbidity and mortality related to pregnancy. The information of family planning is very much lacking in Nepal.

This is indicated that the city's Men more informed than village's men because of facilities available in cities but there are more villages than cities in Nepal.

Though, it has been stated that family planning services in Nepal re provided using "cafeteria" approach which means that different methods of contraception are made available to most of the health institutions.

But in real the contraceptive methods are not easily available to the most of the couples.

Governmental hospitals of Nepal provide the most available methods are female sterilization, male sterilization of the permanent methods and injection, pills and condoms of the temporary methods.

Use of contraceptives can improve family relations. Family planning provides freedom from fear of unplanned pregnancies and the ability to spend more time with each family member.

In the context of Nepal the demand of contraception has been increasing. According to CBS 2002, the total demand for contraception was 67.1percent out of which 39.3percent was met needs and the rest 27.8percent was unmet need for contraception.

For the year 1991 the total demand for contraception was 50.5percent out of which met need was 22.8percent and unmet need was 27.7percent. This situation also

revealed that the availability of family planning services in Nepal for the period 1991 was also limited. (MOD 1993, 2002)

Family planning has a great role to control the fertility. Which helps to limits risk of pregnancy and child birth. In Nepal ministry of health (MOH) is committed to gradually improving the quality of services by having extensive training, counseling and institutionalization programmes and maintaining minimum standards. This include: information and counseling, informed consent, medical screening and pre-operative assessment, surgical procedures, post operative care and follow-up and monitoring and supervision (FP/MCH, 1988 cited in Tuladhar, 1989:186)

The most popular method in the world is withdrawal. The estimates provided by population action international in 1991 shows that 13percent by all users of temporary methods currently rely on withdrawal to prevent pregnancy.

In Nepal, mostly family planning methods have been directed towards women and men methods are almost neglected, However, it is realized that only women can not reduce the growing population. Male involvement includes men's support of commitment to concept of family their willingness to use of male methods.

There are two types of male method of family planning among many methods. Vasectomy and condom in 2002/03 vasectomy acceptors were 20894 and condom acceptors were 105313 (Department of Health Services 2003/04 and statistical pocket book of Nepal, 2000 and 2004)

According to Nepal in Figures 2008. Trend of family planning current user (all methods) in 2004/05 was 2013111, in 2005/06 was 2113813 and 2006/07 was 2175861 (CBS-2008)The total use of FP method was 40.8percent, withdrawal was 11.3percent, male sterilization was 5.8percent and condom was 31.6percent for the reproductive age group (15-59) of all men (DHS survey 2006)

The use of male family planning method is likely to be higher among literate male then illiterate because education may play vital role in enhancing involve male in family planning. Most of the male do not want to use contraception because of fear and suspect of side effects and other reasons. In such condition, government should be play vital role removing such erroneous belief through family planning programs with

the help of information, education and communication (IEC) (PSSN, Population magazine vol. IV, 2006)

For increasing the utilization of family planning services the quality family planning services should be made readily and easily available and affordable to lower class people who are the target people. However, the main drawback is that the family planning delivery system is not efficient in Nepal.

To increase involvement of males in family planning, government should promote, participation of private sector initiatives, such as sales of condoms. NGO's and INGO's also lay an important role as government agencies in the area of encouraging male involvement in family planning.

2.5 Factors affecting utilization of family planning services.

Family planning is taken as a one of the important of reproductive health. The couples are unable to manage family planning in Nepal because there are so many factors affecting utilization of family planning services such as preference of son, lack of communication between the husband and wife on their reproductive goals and acceptance of contraceptive. Also men expressed that vasectomy makes men weak.

The factors that affect the utilization of family planning services directly or indirectly are discussed below.

2.5.1 Age of Men and use of family planning services

In Nepal family planning services are provided using different methods of contraception and available in health institutions and make easy to choose the best method for a client but age of men is one of the most important factor that affects the utilization of family planning services. The current use of any form of family planning method use with age 15-49 years increased. For example, there were 56percent currently married men of that age group used FP and 33.5percent men of age group 50-59 use any form of contraception (NDHS Survey 2006).

In Nepal currently married Men of age 15-49 use condom 44.3percent and age of 50-59 use only. 15.3 percent (NDHS-2006). This shows that there is large variation in current use between the younger age men and the men with intermediate age.

Similarly withdrawal method use 16.3percent of age 15-49 of currently married men and 8.0percent of age 50-59 of currently married men, but the no. of men are more in age 50-59 used male sterilization. The percent of sterilization use in all age group of 50-59 was 12.3percent and there was only 4.9percent of 15-59 was 12.3percent and there was only 4.9percent of 15-49 age group. (NDHS 2006)

There was a large variation in current use of contraception between the men of age 15-49 and age of men 50-59.

2.5.2 Number of living children/sons and use of family planning

There are some reasons why Nepalese couples have not been interested in family planning services. Family planning services varies according to the number of living children, mostly number of living sons than living children is important.

The study conducted in India in 1997 showed that on an average both men and women want three children two sons and a daughter. However, it was also noted that slightly less than one-third of the males 31percent as well as females 29percent, preferred four or more children (The Population council, India-1997)

Current use of family planning services sharply varies with living children a women have. Women who had no living children are less likely to use family planning method. The use of family planning was highest of those who had already 3 living children 43percent. This is common in Nepal that women make use of family planning when they have completed their desired family size. The current use of permanent method increased with number of living children up to 3 and peaked around 43percent of currently married women who had 3 living children (MOPE, 1996:72)

2.5.3 Desire for more children and use of family planning.

There is deep relationship between use of family planning and desire for more children. Nepalese couples generally believe that family planning should begin only after they achieved desire family size (Karki, 1988:177)

Currently use of family planning services and desire for no more children has direct linear relationship. (Tuladhar, 1986), exploring the determinants of family planning

use in Nepal found that there were 30 percentage points higher family planning users who desired no more children even when controlling the effect of age number of living children, number of child losses education and work status of women.

2.5.4 Number of Children losses and use of family planning.

In the context of Nepal, couples have not been interested in family planning services. It appears to be a strong inverse relationship between the number of children losses and use of family planning method. High fertility is an adjustment of high infant and child mortality level and particularly lower infant and child mortality level seems to be necessary conditions for substantial fertility decline (Bhande and Knatikar, 1978:68-69).

Use of family planning services and child mortality and negatively correlated, indicating that it is not ready to use family planning services until parents are not sure that their child would be survived.

The experience of Nepal shows that decreasing infant and child mortality over years, increasing use of family planning services. Though the effects of child loss is not statistically significant, it is worth mentioning that the proportion of current use of family planning slightly higher among those who have not lost any children than those who have lost one or more children.

2.5.5 Sex preference and use of family planning

In 1997, India found by study that son preference was shown both by men and women, but it was slightly stronger among men than their wives. For instance, about one-fourth of the men as against about one-third of the women felt that they would be satisfied with only one son. Overall, the study shows that the desired family size is still large (three or more) and concept of two child family has not been accepted by majority of the couples. (Population council, India-1997)

In Nepal, Nepalese couples generally believe that family planning should begin only after they achieve their desired family size. Nepalese parents prefers sons to daughters because of their cultural and other various roles that only son play in their family life. It is only one’s son who can perform death and post-death rituals to ensure that gate of heaven will be opened for parents. In additional, a son continues family name and

provides support in parent's older age. For this and other reasons, it is not surprising people often say "Let it will be late, but it be a son".

Nepal fertility survey (MOH, 1997) shows a strong influence of son preference on the number of children desired, for example, it was found that women with one son and one daughter were almost three times more likely to want no more children as compared with women who had living daughters and no sons.

2.5.6 Education of couples and use of family planning

We surely know that there is deep relation between education of couples and use of family planning. If we control our population by family planning it will be improved and we can develop our life status.

Usually it is observed that educated men can use of family planning compared to un educated men in account of their better knowledge.

Educational level of husband/wife and use of family planning plays a positive role. For example contraceptive prevalence rate was observed 30.3percent for women with primary education while women whose husband completed primary education, contraceptive prevalence rate was 23.7 percent (MOH, 1991:59).

Overall contraceptive prevalence rate increased with educational attainment of respondent. The level ranges from 27.4 percent for women with no schooling to 42.2 percent for women with secondary level of education (Subedi, 1997:63).

In Nepal, 36.9 percent of literate women were using only method of contraception where as, only 25.6 percent of illiterate women were using it (Bidhan, 1992:42). The difference of 11.3 percent is normally attributed to literacy.

In the context of Nepal it has been shown that only 26.4 percent of women having no education were using contraception where as 52.0 percent were using contraception who have educational level S.L.C. and above (NFFS-1996).

Studies of 2000, shows a strong positive association between the educational level of women and ever use of contraceptive. In other words, as the educational level increases among women so does the ever use of contraception. For example, among women with no education ever use of contraception was observed to be 54 percent,

which increases to 67 percent for women with primary level of education, which further increase to 73 percent for women with secondary or higher level of education. (BCHIMES-2000) .

A similar picture emerges when one looks at ever use of contraception by the respondents literacy. Among illiterate women, ever use of contraception was only 52 percent, while it was 71 percent among literate women (BCHIMES, 2002:68).

In 2008 only 46.7percent of persons aged 15 years and above had never attended school compared with 60.3percent in the NLFS 1998/1999.

By sex, the rates improved from 48.7percent of males aged 15 years and above never attending school to 32.4percent in 2008.

2.5.7 Occupation of Husband/Wife and use of family planning

Occupation of Husband and wife is another factor affecting the utilization of family planning services.

The contraceptive prevalence rate of women who engaged in non-agricultural activity is found 30.8percent (NFHS, 1991).

The contraceptive prevalence rate of women or husband who are in non-agricultural. Occupation was found 11.5percent but women or husband who are not working and working in agriculture was 9.8 and 4.4percent respectively in 1981. This percent was 23.9, 14.9 and 4.8 respectively in 1980. (UNFPA, 1989).

