

# **CHAPTER-I**

## **INTRODUCTION**

### **1.1 General Background**

Population growth has been serious problem in the present world. It has multi-dimensional effects on human society and world economy. According to the world Population Data Sheet 2006, the total population of the world has reached to 4 billions. As a result of over population the earth is facing deforestation, soil erosion, natural disaster and natural imbalances.

An expert committee of WHO defined family planning as a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individual and couples to promote the health and welfare of the family.

Family planning improves the health of children and mothers. Children are more likely to face ill and die if they are born too close together (less than two years apart). Having too many children too quickly also increase the matters at risk of having complication during pregnancy and delivery. If a women became pregnant when she is too young (under 16 or 17 years) or too old (over 35 years) her chance of having complication increasing. Family planning helps the entire family. Raising children required a lot of time, energy and money especially if children were provided adequate food, clothing, education and other opportunity. They need to have a good chance in life. Family planning helps to provide more responses if family limiting the size (K.C. et al; 1997). NDHS 2001 shows the contraceptive prevalence rate was 39.3 percent.

The movement of family planning was initiated in 1958 in Nepal by Nepal Medical Association and social worker in collaboration with the path finder found, a voluntary organization. The Family Planning Association of Nepal was also established in the same year. The family planning project was established in 1965 and was put in the maternal and child health section of the department of health efforts were made to offer family planning services and information through the existing maternal and child health clinics. Family planning services actually started to be offered in 1966. Services of pills, IUDs and condoms were made available. The family planning services were gradually expanded through family planning and maternal child health (FP/MCH) clinics after the establishment of family planning and maternal child health board in 1968. The FPAN provided services and information about family planning methods to a limited no of population in the aboard Kathmandu valley. This FPAN became a full fledged member of international Planned Parenthood Federation (IPPF) in 1969.

The first population policy was made during the nation's third five year plan (1965-70). There was a separate chapter on population and manpower. The section on health discussed the importance of family planning in reducing the CBR. However it took two years to organize and formulate family planning policies and action programs for the third plan. The family planning services were actually available to married couples only in 1969 (CBS 1995). Further a three year plan was made for the period 1967-70. The objective was to reduce the CBR from an estimated level 39.1 in 1967 to 38.1 per thousand by 1971 (Joshi, 1995)

Family planning program aims to increase married women for child spacing in young ages and limitation of birth after having derived no of size.

Family health division's family planning program offers contraceptives including sterilization in Nepal though different health centers. However, sterilization services are being provided through mobile camps also in rural areas. Beside this, family planning association of Nepal also provides family planning services in Nepal. These services are gradually expanding in rural areas. Despite this, it is realized that Nepal's family planning program has not been succeed to attract of many young women for spacing birth in their early reproductive life (Tuladhar, 1980).

The change in attitude is the basic of all the changes in human behavior.

The media can stimulate the revolution on values which leads to socio-economic changes in developing countries. Radio is the only media which reach to millions of people. Information is always important as it can change people's attitude and then behaviours. Radio plays important role to disseminate information on heath and family planning, agriculture and industry and population environment.

Government of Nepal decided to rich the national family planning maternal child health program in a more extensive and integrated way in 1968. In this program various media campaign were used to inform the target population about family planning services (Joshi, 1995).

An INGO named Nepal CRS Company was established in 1979. It started contraceptives social marketing (CSM) program all over the

country. It emphasized on media campaign through radio, TV, posters, pamphlets, wall painting and cinema slides. A study of UNICEF (1987) revealed that radio is the most widely used medium.

According to the national population census 2001, there were 13,31,546 population of Tharu which was 5.86 percent of the total population of the country. Whereas the percent of the Tharu population in the census year 1981 was 5.37. Mostly Tharu are found in Kanchanpur, Kailali, Banke, Bardiya, Dang, Kapilbastu, Rupandehi, Nawalparasi, Chitwan, Sunsari and Morang. Tharu people has even mother tongue but only few are using their language as mother tongue. The percentage of the population who speak Tharu language was 4.37 percent in 1952/54, 4.36 percent in 1981, 5.37 percent in 1991 and 5.86 percent in 2001 (CBS 1995, CBS 2003).

More than half Tharu are literate or it means only 55.9 percent are literate. Most of the Tharu live in village or Terai area. Usually hard field works such as ploughing, going to forest and cutting firewood etc. are men's job. Animal husbandry and household jobs are women's jobs. At present some people has been going to out of country for employment. Culture is a way of life. Among several festivals which the Tharu observe are Raib, Fagu, Sohari, Khichara, Dashain, Pitri Aunsi, Maghe Sankranti and Jitia (Pyakural, 1982).