The total no. of currently employed person increased from 9463 thousand in 1998/99 to 11779 thousand in 2008. The employment to population ratio declined from 84.3percent in 1998/99 to 81.7percent in 2008.

According to DHS-2001, the children ever born of women who engaged in agricultural activity is found 2.4 per women and who engaged in service holder is found 1.2 per women.

2.5.8 Husband/Wife communication and use of family planning.

Communication between the husband and the wife on their reproductive goals and acceptance of contraceptive is more essential to make a quality of life but studies

conducted in various developing countries have revealed that fact that couple communication about family planning is low.

For example, demographic and health surveys (DHS) showed that in Western African countries, between 23 percent to 43 percent married man reported to have discussed family planning with their wives in the past year. In many developing countries, like in Nepal inter spouse communication about family planning is low (MOH, 1996).

In the year 1991, only about 30percent of currently married women who were aware of contraceptive method reported to have discussed at least once with their husbands in the past year, which increased to 45 percent in 1996. Those discussing more often have almost doubled in 1996 as compared to 1991.

However, both survey indicated that most of them had discussed only once or twice.

2.5.9 Availability and Accessibility of services

Availability and Accessibility of services by service providers play a great role to use family planning methods.

Over the past three decades, the availability of safer methods of modern contraception, although still in some respect inadequate, has permitted greater opportunities for individual choice and responsible decision making in matter of reproduction throughout much of the world. About 55 percent of couples in developing regions use some method of family planning.

This figure represents nearly a fivefold increase since the 1960s (ICPD, 1994).

In Nepal, when the eight plan (1992-97) was developed The National RH/FP programme emphasized to increase access to quality services and supplies.

Poor availability was one of the most important contributing factor to the very low level of family planning use in Nepal.

Medical officers, Health Assistants, Nurses, ANMc, AHWS, VHWs and MCHWs are providers of family planning services by the government level so they play a great role for quality services.

Government hospital, health posts, mobile clinics, family planning clinics and village health workers are the common sources of contraceptives in Nepal.

Quality family planning services should be made readily and easily accessible to lower class people who are the target people. However, the main drawback is that the family planning delivery system is not efficient.

A large number of couples are not practicing contraception even where services are available, mainly due to side effect (Pathak, 1996:50).

According to NDHS 2001, in public sector 27 percent of users obtained services from governmental hospitals or clinic, 14 percent from governmental sub-health posts, 26 percent from mobile camps. 8 percent of CPR users get services from non-governmental sector. When as 7 percent get from private sector mostly from pharmacies.

Nepal contraceptives retail sales company is established to distribute family planning devices in low cost. Which is closely related to services.

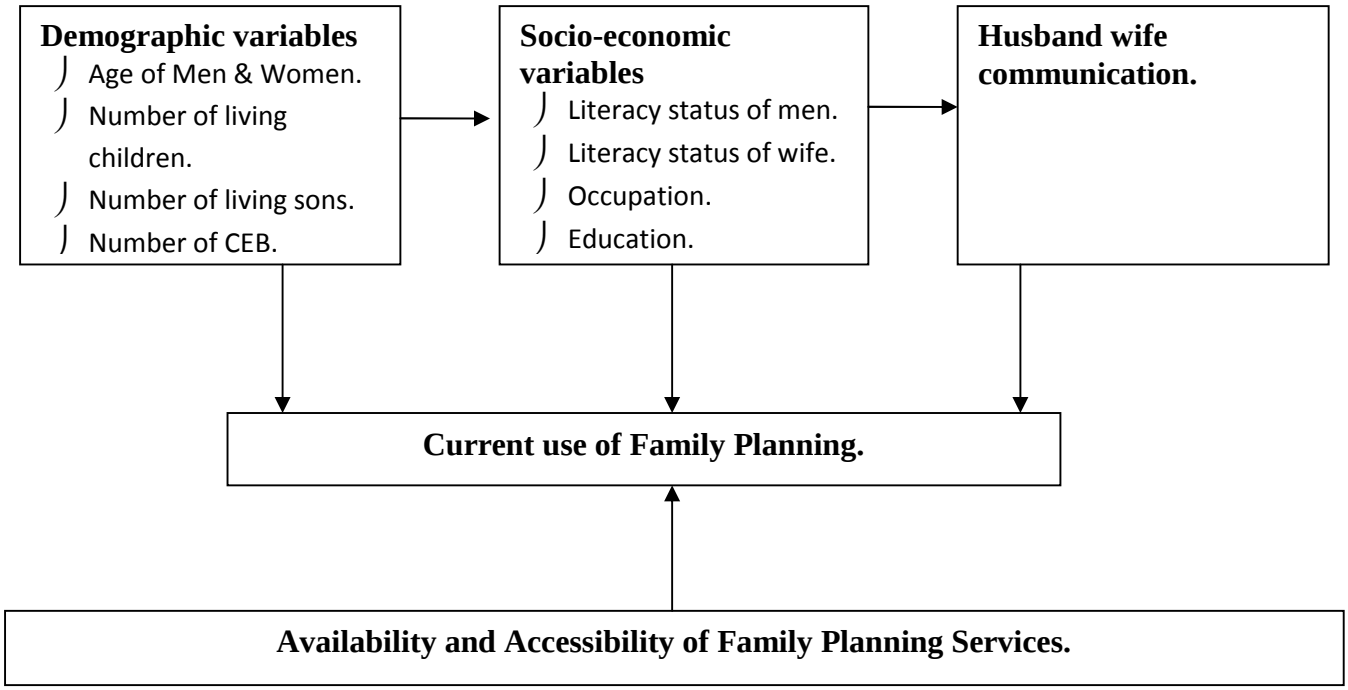
2.6 Conceptual Framework

Male involvement in utilization of family planning services is one of the intermediate determinants of fertility.

Fertility is determined by demographic, socio-economic cultural, and geographical determinants. Husband wife communication about family planning also affects the use of family planning services. In such a way, availability and accessibility of family planning methods is one of the main determinants of the use of family planning services.

Following given framework shows the inter relationship between those variables.

Figure 2.1: Conceptual Framework for Male involvement in utilization of FP services.



CHAPTER – III
METHODOLOGY

3.1 Introduction of the Study Area

This study is based on the "Baireni VDC" of Dhading district. Dhading is one of the mountain district of central development region. The political boundary touches, other districts i.e. Kathmandu Rasuwa and Nuwakot to the east, Gorkha to the west, Rasuwa and China to the north and Makawanpur and Chitwan to the south. Dhading is located in the elevation of 300m-1710m and district headquarter Dhading besi is located in the elevation of 640 m (Aankhu ko suseli-2063 Dhading).

According to 2001 census, the total population of Dhading was 3,38,658 which is 1.46 percent of total population of Nepal. Of them, 1,72,798 were female and 1,65,684 male. The total household of Dhading was 64,819 and literacy rate was 36percent showing quite variation between male and female literacy i.e. 45percent and 16percent respectively. In Dhading there is one district hospital, 2 primary health care centers (PHCs), 13 health post (HPs) 33 sub-health posts (SHPs), (Hamra Kura-2062, Dhading).

There are all together 50 VDCs. This study entitled "Male involvement in utilization of family planning services in Dhading" is based on the Baireni VDC which is nearly 35 km far from the district headquarters. The total population of Baiveni VDC was 14,346 (survey by Baireni health post-2007) but according to CBS (2008/09). The total population of Baiveni was 13,822 only.

According to the Ministry of Health (MOH), annual report, 2003/2004 CPR of Central Development region was average 43.8 percent but CPR of Dhading was 39.5percent.

The main caste/ethnic groups of this VDC are Brahaman, Chhetri, Newar, Tamang, Gurung, Magar, Damai, B.K., Chepang etc. This is the first study in Baireni VDC about "Male invlovement in utilization of Family planning services."

3.2 Research Design

This is descriptive type of study which is mainly, based on the research design of field study method in which the researcher himself or with his cooperatives collect data. The involvement of male in utilization of family planning services in this study is measured by age of women, number of living children, number of living sons, number of CEB, number of children losses, educational level of women, literacy status of wife and husband, occupation of husband, occupation of wife, husband wife communication and availability and accessibility of family planning services.

3.3 Sources of Data

The sources of data in this study are mainly based on primary data that the researcher collected on the actual field. The data were collected by asking pre determined questionnaire in such a way that they met the objectives of the study. In order to get the required information the respondents were interviewed directly.

Similarly, secondary data regarding family planning services utilization were collected from health post. But this information was very limited about family planning service utilization. Only family planning injection taken was recorded in the health post.

3.4 Selection of the Households and Sample Size

For the research Baireni VDC of Dhading district was selected.Ward nos 7, 8 and 9 were selected by lottery method. The sample size of this study was 100 men of reproductive age. The number of respondents selected was 33, 33 and 34 from the ward nos 7, 8 and 9 respectively using the stratified random sampling method .Among various age groups,if any household had two or more couple, the newly married couple were given preferences and only single couple were selected from each household. The sample was taken from the said district and area because Dhading district is an important area for the study since it is linked with not only the capital city Kathmandu but also neighboring country China. Among the VDCs of Dhading district Baireni VDC was selected because some villages of the VDC are developed due to their link with the Prithvi Highway. On the other hand other villages which lie up to 13 km away from the highway are backward because of the lack of transportation and other facilities. Because of this fact, the area was likely to be a

good representative VDC of the district. Besides, it was the area of interest and convenience for the researcher. Also the researcher thinks that it covers the study of hypothesis.

3.5 The Respondents

To achieve the objective, the eligible respondents selected for this study were currently married men of age (15-59 years) of Baireni VDC. But in some cases, the help of their wife was also taken mainly because the use of family planning methods is the concern of both husband and wife.

3.6 Methods of Data Collection

Primary data for this study were collected by asking pre-determined questionnaire to the eligible respondents. The respondents were selected by fish catch method. After entering into the village, the information was collected from the eligible respondents by asking questions to anyone met anywhere but the constraint put was that the respondents must be the native of the respective village. Similarly, secondary data were collected from health post profile which was recorded.

The following methods were used for data collection.

3.6.1 Household Survey

The information about the all individuals of the households was taken during field survey from the respondents.

3.6.2 Interview

This method was mainly used for collecting information. Interview was taken to the eligible respondents for collecting information about family planning, ever used methods, current used methods as well as further use and so for the interview was taken on the basic of pre determined open-ended and closed ended questionnaire. Mainly open ended questionnaire were asked to know the respondents own view bout utilization of family planning.

3.6.3 Key Informant Interview

To collect information on village infrastructure, key informant interview was conducted. The key informants chosen were renowned social workers and teachers of the VDC since they had more information about the facilities available in the VDC.

3.7 Questionnaire Design

The questionnaire was designed in such a way that two types of information viz. household and individual could be obtained. The household schedule was designed to get the information about all individuals of the family such as age, sex, marital status, infant mortality, child mortality etc. and the individual schedule only covered the eligible respondents. Two types of questionnaire viz. open ended and closed ended were designed so that the reliable information could be collected.

To get the reliability of the questionnaire, it was also pre-tested among 5 percent of targeted population in Gharti Gaon of Kalleri VDC of Dhading District. And the necessary modification of the designed questionnaire was made.

3.8 Reliability and validity of information

For the reliability and validity of the information following measures helps to increase, which were taken,

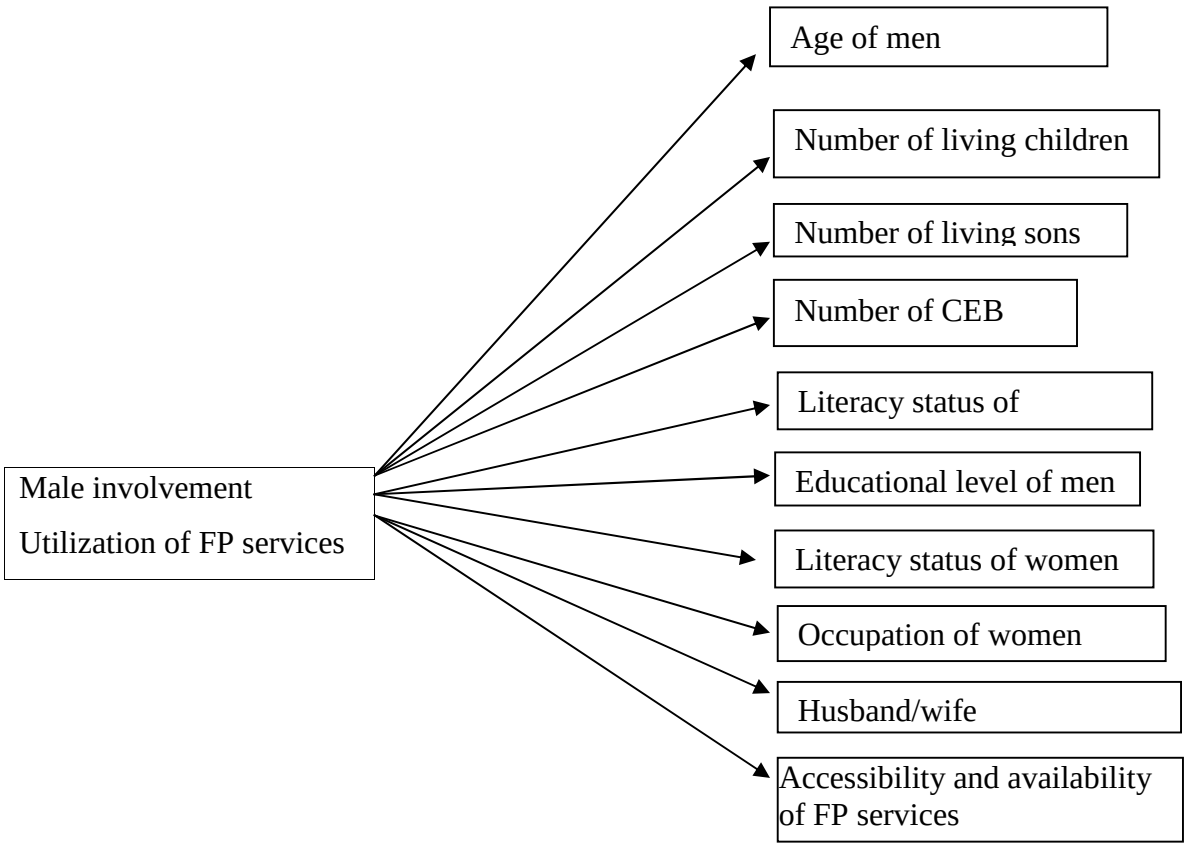
- Questionnaire was asked in simple Nepali language.
- If any confusion to the respondents, the questions were simplified in local language so that the respondents could understand the question.
- The researcher collected all the necessary data and
- The researcher checked the in filled questionnaire on the sport.

3.9 Selection of Dependent and Independent variables

The dependent variable for this study is utilization of family planning services and the independent variables are Age of men, Number of living children, Number of living sons, Number of CEB, Educational level of men, Literacy status of husband, Literacy status of women, Occupation of women, Husband/wife communication, Accessibility and availability of FP services.

The Dependent and independent variables are shown by following framework.

Figure: 3.1 Framework of Dependent and Independent variables.



3.10 Data Analysis

Data were analyzed after collecting necessary information, by using rates and ratios, Univariate and bi-variate analysis and cross tabulation. Generally rates and ratios have been used to analyze demographic and socio-economic status of studied population as well as knowledge, attitude and practice of FP methods. In this way univariate and bi-variate analysis and cross tabulation have been used to analyze education, occupation etc. of men and use of FP services.

CHAPTER – IV

INTRODUCTION OF THE STUDY AREA AND STUDIED POPULATION

4.1 Introduction

There are 50 VDCs' in Dhading district. Among them, Baireni is the one which is nearly 35 km away to the south east of district headquarter, Dhading Besi. The political boundary touches other VDC. like Goganpani and Bhumesthan VDC to the east, Pinda and Kiranchowk VDC to the west, Kalleri VDC to the north and Makawanpur district to the south. According to Baireni HP, the total population of the VDC is 14,346.Among them 7,399 are male and 6,947 are female (Survey conducted by baireni HP 2007).But according to CBS (FY 2008/09), the total population is 13,822. In this VDC there are al- together 11 primary schools, 2 lower secondary schools , 3 secondary schools and only 1 higher secondary school. There is only one Health Post with six staffs. It has got a single quota of health assistant (HA). Four private clinics are also providing services in the VDC. Electricity facilities are available in ward no. 5, 7, 8 and 9. Facilities of roads have reached in ward no. 4, 6, 7, 8 and 9. Some parts of ward nos. 7, 8 and 9 touches Prithvi Highway too. The main occupations of Baireni VDC are agriculture, business and daily wages. Rare plant Kaulo was available in Baireni VDC when the study was conducted.

4.2 Village Infrastructure Information about Village

Infrastructure information was also collected during the field study. The respective information was collected by the help of key informants in each village. The key informants were renowned social workers as well as other old aged person who knew about the development process of their village .This kind of information is exercised to include school, health, electricity, road and telephone facility in the village and distance where located. The information about village infrastructure is given in annex-1.

Annex-1 shows the infrastructural development in Baireni VDC village infrastructure is fundamental for bringing change in rumor for example, while considering the topic of the study, some respondents said that family planning affects social norms negatively. This study only covers distance of school, health facility, availability of

electricity, distance up to road and availability of telephone facility only. While considering about education, the maximum distance of primary school is 2 km. for ward no. 3 above table shows that there are primary schools facilities for each ward. Ward no. 9 have more facility above of them.

As well as education, health facility is also fundamental for village development. In Baireni VDC the maximum distance that is to be walk for getting upto Health post is 13 km and maximum distance is 1 km. that is for ward no 9 where Higher secondary school as well as Health post are located. Similarly for getting up to hospital they have to walk 35 to 40 km.

In some wards of Baireni VDC people are facilitated by electricity. The electricity facility was since 2059 and only four wards have such facility and rest of the wards are far from electricity facility.

Telephone facility was in this village development committee since 15 years. At that time there were only 2 line telephone facilities was started for community in ward no. 9 and people were well facilitated and communication system is more easy since 2 years ago because CDMA Telephone are available at all parts of VDC.

4.3 Demographic and socio-economic characteristics of study population

4.3.1 Demographic characteristics of study population

Because of different difficulties it is difficult to comprise all the living population in the study but it is practiced to study basically based on Baireni VDC. That's why it is exercised to reveal the demographic as well as socio-economic characteristics of the studied population and generalized to the whole village development committee. According to CBS (2008/09). Estimated target. The total population of baireni VDC is 13,822. Among total population this study only covers 955 individuals. Among these 500 are males and 455 are females. This study also covers the information about female's "MAITIGHAR" because it helps to show the socio-economic and other position of female. While collecting information about occupational status of people most people responded that they have no any occupation, neither agriculture nor other any. Most male people migrate to India to bear their responsibility of bread winner.

The following table presents age sex composition of studied population of Baireni VDC of Dhading district.

Table: 4.2 Age sex composition of studied population of Baireni VDC by 5-year Age Groups, 2009

Age group	Male		Female		Total		Sex Ratio
	Number	Percent %	Number	Percent %	Number	Percent %	
0-4	41	8.2	30	6.59	71	7.43	136.66
5-9	36	7.2	29	6.37	65	6.80	124.13
10-14	26	5.2	29	6.37	55	5.76	89.66
15-19	38	7.6	30	5.59	68	7.12	126.67
20-24	48	9.6	71	15.6	119	12.46	67.61
25-29	77	15.4	67	14.73	144	15.08	114.93
30-34	47	9.4	49	10.77	96	10.05	95.92
35-39	44	8.8	33	7.25	77	8.06	133.33
40-44	31	64	28	6.15	59	6.18	110.71
45-49	27	5.4	26	5.71	53	5.55	103.86
50-54	34	6.8	12	2.64	46	4.82	283.33
55-59	10	2.0	15	3.30	25	2.61	66.67
60-64	15	3.0	10	2.20	25	2.61	150.0
65-69	6	1.2	17	3.73	23	2.40	35.29
70 +	20	4.0	9	1.97	29	3.03	222.22
Total	**500**	**100.0**	**455**	**100.0**	**955**	**100.0**	**109.89**

Source: Field study 2009.