There is also seen early age marriage and dowry related system as well as spending a lot of money in marriage in this community.

## **1.2 Statement of the Problem**

If there is balance in any country between resources and population, its population is not problem by itself but rather that is

significant property of nation. Appropriate population (optimum population) can play important role in the pace of development. One country has to face the problem. It is much better if population can stay in balance of country's geographical structure, areas and available resources, areas and available resources allocation. Thus, population growth means the rate of national production is proportionally less than the rate of population growth or imbalance between population growth and national economic output in terms of education, health, employment, food and so forth with the available resources of the country.

The rapid growth of population is not only worldwide problem but it also a problem of every nation, the society and family, society and country has to face its impact equivalently. One family makes society and society makes country. Thus, population growth by family size. So, its impact has to face it first by family, there by society and nation. Thus, today's need is be aware of population growth by every one wise-men struggle for different sort of problems which have to face towards individuals, the society and nation.

Population growth is one of the serious problems in many developing countries. Nepal is one of the poorest developing countries of the world facing the problem of rapid population growth which is caused by lack of industrialization, low productivity, illiteracy and unemployment. Because of the practice of traditional method of farming, our food production is unable to food the rapidly growing population. Thus, to balance the ratio of total production and population growth, we should control population. The contraceptive prevalence rate in our country is comparatively low with other Asian countries, which is found 38.9 percent in 2001 (MoH, 2001)

Various activities are conducted in Nepal regarding family planning. Many governmental and non-governmental agencies are involved in family planning programs. These organizations are distributing different kind of temporary and permanent types of family planning means in different parts of the country. The main objective of the programs is to reduce fertility rate and control population. But most of these programs have been failed to reach in the poor and rural part of the country. That is why, Nepal is lacking behind in using family planning means.

The contraceptives prevalence rate in Nepal has been found to be 48 percent in 2006 (NDHS, 2006). The unmet need of family planning services is accounts for 25 Percent desiring couples in 2006(NDHS, 2006) . The unmet need of family planning service lower than CPR. More specially, the reason is more use of contraception by the women.

Nepal is multi-linguist, multi-religious and multi-ethnic country. There have been a number of studies conducted at the national level. Most of the Tharus live in rural areas. They are basically farmers and are still adopting traditional agricultural method of farming. They reproduce more children for agricultural manpower. The Tharu community is also known as backward community in Nepal.

The use of family planning i.e., clear that women can have safe and satisfying life and for these reason women are willed and given the family planning services increasingly. The present study attempts to analyze factors contributing to determine contraceptive knowledge and use of women of reproductive age group (15-49) of Sharadanagar VDC, Chitwan.

### **1.3 Objectives of the Study**

The main objective of this study is to find out the knowledge and use of family planning methods among ever married Tharu women in Sharadanagar VDC. The specific objectives are as follows.

1. To study the socio-economic background characteristics of the respondents.
2. To find out the knowledge and attitude toward family planning methods among them.
3. To examine the level of practices of contraceptive use..

### **1.4 Limitations of the Study**

Due to constraints of time and resources present study has been limited to following areas.

1. The study is only concentrated to the married women of age between 15-49 years.
2. The study will cover the knowledge, attitude and practice of family planning methods.
3. The study will be limited to the Tharu community in Sharadanagar VDC of Chitwan district.
4. This study is based on village level therefore its results may not be generalized to the whole nation as well as other ethnic groups.

### **1.5 Significance of the Study**

Family planning means inevitable use to control the population growth and these means are used by men or women when they are well

informed about it. On the basis of this fact, planners, demographers and policy makers from the whole world are in attempt of getting information about targeted groups knowledge and practice. The use and demand of the family planning means depends on the knowledge and use of fertile couple. The knowledge and use are the most important over other concerned factors. So, the study of use and knowledge is done everywhere in the world where family planning program is conducted.

Fertility rate can be reduced by giving proper knowledge of FP whether it is rural or urban area. Merits of small family are to be publicized well, so that people would attract toward the use of Family Planning methods.

About 86 percent in Nepal live in rural area. So the rural area should be focused for any program or activities. In the current five year plan, target is taken to control the birth rate by using direct or indirect means of FP by the end of this plan. It is targeted to reduce the fertility rate from 4.1 to 3.6 per women and FP means from 39 to 46 percent (NPC, 2002).