The above table no. 4.2 clearly shows the age structure of studied population Baireni VDC of Dhading district. Among the total studied population 500 are male and 455 are female. The overall sex ratio of the studied population was 109.89 which clearly reveal the male domination in the studied population but it does not mean that the overall male population is truly higher than female population. Such result emerged because information of respondent's Maitighar was also taken during field study. Among the studied population, the proportion of economically active population is high. For male there were 356 or 712 percent and for female 46.59 percent economically active population furthermore, while considering age sex structure in

above given table no. 4.1, the higher percent of population of male population is for age group 25-29 which is 15.4 percent followed by age group 30-34 which accounts 9.4 percent. Similarly, for age group 20-24 years of age which accounts 15.6 percent followed by age group 25-29 years of age which comprise 14.73 percent similarly while considering both male and female population the higher population accounts for age group 25-29 followed by age group 20-24 years which accounts 15.08 and 12.46 percent respectively. This type of result occurred because in this study the eligible respondents were currently married women of reproductive age and information about their brothers and sisters was also taken and most of them were of age group 20-35 years of age. While considering old aged population (i.e. 65+) there were all together 52 persons among them 4.12 percent were male and 5.72 were female population.

The age sex structure of studied population by 5-years age group of studied population is presented in following figure. The figure for showing age and sex composition of the studied population is constructed on the basis of percentage. The percent is calculated in respect of the total population.

4.3.2 Socio-economic characteristics of study population

4.3.2.1 Education

Education is the means of development. Education is an important variable affecting demographic behaviour concerning marriage, fertility, mortality, migration as well as participation in the labor force.

Education is one of the fundamental components for development of the community. Generally, educated persons are more responsible for their society which further determines the socio-economic condition of the society.

Generally, data on education are collected for age group 5 years above. For this study data on education were collected for all age groups because it was found that some responsible parents sent their children to school even in 4 years also. But in this study, the persons who are below 5 years of age and were not going to school are not considered as illiterate because this is not their school age. For this study area the overall literacy status was nearly 49 percent which was far below the national level. It was also found the vast discrimination between male and female literacy rate. The

overall male literacy rate was 61 percent and female literacy very low compared to male that was 35 percent only.

Annex-2 clearly shows that in higher education the number of female student is low. The given table shows that age group 5-9 has the highest literacy which equals to 68.89 percent. This clearly shows that the percentage of students is far low even in in primary education compared to National level. According to flash report 2008-2009 published by Education Department the NER, the percentage of enrollment students in primary education is 90.4.

The same table shows that the age group of 20-24 have only 42.25 percent literacy rate. Among them only one female was Bachelor. This situation clearly shows the low level of utilization of family planning was due to lack of education. Majority of women were far from educational attainment.

From table it is clear that there were only 14 women are intermediate and Bachelor in education. It shows that there was very low level in higher education. (Annex-2)

Annex 3 clearly shows that the education level of male in Baireni VDC is very low. They are very far from education. The above given table shows that the age group of 5-9 years were only 80.55 percent literacy which was very low compared to National level. According to Flash-report of 2008-09 by Education Department NER is primary level is 93.2. there were only 43 person approached in higher education they were intermediate and Bachelor among of them only 5 person were bachelor which shows the very low level in higher education and it also shows that low level of higher education effect on use of family planning (Annex-3).

4.3.2.2 Occupation

Occupation is used as an indicator of social economic status, occupation. Especially that of the husband plays a vital role in the relationship between the occupation and fertility.

In this section it is tried to show the major source of income of each households as well as occupation of individuals upon which they rely on.

Figure: 4.3 Distribution of population for age 10 years and above by nature of occupation of Baireni VDC 2009.

The above figure no. 4.3 is based on 955 studied population of Baireni VDC which clearly shows that 30.5 percent had not any occupation. Similarly, 20 percent said that they were engaged in agriculture .7.5 responded that they were migrant labor.5.9 percent were job holders in governmental and non-governmental offices.5.02 percent responded to be teachers. The percentage of students was 11.03 percent. Similarly there were 3.97, 7.01, 5.86, 3.03 percent businessmen, army, daily wage workers and pensioners respectively.

4.3.2.3 Household Economy

The information relating household economy was collected by asking questions to the respondents in which source of income they were based on during study. Most of them told that they were rely on more them one source of household economy. The following table presents the household economy of the studied households.

Table 4.3 Distribution of Households by major source of income Baireni VDC 2009

Major Source of Household economy	Number of households	Percent of Households
Agriculture	25	25.0
Agriculture & Job	7	7.0
Foreign remittance	9	9.0
Business	6	6.0
Daily wage	10	10.0
Jajamani	3	3.0
Sand mines & Agriculture	20	20.0
Rock mines & Agriculture	11	11.0
Job	9	9.0
Total	**100**	**100.0**

Source: Field study, 2009.

The above table no. 4.3 reveals percentage distribution of households by various sources of income. The first one is major source of income. Which signifies that the respective households were basically based on the source of income and the latter one minor source of income which signifies that the respective households were alternatively rely on the source of income.

The given table is an evident that majority of houses were depended on agriculture which accounts 25 percent. Main source of income for 20 percent of households was sand mines and agriculture. Rock mines and daily wage were also the source of income. Only 9 percent depended on job. Business and Jajamani were small percent than other.

4.3.2.4 Income

During the study of households, monthly income of the economically active people was also collected. In this section it is tried to show the monthly income of the studied population.

Economically active populations in this study are persons of age between 10 and 65. The following table presents the income distribution for age 10 years and above and shows the monthly income in Rs.

Table: 4.4 Distribution of population for 10-years and above by monthly income in Rs. Of Baireni VDC, 2009.

Monthly income in Rs.	**Number**	**Percentage**
0 to 1900	60	60.0
2000 to 3900	16	16.0
4000 to 5900	17	17.0
6000 to 7900	4	4.0
8000 to 9900	2	2.0
10,000 to above	1	1.0
Total	**100**	**100.0**

Source: Field study 2009

Table no.4.4 presents the percentage distribution of population for 10 years of age and above by monthly income in rupees. The figure revealed that population of Baireni VDC had monthly income less than Rs. 2000. Nearly 60 percent of population aged 10 years and above, known as economically active population had low level of monthly income. 16 percent people earned 2000 to 3900 Rs. Monthly. The normal income for nearly 17 percent of people was 4000 to 5900 monthly. The maximum monthly income among studied population was found 50,000 only. 1 percent people earned more than 10,000 monthly that also come from sand mines.

4.3.2.5 Land Distribution

The following table presents the total land distribution among the studied household of Baireni VDC.

Table: 4.5 Distribution of Households on the basis of land holding size in Baireni VDC, 2009.

Land (In Ropni)	**Number**	**Percentage of household**
Landless	5	5.0
1 to 9	10	10.0
10 to 19	45	45.0
20 to 29	18	18.0
30 to 39	17	17.0
40 to 49	3	3.0
50+	2	2.0
Total	**100**	**100.0**

Source: Field study 2009 and Baireni VDC Profile.

Land distribution system in Baireni VDC presents in table no 4.5 in above. Among studied households 5 percent households had no land at all, they were known as "SUKUMBASI". Most of those households were from Dalit community whose main source of income was foreign remittance. The majority of households had land between 10 to 19 ropani and 20 to 29 ropani which accounts to 45 and 18 percent respectively. Only 5 percent of households had land more than 40 ropani.

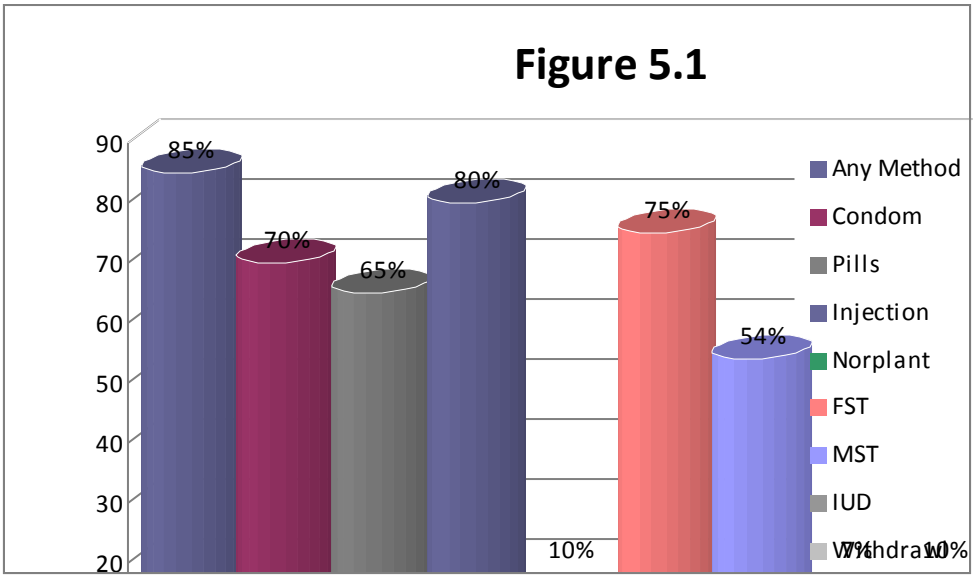
CHAPTER – V

UTILIZATION OF FAMILY PLANNING SERVICES

5.1 Knowledge of Family planning methods

For the utilization of family planning method, knowledge to use and knowledge about advantage and disadvantage of methods plays a vital role for effectiveness. If couple knows all the advantage and disadvantages of family planning methods then there is high possibility of the use of family planning method. In this study respondents were asked about the knowledge of family planning methods. The knowledge of family planning in this study refers even the respondent heard about family planning. For cor collecting such type of information firstly respondents were encourage to say methods themselves. Which they know about and sometimes it was tried to probe them. The following task presents knowledge of family planning by methods.

Figure: 5.1 Knowledge about FP methods among respondents, Baireni VDC, 2009.



Source: Field study 2009.

(Note: FST = Female sterilization, MST= Male sterilization)

The above figure no. 5.1 shows the knowledge of family planning methods in Baireni VDC of Dhading was far below than the national average. only 85 percent of currently married men know at least one method of family planning whereas the

corresponding figure for the national was 99.7 percent (BCHIMES, 2000). In Bareni VDC the most famous as well as known method was injection followed by FST, condom and pill which accounts 70 and 65 percent respectively. Only 54 percent men of reproductive age know about male sterilization. The main reason for low knowledge about most common methods of family planning for example, male sterilization, IUD etc. was that only limited service. Specially condom, pill and injection were available to them at the health post. Other methods viz IUD, male and female sterilization were far from their accessibility. Only limited respondents know about IUD and Norplant. Which accounts 7 and 10 percent respectively. Among the methods only 10 percent know about withdrawal.

Table: 5.1 Distribution of FP user men by age group in Bareni VDC 2009

Age group	**Current used methods**						**Total Percent**
	Condom	**Withdrawl**	**Pill**	**Injection**	**FST**	**MST**	
15-19	1	0	0	0	0	0	2.94
20-24	4	1	2	1	0	0	23.53
25-29	3	0	0	1	0	3	20.59
30-34	2	1	0	2	0	2	20.59
35-39	0	0	0	0	0	2	5.88
40-44	0	2	1	0	2	2	20.59
45-49	0	0	0	0	0	2	5.88
50-54	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0
Total	**10**	**4**	**3**	**4**	**2**	**11**	**100.0**

Source: Field study, 2009.

It could be seen from the table no.5.1 is an apparent use of family planning methods depends upon the age of men. The above table no. 5.1 clearly shows that there was only one user of family planning method in the age group of 15-19 years. The percent of men of age group 20-24 were using family planning methods which accounts 23.53 percent of the over all users of family planning methods. But in this age group there was no respondents who reported having had sterilized. The highest percent of men of age group 20-24 years were using condom which accounts 11.76 percent. Highest percent of men of age group 20-24 were using family planning methods and slightly declining up to age group 30-34 . Then for age group 35-39 years there was

significant decline in the use of family planning methods which accounts 5.88 percent of the total users which furthermore accounts male sterilization. The above table also shows that in Baireni VDC couples use family planning methods to prevent births rather than spacing births in later ages. For 35 and over age groups most couples used sterilization rather than temporary method.

5.1.1 Knowledge of FP by source of information

Table: 5.1.1 Distribution of respondents by source of information in Bareni VDC

Source	**Number**	**Percent**
Radio	60	60.0
Television	8	8.0
Friends	12	12.0
Healthworker	3	3.0
Newspaper	2	2.0
Don't know	15	15.0
Total	**100**	**100.0**

Source: Field study, 2009.

Information and communication plays a vital role in the attitude and knowledge about family planning.

One does not show the positive response towards any means of methods unless one has not got enough information about any thing. The above table 5.1.1 shows the distribution of respondents by source of information.

Radio is the most common source of information regarding family planning. About 60 percent of respondents got the information from the Radio. Another source is television as 8 percent respondents got knowledge from it. About 12 percent respondents goat information from friends, 3 percent from health workers, 2 percent from newspaper.

5.1.2 Ever use of family planning

Introduction of FP methods in somebody's life is an important aspect .It is found that nearly 85 percent of the respondents have ever used at least one type of FP method in their life, (table 5.12). Rest of them were either newly married and not in need of any

type of FP methods or they have been practicing the natural methods. It might be possible that they were greatly in need of the child. So they might be ignoring the FP method.. Users said that they experienced difference in the first use and the current use. They said that the method of first use was a kind of compulsion and had not better idea to use so it was not favored.

Table 5.1.2 Distribution of respondents by ever use of contraceptions

Everuse	**Number**	**Percent**
Yes	72	84.70
No	13	15.30
Total	**85**	**100.0**

Source: Field study, 2009.

5.1.3 Curent use of FP methods

The use of same method for ever might be bringing several problems so that their might have been change in the use of FP methods. It is not certain that the one who chooses certain method for the first use have brought change in the use of FP methods too. It is not certain that the one who chooses certain method for the first use continue and liked forever. This part of the analysis gives the information about the methods that have been practiced currently responds. Similarly, the one who is the ever user of the FP methods might have terminated the use of the FP methods because of the certain reasons. Some users might have already gone for the sterilization. Table 5.1.3 shows the current use of the FP methods.

Table 5.1.3 Distribution of respondents by current use of FP methods

Methods	**Number**	**Percentage**
Male condoms	10	29.41
Sterilization	13	38.25
Withdrawl	4	11.76
Injection	4	11.76
Capsules/Pills	3	8.82
Total	**34**	**100.0**

Source: Field study 2009

Table 5.1.3 shows that sterilization has got highest percent of respondents among current users. It is also observed that some respondents who have ever used any kind of FP methods have terminated the use of FP methods because of certain reasons. Among the current users, male condom is the next highly preferred method of FP. Another favorable method is capsules or pills. It ism also observed that among the current users, large proportions of the respondents have made their partners or spouse use the FP methods. The table illustrates that 11.76 percent respondents are using injections as current methods of FP while 8.82 percent are using capsules. It shows that there is difference between the methods of first use and the method of current use.

5.2 Utilization of Family planning methods

Especially, it is related knowledge to use family planning methods. Not only knowledge but also utilization of the family planning methods is necessary but also reducing high fertility rate. The respondents who reported knowing about family planning were asked whether they have ever used any method and where using any method of family planning at the time of interview which has been discussed as below by different variables.

5.2.1 Age of men and use of family planning methods

There are various determinants of current use of family planning methods. Among them age of men play a dominant role. The following table presents the utilization of family planning services by age, group of men in the study area.

5.2.2 Education level and use of family planning

Generally educated persons are more responsible for their society. So, there is inverse relationship between educational level of couple and use of family planning than education of husband in making use of family planning services. Educated women frequently make utilization of family planning methods than illiterate ones in account of their better knowledge of family life and family planning methods as well as better family welfare. But it was found in Baireni VDC that the literacy rate of female was very low than their counter part male. For female the literacy rate was 35 percent where as for male was 61 percent.

The following table presents the level of education and current use of family planning methods.

Table: 5.2 Current Use of FP methods on the basis of Education of the respondents

Level of education	Number of men	Percent	Total
No education	9	16.67	54
Primary education	8	40.0	20
Lower secondary	5	50.0	10
Secondary	9	81.82	11
Intermediate and above	3	75.0	4
Total	**34**	**34**	**100**

Source: Field study, 2009

From the above table no. 5.2, it could be seen how education level of men affects the use of family planning utilization. The above table is an apparent that the utilization of family planning services increases with increase in education of men. Among total men with no education of Baireni VDC, only 16.67 percent used family planning where as the educational level as primary education 40 percent among total primary educated men of Baireni VDC reported that they were using any family planning methods at the time of the interview. Furthermore, for total men of having lower secondary and secondary level of education 50 and 81.82 percent men were using family planning methods. The highest percent of men who were using family planning services in Baireni VDC were of secondary level. But only 75 percent men of higher education that was intermediate and above used family planning services.

5.2.3 Use of Family planning by occupation

Husband and women's occupation depends on the status of life and occupational status also affects the utilization of family planning methods. Generally in Dhading occupation of men and women is agriculture because of low level of education. We can also observe many of the men and women without any occupation neither agriculture nor other.

Occupation of men plays a dominant role in utilizing family planning methods. Men with no any occupation and with agriculture have more children than men with job for example teacher and other bureaucrats because men with agriculture less probability to leave home for long, so they might have relatively more sexual contact than couples with job resulting in high fertility rate.

In Baireni VDC also most of men were engaged in agriculture and some also reported having no any occupation. Little percent of men were job holders specially teacher.

Table: 5.3 Current Use of FP methods on the basis of Profession of men Baireni VDC

Occupation of men	**Current use of FP**		**Total**
	Number	**Percent**	
No any occupation	4	15.38	26
Agriculture	25	38.46	65
Teacher	3	60.0	5
Student	2	100.0	2
House Head	0	0.0	1
Business	0	0.0	1
Total	**34**	**-**	**100**

Source: Field study 2009.

Given table no. 5.3 is related with profession of men and use of FP method, in Baireni VDC majority of men engaged in agriculture. Similarly 15.38 percent of men had no any occupation. The men who earns and feed to family. Mainly in Tamang community and in Dalit community such men were found.

Among the total men who were engaged in agriculture in Baireni VDC, only 38.46 percent repored they were using family planning at the time of interview. The highest use of family planning in Baireni VDC was found among student men who were studying in +2 and Bachelor level at the time of interview. 100 percent of men who were student were using family planning. This was because of their better knowledge about family life and difficulties in growing up and educating more children. Teacher who considered as the leaders of the society were found using family planning services lesser than student men. Only 60 percent teachers were using family planning methods in Baireni VDC of Dhading which seemed to be shifted by student men. No

men who were house head and having occupation as business were using family planning methods.

5.2.4 Number of Living children and use of family planning

The number of living children that the couples have is one of the most determinants in the use and non use of family planning methods. In Nepal many couples use family planning to stop rather than space birth. Generally, Nepalese couple use family planning methods after achieving desired family size.

Family planning services users in Baireni VDC was found that the couple who had no children or less than 2-3 children specially sons were using temporary methods of family planning where as who had more than 4-5 children were using permanent methods of family planning to stop getting stopping more children. In Nepal living sons are more children. In Baireni VDC also it was found that the strong desire in respondents for more than 2 sons.

The following table presents the number of men who were currently using family planning methods by number of living children, in Baireni VDC.