Nepal is multi-ethnic society. The ethnic differences in contraceptive use is importantly to be known by the policy makers and program implementers because multi ethnic society is composed of different social norms and values with different attitude towards FP and birth control aspects.

Tharu community is also ethnic group of the Tarai region. It has its own language, culture and tradition. This study provides knowledge and use of contraceptive use in Tharu community of Sharadanagar VDC, Chitwan district. In this study, emphasis is not given in any specific



methods. Data about utility of all methods are collected from respondents, policy makers, planners, administer and demographers are always seeking more detailed information not only in the national level but also at gross root level. Therefore, this study will provide little bit but reliable information about FP which helps the planners and policy makers to make policy and implement the family planning program in related areas.

## **1.6 Organization of the Study**

The study has been organized in to six chapters. They are:

### **Chapter-I: Introduction**

It contains the introduction of the study. It includes general background, statement of problem, objectives of the study, significance of the study, limitation of the study and organization of the study.

### **Chapter-II: Review of Literature**

It states the review of literature. It includes conceptual framework on the basis of review of related reports and articles, review of related case studies, review of previous thesis.

### **Chapter-III: Research Methodology**

It explains the methodology used in this research to find the result for meeting the objectives set earlier. It includes selection of the study area, research design and sampling procedure, sources of data, data collection procedures and data processing procedure and analysis tools.

### **Chapter-IV: Data Presentation and Analysis of Socio-economic and Demographic Characteristics of Respondents.**

It states the presentation and analysis of socio-economic and demographic characteristics of the study population.

## **Chapter-V: Knowledge of Family Planning Methods**

It analysis of primary data of knowledge of family planning method.

## **Chapter-VI: Practice of Family Planning**

It analysis of primary data of practice of family planning methods.

## **Chapter-VII: Attitude towards Family Planning Methods**

It analysis of primary data of attitude towards family planning methods

## **Chapter-VIII: Summary, Finding, Conclusion and Recommendation**

It states summary, finding, conclusion and recommendation of the study.

## **CHAPTER-II**

### **LITERATURE REVIEW**

Human Fertility is responsible for biological replacement and for maintenance of the human society within the biological limits of human fertility, several social cultural, psychological as well as economic a political factor determining the levels and differentials of fertility. In this context, the chapter tries to incorporate the available literature on family planning as a determinant of fertility.

#### **2.1 Theoretical Literature**

Bongaarts (1983, cited in Bhende) has identified seven proximate determinants of fertility. They are marriage contraception, induced abortion, postpartum infecundability, spontaneous intrauterine mortality waiting time to conception and permanent sterility.

The rising use of contraception has been the main proximate determinants of the fertility decline in developing countries. It suggests that, if a population moves through the transition from natural to controlled fertility, there is an increase in deliberate marital fertility control exerted primary through a rise in contraceptive use (Bongaarts, 1982).

The fertility regulation in the limitation of fertility through the practice of abstinence, contraception and abortion. (Nag, 1978) Postulated a set of eight available under Easterline in framework which are labour value of children, value of old age security, economic cost of children, infant and child mortality, age at marriage and post-partum sexual, abstinence and incidence of widowhood or widower, infecundity

due to breast feeding, malnutrition, disease, physical psychic and monitory cast (Nag., 1987).

The change in social and cultural norms motivates an increased use of contraception. Family planning programs are not only the main source of availability of contraception in developing countries, but are also a center of diffusion of birth control ideas, which are found to be one of the important mechanisms motivating higher use of contraception. The modern communication system has also contributed to the diffusion processes. It is argued that the availability of contraception and the pressure exerted by the government to adopt contraception can induce social change in variety of way (Cald well, 1993).

## **2.2 Empirical Literature**

### **2.2.1 Review of Previous Studies on Family Planning**

Family planning plays vital role on limiting the size of family by controlling and reducing the fertility rate. In the context f Nepal, there are several studies in family planning. Many national level; survey has been conducted. Some of the major national level surveys include Nepal Fertility Survey 1976, Nepal Contraceptive Prevalence Survey 1981, Nepal Fertility and Family Planning Survey (1986), Nepal Fertility, Family Planning Health Survey (1991), Family Health Survey (1996), and Nepal Demographic and Health Survey (2001),

NFS (1976) was a first study in the field of family planning. It gives useful information on knowledge, attitude and practice of family planning. At that time, overall knowledge at least a method of family planning among current married women aged 15-49 years was 22.1 percent. This survey also shows that 4.9 percent were ever users of family

planning among currently married women by specific method of family planning. From the survey, it was found that, currently married non-pregnant women aged 15-49 years who were currently using any modern contraceptive was 2.9 percent. Among the sample ever married women 1.9 percent accepted male sterilization and 1 percent accepted female sterilization. Male sterilization was population than female sterilization at that time.