Table 5.4: Use of FP methods on the basis of living children of men, Baireni VDC

Methods	**No of children a couple have**								**Total percent**
	No children		**1-2 children**		**3 children**		**4 and above**		
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**	
Condom	3	8.82	5	14.70	1	2.94	0	0.0	**26.46**
Pills8.82	0	0.0	2	5.88	1	2.94	0	0.0	**8.82**
Injection	0	0.0	2	5.88	1	2.94	2	5.88	**14.7**
With drawal	1	2.94	1	2.94	1	2.94	1	2.94	**11.76**
MST	0	0.0	1	2.94	0	0.0	10	29.41	**32.35**
FST	0	0.0	1	2.94	0	0.0	1	2.94	**4.8**
Total	**4**	**11.77**	**12**	**35.29**	**4**	**11.77**	**14**	**41.17**	**100.0**

Source: Field study 2009

The above table no. 5.4 shows that in Baireni VDC, couples who were using family planning methods increased with number of living children they have. Among 34

users of family planning in Baireni total users of condoms are 26.46. Among of them 14.70 percent used condoms after having one to two children. 11.77 percent who have no children use family planning methods. There are no couples using any methods of family planning rather than condom who had not any children. Only one respondent or 2.94 percent used male sterilization after having 2 children.

The above table also clearly shows that 11.77 percent among current users of family planning used any method before having no children where as 35.29 percent used family planning after having 1-2 children. But there seems declining trend in using family planning methods after having 3 children this might be because of desire of more children among total users 41.17 percent used any method of family planning after having four and more children.

5.2.5 Number of living sons and use of family planning

In Nepal, most of the couple use family planning after achieving their desired family size. Utilization of family planning is highly depended on the number of living sons a couple have. Furthermore living sons are more important than living children a couple have. In the study area information about use of family planning have. The following table presents the use of family planning by number of living sons.

Table 5.5 Distribution of male FP users by number of living sons in Baireni VDC

Methods	No of living sons a couple have								Total percent
	No sons		1-2 sons		3 sons		4 and above		
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Condom	3	8.82	3	8.82	2	5.88	1	2.94	**26.46**
Pills	0	0.0	1	2.94	2	5.88	0	0.0	**8.82**
Injection	1	2.94	1	2.94	1	2.94	1	2.94	**11.76**
With drawal	1	0.0	0	0.0	1	2.94	3	8.82	**11.76**
MST	0	0.0	1	2.94	0	0.0	8	23.52	**26.46**
FST	0	0.0	1	2.94	2	5.88	2	5.88	**14.7**
Total	**4**	**11.77**	**7**	**20.59**	**8**	**23.53**	**15**	**44.1**	**100.0**

Source: Field study 2009

It is apparent from the table no. 5.5 that the use of FP methods in the study area largely depends on the number of living sons a couple have. 44.1 percent couples who had already 4 and more sons were using any methods of family planning followed by 23.53 percent who had 3 sons. The above table also reveals that nearly 23.52 percent who had more than 4 sons were using male sterilization. This is an evidence that it is due to the desire for more sons due to security in the old age.

5.2.6 Accessibility and Availability of family planning services

Availability and accessibility of the services plays a major role among the various determinant of the utilization of family planning services. Geographically, Nepal bears various difficulties in making every method of family planning services easily available. Permanent services viz. male and female sterilization and other methods for example IUD, Norplant are not easily available for rural residents. These services are provided by district hospitals. Sometimes mobile surgical camps provide male as well as female sterilization.

In Baireni VDC, only limited services viz. condom pill and injection are available to the health post and for getting other methods of family planning they have to go to district hospital or in private clinics which are located in urban sector only.

The following table presents distribution of men who reported the availability of services by different sources.

Table: 5.6 Availability of FP methods by source, Baireni VDC 2009

Available place of FP methods	Number of FP user	Percent
Governmental sector (HP)	25	73.53
Private clinic	9	26.47
Total	**34**	**100.0**

Source: Field study, 2009

One can summarize from table no. 5.6 that nearly 73.53 percent of men who were currently using FP methods in Baireni VDC received services from governmental sector totally from HP which is located in Baireni ward no, 9 where as 26.47 percent respondents reported getting family planning services from clinics. CPR was for below because of the less availability of choice.

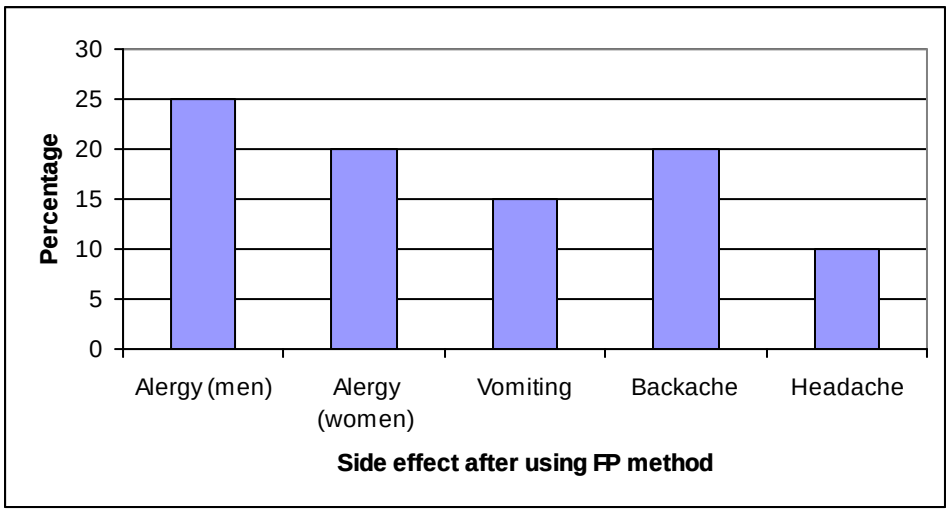
5.3 Side effects of the family planning methods

No every FP methods suit every person because every methods of family planning have its advantages as well as disadvantages. If any method does not suit to any user side effect of family planning services seems.

For collecting information on side effects of family planning methods questions were asked to the respondent who were using any method at the time of interview. The most common side effect of condom users was allergy for women and also for men. Although MST users have side effect of backache.

The following table represents distribution of currently married med who reported having experienced side effect after using any method of after using any method of family planning.

Figure 5.2: Side effect of FP methods, Baireni VDC



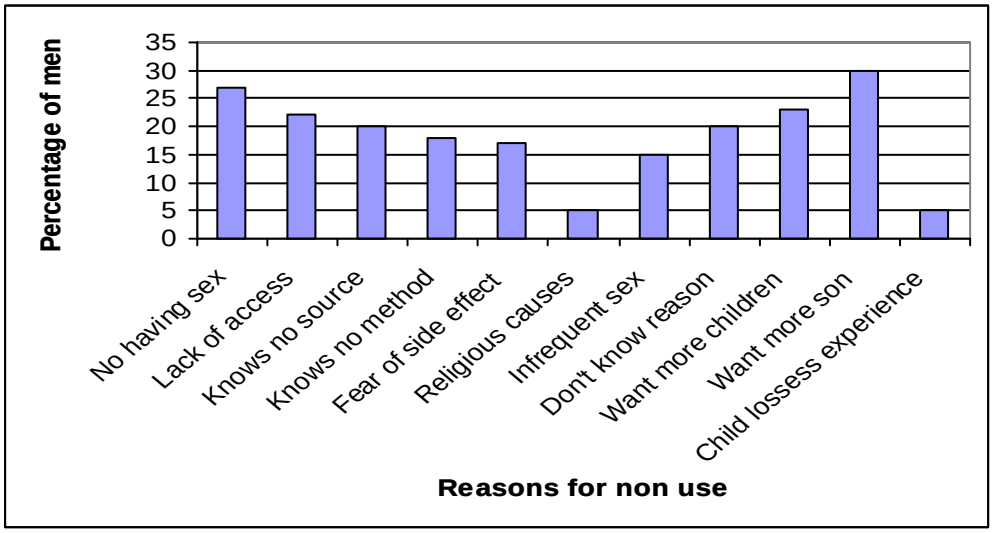
Source: Field study, 2009

The above Figure 5.2 presents percentage of current and ever users of family planning methods who experienced any side effects after using any family planning methods. Among the total men who reported having experienced side effects 25 percent reported experiencing allergy of condom for men and 20 percent allergy for women less percentage of men reported experiencing headache which was nearly 10 percent. Vomiting was another side effect for women using withdrawal by men which account 15 percent. About 20 percent report they experienced backache by using MST. Many of them did not want to use another method by the fear of effect so it was necessary to aware them before using.

5.4 Reasons for not using family planning methods

At the time of interview were asked the reasons for not using family planning methods. Most of the respondents reported more than one reason for not using family planning methods because some men (husband) was not at home since long. Each reason for not using family planning methods were asked for each respondent. The following table shows the result.

Figure 5.3: Non use of FP methods by reason, Baireni VDC



Source: Field study 2009

From above figure we can see the reasons for not using family planning methods by different reasons in every reason all non users respondents were asked to say about the cause of non use. Some of them reported more than one reason and some of them emphasized for more children. Among them largest group want more son.

Twenty seven percent reported no having sex in such a sense that they were outside home, especially for job. So they need not use family planning. The figure also presents the knowledge related reasons for not using family planning methods. Among the total 18 percent know no method and 20 percent know no source. Individual reasons were related with want more children and want more sons which are respectively 23 percent and 30 percent. Religious causes and experience of child losses causes are least of them only 5 percent in each. Reasons accounts 17, 15 and 20 percent for fear of side effect, infrequent sex and don't know any reasons. Among the method related reasons for not using family planning services, lack of access and aware was major one because 20 percent men reported that they have no reasons why it is necessary.

5.5 Perception of Gap between two Births

For mother's as well as child's health it is necessary to have gap between two births for 4-5 years. Questions were asked all the respondents how many years gap between

two births should be. The following table presents the perception on birth spacing in Baireni VDC.

Table: 5.7 Respondents responding Gap between two births

Gap between two births	Number	Percentage of men
2 years	15	15.0
3 years	41	41.0
4 years	19	19.0
5 years	25	25.0
Total	**100**	**100.0**

Source: Field study 2009

From above given table it could be seen that the majority of men reported gap between two births for 3 years which accounts 41 percent followed by gap for 5 years which accounts 25 percent. Only 15 percent respondents reported to have gap only for 2 years. Though, perception on birth spacing is nearly positive in Baireni VDC utilization of family planning services to space birth was low.

5.6 Reasons for Birth spacing

The reasons for birth spacing depend on awareness of men so the questions were asked to the respondents who reported to have different years of gap between two births what will be the reason for this. They responded different reasons which have been presented in the following table.

Table 5.8 Reasons for Birth spacing Baireni VDC 2009

Reasons	**Number of men**	**Percent**
Breast feed baby for long	20	20.0
Mother's health	25	25.0
Child health	7	7.0
Breast feeding & mother's health	6	6.0
Breast feed & child health	31	31.0
Mother and child's health	6	6.0
All three reasons	5	5.0
Total	**100**	**100.0**

Source: Field study 2009

The reasons for birth spacing depend on awareness of couple about health of women as well as child's health and education women. It can be seen from the above table no. 5.8 that only 5 percent of respondents responded it is necessary to space birth for mother's health, child's health as well as for breast feeding baby for long period. Mother's and child's health was the most reported reason for the necessity of having birth spacing followed by mother's health which accounts 31 and 25 percent points respectively. The above table shows that only 7 percent men of Baireni VDC reported to have birth spacing for child's health. Though they reported, to have birth spacing by different reasons it was appeared that frequently child bearing as a social culture in Baireni VDC.

5.7 Husband/Wife communication about family planning

Communication between husband and wife is necessary for better family life because they are two wheels of the same cart. Combination of their family life generally, there should be discussion between husband and wife about the use of family planning. But in Baireni VDC only limited percentage of men reported to have discussion about family planning with women.

Not only communication but also decision making is vital for using desired method of family planning. Little of the respondents who reported having communication about family planning with their wife. More percentage of men took part in decision making. The following table presents communication between husband and wife about family planning.

Table: 5.9 Communication between husband and wife about FP decision making FP utilization Baireni VDC, 2009

Communication between husband and wife	**Number**	**Percent**
Yes	36	36.0
No	64	64.0
Total	**100**	**100.0**
Decision maker about family planning		
Husband	24	24.0
Wife	5	5.0
Both	7	7.0
Total	**36**	**36.0**

Source: Field study, 2009

Above table is clear to see the status of communication between husband and wife in Baireni VDC and decision making about family planning services from table no. 5.9. the table also clearly shows that husband wife communication about family planning of men in Baireni VDC is very low. Only 36 percents of men communicate with their wife about family planning. The reason why they don't communicate was due to shyness to discuss about family planning. The majority of respondent i.e. 64 percent reported that they have not discussed about family planning with their wife. 24 among 36 men reported that husband was decision maker and only 5 among 36 male were wife decision makers, similarly 7 men said the decision rely on both husband and wife.

From the above table it is apparent that in Baireni VDC discussion about family planning between couples was less. There is less aware about decision making.

5.8 Future use of family planning methods

To know the intention about the use of family planning methods in future men who were currently using temporary methods of family planning and not using any methods were asked whether they want to use any methods of family planning in future days. Nearly 40 percent currently married men reported that they want to use family planning methods in later days. The following table presents the intention to use family planning in future by methods.

Table: 5.10 Intention of future use of FP methods, Baireni VDC, 2009

Future use	Number of men	Percentage
Wants to use	39	39.0
Don't want to use	61	61.0
Total	**100**	**100.0**

Source: Field study 2009

Table no. 5.10 revealed that 39 men among 100 want to use any methods of family planning in future days. But there were significant percentage of men who further didn't intended to use family planning methods. These situations showed that majority of men were less aware of the utilization of family planning services. This very low percent because National level CPR use was 48percent in FY 2063/064 according to National planning commission.

Those men who reported having intention to use family planning methods in future were asked which method they want to use. The following result was achieved which is presented in following table.

Table: 5.11 Intention of respondent about use of FP by methods in future, Baireni VDC, 2009.

Future used method	Number of men	Percent
Condom	5	12.82
Pill	1	2.56
Injection	9	23.07
Male sterilization	10	25.64
Female sterilization	11	28.20
Withdrawl	1	2.56
Don't know	2	5.12
Total	**39**	**100.0**

Source: Field study 2009

It is to be concluded from the table no. 5.11 that the majority of men intended to sterilization both male and female. Similarly nearly 23 percent indented to use injection followed by women in the future days. But only 2.56 percent of men among those who want to use family planning in future intended to use withdrawl and same

to use pill followed by women. Only 12.82 percent intended to use condom. But nearly 5 percent respondents reported they were not aware to use which method but want to space birth. Thus, it may be generalized that if family planning services were easily available in Baireni VDC, utilization of family planning could be sustained.

From the above information one could understand that if suitable family planning methods are made available in the VDC, the utilization of family planning sercices might be increased. Most of the respondents reported that they were far from all kinds of family planning methods. Thus it is to be said that little use of family planning services is due to low availability of the methods that the couple requires.

CHAPTER – VI
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

The present paper addresses to the knowledge, attitude, belief and practices of rural males towards various aspects of family formation including reproduction and contraceptive us. The study entitled “Male involvement in utilization of family planning services: A case study of Baireni VDC in Dhading” has been carried out to examine the utilization of family planning services among currently married men of reproductive age in Baireni VDC of Dhading. In this study it is tried to reveal utilization practice of family planning services as far as possible based on primary data collected from field survey, 2009. Data for this study were collected during October and November for one month. This study deals with the knowledge of family planning, use of family planning by different variables viz. age of men, educational level, number of living children, occupation of men etc. It further incorporates availability and accessibility of family planning services, side effects after using family planning methods, perception on gap between two births by reasons, reasons for not using family planning by different reasons viz. fertility related reasons, knowledge related reasons, opposition to use, method related reasons and individual reasons. Similarly, it occupies future intention to use family planning by methods among currently married, non users and users of temporary method of family planning. For this study 100 households were selected and each household information were collected from currently married men of reproductive age.

In this study information about 955 individuals in respect of education, marital status, occupation etc. was taken. The information about respondents brothers and sisters as well parents was taken to show the status of respondents among their brothers and sisters. But only 100 men of reproductive age who were the eligible respondents for this study were successfully interviewed. Cross tabulation, rates and ratio, univarite as well bivarite techniques have been employed to evaluate utilization of family planning services.

This study shows that in order to achieve three goals. The first goal is to identify knowledge attitude, and practice of family planning methods in Baireni VDC of Dhading. Similarly, the second goal is to identify socio-economic determinants of current use of family planning services and the last one is to identify the reasons for using and not using family planning methods among currently married women of reproductive age of Baireni VDC.

Two types of questionnaire were designed to achieve the goals of the study. So that information about family members as well as respondent's attitude and future use of family planning services could be obtained. From 100 households information about 955 individuals was taken, among those 500 were male and 455 were female. The sex ratio of the studied population was found to be 109.83 percent which was higher than the national average which accounts 99.8 percent.

The highest sex ratio for the studied population was found for age group 50-54 years of age which accounts 283. While considering demographic composition of the studied population, the shape of pyramid was formed like pyramid of developed countries. Its base was narrowed and middle part was flatted further more it was slightly narrowed for the higher age showing quite different than the developing country. This type of situation emerged because this study covers information about respondents brothers and sisters and most of them were between 20 to 40 years of age.

Information considering about socio-economic characteristics of the studied population of Baireni VDC, information about village infrastructure was also collected via. key informants. The minimum distance to reach to the primary school in the study area was 1 km and higher distance was 3 km. similarly, for lower secondary, secondary and higher secondary level of education they have to walk maximum distance up to 13 km. like such for reaching up to health post and hospital they have to minimum distance for reaching up to hospital was 35 km. they have to walk 1 to 13 km to reach up to road. Telephone facility was in the village since 15 years ago in VDC office. Now available in all over the VDC.

Though education is the means of development. In Baireni VDC the overall male literacy rate was 61 percent where comparable figure for female was only 35 percent.

Both female and male literacy rate in overall of Baireni VDC was 48 percent which was far below than the national average which was 54.1 percent.

In the study area 30.5 percent population was engaged in agriculture showing that the major occupation of the studied population was agriculture. Among total studied population 30.5 percent reported having no any occupation. Only 5.9 percent among the total studied population were job holders in governmental sectors and only 5.26 percent were daily wage labors.

60.5 percent reported their income was below than 2,000 rupees monthly. Majority of the studied population had monthly income between 4,000 to 5,900. There were only 1 percent population who earn more than 10,000. Agriculture was main source of income for 25 percent of household and foreign remittance was for 9 percent of households. Majority of households reported they had both major and minor source of income which showed that in the study area much of the households relied on multiple sources of household economy. Among multiple sources of household economy 20 percent had agriculture and sand mines. Only 6 percent household was relying on business. Jajamani, which is a socio-cultural system, was also main source of income of 3 percent of households.

There was discrimination in land distribution . 45 percent households had 10 to 19 ropani land followed by 20 to 29 ropani for 18 percent of household. 5 percent households had no land, they were called SUKUMBASI. Only 2 percent households among the sampled households had land more than 50 ropani.

6.2 Conclusions

Knowledge of any one method of family planning in Baireni VDC was lower than the national average which accounts 85 and 99.7 percent respectively. Condom and pill which accounts 70 and 65 percent respectively. Only 54 percent men of reproductive age know about male sterilization . Among the methods only 10 percent know about withdrawl. Similarly IUD and Norplant which accounts 7 and 10 percent respectively.

In Baireni VDC the most famous as well as known method was injection which accounts 80 percent.

Only 34 percent currently married men were using family planning service in the study area. There were one percent users of family planning methods in age group 15 to 19 years. Only 8 percent in age group 25 to 29 used any methods of family planning where as 7 percent used in age group 30 to 34 years of age. Majority of family planning users used sterilization after achieving desired family size. The pick use of family planning method was for age group 20-24 years. Then there was slight decline in use of family planning services up to age group 30-34 and 40-44 years. Only 2 percent women used family planning in age group 35-39 also in age group 45-49.