According to NCPS (1981), almost 52 percent of currently married women of 15-49 years of age had knowledge about at least one method of family planning. Among currently married women aged (15-49) years, 8.6 percent used contraceptive. 27 percent of the total currently married women had attitude to use contraception in future.

The reason of low use of contraception was lack of education, effective information and mass communication. The non-use of contraception is high in different ethnic groups (NCPS, 1981).

NFPS, 1986 reported that overall knowledge of a least a method of family planning among currently married women aged 15-49 years was 55.9 percent. The current use of contraceptive among currently married and non pregnant women aged 15-49 years were 5.1 percent.

NFFHS, 1991 indicated that knowledge about at least one family planning method was 93 percent among currently married women. Educated women had found approximately cent-percent knowledge. Rural women were less knowledgeable than that of urban women. About 24 percent currently married women were using modern family planning method.

NFHS, 1996 reported that 98.4 percent of both currently married and ever married women heard at least one method of family planning. Mainly, the knowledge comes from media exposure about 53 percent exposed to family planning message from print media.

The level of modern contraceptive use in Nepal has risen steadily over the last two decades while almost all currently married women reported knowledge at least one method (usually a modern method), only 38 percent of currently married. Women reported and 35 percent report having used a modern method. Female sterilization is the most popular method among currently married women (12%). Over all 29 percent of currently married women in Nepal are currently using a contraceptive method (26 percent modern methods and 7 percent traditional methods (NFHS, 1996).

Students have shown that use of contraception is influenced by the socio-economic and demographic characteristics of couples (Kabir et al, 1986). The NFHS data indicate that some women in Nepal are much more likely to use contraception than others. The level of current contraceptive use is nearly twice as high in urban area (50%) as in rural areas (27%). Female sterilization is most popular among both urban rural women. Education plays role towards the attitude of family planning acceptance (NFHS, 1996).

Finding from the 2001 NDHS show that knowledge of at least one modern method of family planning is nearly universal in Nepal. The most widely known modern contraceptive method among both ever married & currently married women are female sterilization (99%), male sterilization (98%) injectables (97%). The pills (93%) and condom

(91%). 54 percent of currently married women and 63 percent of currently married man have used a modern method. Injectable were more common in newly married women. Among currently married males condoms were more popular. The pattern of ever use is curvilinear, with use being lower among women in the youngest age group (15-19), increasing with age, and reaching a place among women in their thirties before declining (NDHS, 2001).

The 2001 NDHS indicates that 39 percent of currently married women are using a method of family planning. The 35 percent who are using modern contraceptives represents a dramatic increase in the use of modern methods from 26 percent in 1996 NFHS (Pradhan et. al, 1997)

The contraceptive prevalence rate of any method is 72 percent in urban areas compared with 37 percent in rural areas, use of modern method among currently married women is highest in Terai (39%) followed by the Hills (33%) & mountains (27%). Female sterilization is extremely popular in the Terai (Higher educational attainment is positively correlated with current use of family planning. there is a direct association between use of modern family planning and number of children women have (NDHS, 2001)

There has been impressive increase in the use of contraceptive in Nepal over the last 25 years, with the increase in current use of modern contraception among currently married, non pregnant women higher between 1996 and 2001 & lower between 1991 & 1996. There was a five fold increase between 1976 and 1886 and a two fold increase between 1986 and 1996. Over the last 5 years modern contraceptive use increased by 35 percent, from 29 percent in 1996 to 39 percent in 2001. Among the

man users 73 percent reported that they intend to adopt family planning method in future 24 percent said that they did not intend to use a method & 3 percent were unsure of their intention (NDHS, 2001).

The main cause of low use of contraception in Nepal is high infant mortality, old age security, joint family system and lack of communication between husband and wife (Tuladhar, 1989). Another reason of low use of family planning method is the desired family size of Nepali couple is high (Dahal, 1992).

Several studies reveals that quality of service in mobile camps was poor than static clinic. Satisfaction from mobile clinic was lower than static clinic. Majority of sterilization acceptors were from rural area. As for the occupation, agriculture was the main occupation for sterilization acceptors. Nineteen percent of the male acceptors and seven percent of the female acceptors as said were also using reversible family planning methods before sterilization (New ERA, 1996).