It was observed that utilization of family planning services increased with educational level of men. Nearly 16.67 percent men with no education used family planning where as nearly 81.82 percent currently married men with secondary level of education used any method of family planning but only 75 percent men with intermediate and above education used family planning services.

Almost all men who were students during survey period were using at least one method of family planning. Nearly 38.46 percent of men who's occupation was agriculture were using family planning services at the time of interview. Men reporting no any occupation were making little use of contraceptive methods (15.38 percent) men having occupation as business and household were never using these methods.

Positive relationship found between number of living children and use of family planning services. Those men who had 4 and more living children were using family planning 39.39 percent than who had less than two children. But who had 4 and more living daughters only were not using contraceptive methods. The contraceptive prevalence rate for those who had more than 4 children with son was nearly 39 percent. Among this 24.24 percent was male sterilization and 6.06 percent was female sterilization. Only 9.09 percent of current users were using condom who had no any children.

Only limited services viz. condom, pill and injection were available in the study area. No other any method were available at the HP. Women who were practicing nearly 75.75 percent were getting services from governmental sector especially from HP,

located in ward no. 9 and only 24.25 percent were getting services from private clinics. Most of the users of injection and pill experienced side effects. Those men who experienced side effects reported to have experienced multiple types of effects. Among those 25 percent men and 20 percent women were common effect of allergy by condom. 15 percent were affected by vomiting of withdrawl method of male. Similarly, Backache of male were 20 percent and headache by using family planning methods were 10 percent.

27 percent did not use contraceptive method in such a sense that the reason was no having sex. Among the total respondent 17 percent were not using because of the fear of side effects. 22 percent men were not using contraceptive methods due to lack of access. Desire for sons was major reason for not using family planning methods. 30 percent followed by want more children 23 percent.

Almost all men perceived that birth spacing is necessary but it was found substantial difference in gap intervals. Majority of men stated that there should be gap between two births for 3 years (41 percent) followed by gap for 5 years and above (25 percent). Only 15 percent felt that there should be gap for two years.

Birth spacing is necessity for breast feed baby for long time and child's health was viewed by 31 percent of respondents followed by 25 percent for mother's health. Only 6 percent respondent realized the necessity of birth spacing for breast feed baby for long, mother's health as well as child's health.

Inter spouse communication about the use of family planning were 36 percent and 64 percent respondents told that they did not communicate at once with each other. Though there was communication about contraceptive methods, the decision maker was husband. Among 36 who reported communication, 24 decisions were made by husband where as only 5 decision were made by female.

In future 39 percent respondents intended to use any method of contraceptive. But majority of men further did not intend to use contraceptive methods in future also. Majority of men 25.64 percent intended to sterilize. 12.82 percent intended to use condom in future but 2.56 percent intended to use withdraw in future.

6.3 Recommendations

In these days, Rapid population growth and low availability of resources has become a serious concern for Nepal. For bringing substantial decline in total fertility rate in countries like Nepal propaganda of the family planning methods and utility of contraceptive service utilization might be necessary in our country, different NGOs, INGOs as well as government have been actively involved in providing family planning services since long and governmental policy related to family planning aims to increase family planning service acceptors in single step but such ambiguous policies seem never worked in Nepal. It is well realized the necessarily of family planning utilization in population control programmes but effective policy for family planning must be introduced. Nepal is multilingual, multi-ethnic and multi-religious society. In Nepal social beliefs directly affects the utilization contraceptive methods that's why such policy relating to family planning should be introduced that will gradually establish positive change in each individuals. Thus it is challenge for Nepal and for policy makers relating with family planning to implement such programmes that will change in personal aspirations and disbelieves against family planning services.

This study suggests the following recommendations.

- For old age security, people still see the economic utility of having more children specially sons, so such programmes that show the disutility of having more children should be organized in Dhading district of authorized persons.
- For the targeted population accelerated the NGOs and INGOs who are working in related field should be raised awareness about family planning, role play, street drama and audio visual programmes.
- Male sterilization is less popular in Baireni VDC. Most couple doesn't want to use male sterilization thinking that after sterilization male becomes week. Programmes that will avoid rumor against male sterilization should be introduced in Baireni VDC.
- In local language NGOs and social groups are to be mobilized in lunching effective family planning programmes.

6.4 Recommendation for the future researcher

- Baireni VDC of Dhading district which is generalized study on the basis of one month's field study. I recommend to conduct in-depth study in the same VDC.
- This study covers all the caste/ethnic groups of Baireni VDC. I recommend to conduct further study in specific groups.
- I recommend further research to be carried out on other variables for example: Polygamy and family planning, religion and family planning, caste and family planning.

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Questionnaire

Dear respondents I am a student of Central Department of population studies and conducting research on the topic of **Male Involvement in Utilization of family planning service**

(A case study of Baireni V.D.C Dhading)

Q.No1. Household Survey (interview)

General Information

Name of respondent: **Date:**

Caste:

Religion:

No. of family member:

Location:

District:

VDC/ward:

Q. No. 2. Can you read and write in any language?

Read Only ☐ |Read and Write ☐ Illiterate ☐

Q. No. 3 Level of education completed ……

Q.No. 4. At what age did you get married? ……..

Q. No. 5. How many children do you have?

One ☐ Two ☐ More than two ☐

Q. No. 6.What is your current occupation?

Agriculture ☐ government service ☐

private employee ☐ Paid Labor ☐

Other…… ☐

Q. No. 7. Do you have your own cultivation land?

Yes ☐ No ☐

Q. No. 8. What type of house do you have?

Modern ☐ Traditional ☐

Q. No. 9. What type of source of water do you use?

Tap ☐ Pond Spring ☐ Well ☐

Q. No. 10. Do you have electricity at home?

Yes ☐ No ☐

Q. No. 11.Have you ever heard of any family planning method?

Yes ☐ No ☐

Q. No. 12. From where did you get the information for the first time?

Radio ☐ T.V ☐ Friends ☐

Health worker ☐ Newspaper ☐ Don't Know ☐

Q. No. 13. Have you heard of the following family planning method?

Sterilization ☐ withdrawal ☐ Safe period ☐

late marriage ☐

Q. No. 14. When did you know about family planning?

Before marriage ☐ After Marriage ☐ Don't remember ☐

Q. No. 15. Have you ever used any family planning method?

Yes ☐ No ☐

Q. No. 16.Which method have you used for the first time?

Sterilization ☐ withdrawal ☐ Safe period ☐

late marriage ☐ Other ☐

Q. No. 17. Are you currently using any contraceptive method?

Yes ☐ No ☐

Q. No. 18. Which method are you currently using?

Sterilization ☐ withdrawal ☐ Safe period ☐

late marriage ☐ Other ☐

Q. No. 19. Are you thinking to use any family planning method in future?

Yes ☐ No ☐

Q. No. 20.If Yes….. Which Method?

Sterilization ☐ withdrawal ☐ Safe period ☐

late marriage ☐ Other ☐

If No……..Why?

……..

Annex-1

Table: village infrastructure of Baireni VDC 2009

Facilities						
Ward No.	**Ward wise schools**				**Distance of HP from Each ward**	**Electricity**
	Primary	**Lower secondary**	**Secondary**	**Higher Secondary**		
1	-	-	1	-	9 km	No
2	1	-	-	-	$9\frac{1}{2}$ km	No
3	1	-	-	-	10 km	No
4	2	-	-	-	13 km	No
5	-	1	-	-	10 km	Yes
6	1	-	-	-	10 km	No
7	2	-	1	-	6 km	Yes
8	2	1	1	-	5 km	Yes
9	3	-	2	1	1 km	Yes

(Source: Field study 2009)

Annex-2

Table: Percentage Distribution of Studied Population by Educational Status by 5-Year Age Group of Women

Age Group	**Total Population**	**Educational Level**					**Total**	**Tota**
		Primary	**Lower Secondary**	**Secondary**	**Intermediate or +2**	**Bachelor & Above**		**Perc**
0-4	30	8	-	-	-	-	8	26.6
5-9	29	20	-	-	-	-	20	68.8
10-14	29	7	5	-	-	-	12	41.3
15-19	30	4	2	6	2	-	14	46.6

20-24	71	10	5	13	1	1	30	42.2
25-29	67	4	-	4	2	-	20	29.8
30-34	49	4	2	2	2	-	10	20.4
35-39	33	5	1	1	3	-	10	30.3
40-44	28	5	-	3	1	-	9	32.1
45-49	26	6	-	1	2	-	9	34.6
50-54	12	1	2	1	-	-	4	33.3
55-59	15	2	-	1	-	-	3	20.0
60-64	10	2	1	-	-	-	3	30
65-69	17	2	-	2	-	-	4	23.5
70+	9	2	1	-	-	-	3	33.3
Total	**455**	**82**	**19**	**34**	**13**	**1**	**159**	**35**

Source: Field study 2009

Annex-3

Table: Distribution of Studied Population by Educational Status by 5-Years Age Groups of Men

Age Group	**Total Population**	**Educational Level**					**Total litera or Educate**
		Primary	**Low. Secondary**	**Secondary**	**Intermediate or +2**	**Bachelor**	
0-4	41	12	-	-	-	-	12
5-9	36	29	-	-	-	-	29
10-14	26	7	-	7	-	-	14
15-19	38	7	1	18	2	-	28
20-24	48	6	12	12	8	2	40
25-29	77	20	6	17	10	2	55
30-34	47	5	5	15	5	-	30
35-39	44	6	4	14	6	-	30
40-44	31	3	2	7	2	-	14
45-49	27	5	4	3	1	-	13
50-54	34	4	3	8	2	1	18
55-59	10	2	-	4	-	-	6
60-64	15	2	-	1	-	-	3
65-69	6	1	-	1	-	-	2
70+	20	3	1	4	2	-	10
Total	**500**	**112**	**38**	**101**	**38**	**5**	**305**

Source: Field study 2009.