Aryal (1994) found majority of the respondents have positive attitude towards family planning methods. He got knowledge of contraceptive was found highest in Brahmins and practice about family planning in Chhetry community. Religious side effects on health and son preference are reasons for not using family planning methods.

There is a strong positive association between use of contraceptives and number of living sons (Risal and Shrestha, 1989). The contraceptive use sharply increased with increasing number of living sons (Risal and Shrestha, 1989). The contraceptive use sharply increased with increasing number of living sons up to 2. At about 47 percent of currently married women with living to two sons are current users of any modern methods,



where as less than one tenth of women with no living son are using this method. This indicated that women with higher number of living sons are more likely to use any contraceptive method than that of none (K.C. et al; 1996).

The proportion of current users has increased markedly with the number of living sons. It is highest among those couples who have at least three living sons (Tuladhar, 1986).

In Terai medium level of contraceptive acceptance also effected to lower level of fertility because Terai is considered advanced in terms of socio-economic productivity is high in compared to Hill Mountain. Socio-economic condition of household plays important role for reducing level of fertility (Suwal, 1996).

Pathak's (1996) study shows that lower percentage of currently married rural women are practicing compare to urban women. It is also noted that female sterilization is popular among currently married women in Terai region and male sterilization is popular in mountain and hill regions. People believe that they can work well if they have sterilized, may be the possible cause of it. The study reveals that working Nepalese women are less likely to use female sterilization. Mostly women want the family planning method which is easy to follow without problem and side effect. They can easily say the name of the methods of contraceptive users was about six times higher among those women who do not want more children than who want more children in Nepal (Tuladhar, 1986).

Evaluating the progress since the 1994 Cairo (ICPD) conference regarding reproductive health policies and programs for eight countries. Experts have stated that in Nepal progress towards the Cairo goals has

been slight in all areas other than policy adoption. In particular, support for reproductive health services is limited, stakeholders are little involved and resources have so far not been mobilized behind the implementation of such services. However, like other developing countries, Nepal is also taking beginning steps. Toward implementing a reproductive health approach (Hardee, et al; 1999).

In many developing countries, knowledge and use of contraceptives among married women of reproductive ages has been growing, but has not yet reached the levels that exist in developed countries. Overall in those countries of Latin American and the Caribbean, and of Asia, where the contraceptive prevalence level among all currently married women is moderately high, 50 percent or more, it is still usually the case that teen age women, married or married, are less likely to be using contraceptives than other women. The level of use in most countries has been higher among women in their thirties. The considerations such as desired family size and child spacing influence contraceptive prevalence among married women at individual level while, at macro level, laws, regulations and social political that determine access to contraception (information and services) are important factors. For the most part, law and regulation about contraceptives effect adult women and adolescent like on terms of the types of contraceptives that are permitted for distribution or prescription. However, some laws related specifically to teen age women. On some countries, unmarried women are not permitted access to contraception and married women may require the consent of their spouse (UN, 1989).

### **2.2.2 Review of the Family Planning Program in Nepal**

The family planning program in Nepal was initiated in 1958 by Nepal medical association and social workers in collaboration with the path finder fund, a voluntary organization. The Family Planning Association of Nepal (FPAN) was also established in the same year. The family planning project was established in 1965 and was put in the maternal and child health section of the Department of Health. Efforts were made to offer family planning services and information through the existing maternal and child health clinics. Family planning services actually started to be offered in 1966. Services of pills, IUDs and condoms were made available. The family planning services were gradually expanded through family planning and maternal child health (FP/MCH) clinics after the establishment of family planning and maternal child health board in 1968. The FPAN provided services and information about family planning methods to a limited number of population in and around Kathmandu valley. This FPAN became a full fledged member of international Planned Parenthood Federation (IPPF) in 1969.

The first population policy was made during the nation's third five year plan (1965-70). There was a separate chapter on population and manpower. The section of Health discussed the importance of family planning in reducing the crude birth rate (CBR). However, it took two years to organize and formulate family planning policies and action programs for the third plan. The family planning contraceptive services were actually available to married couples only in 1969 (CBS, 1995). Further a three year plan was made for the period 1967-70. The objective was to reduce the CBR from an estimated level 39.1 in 1967 to 38.1 per thousand by 1971 (Joshi, 1995).

Family planning program aims to increase married women for child spacing in young ages and limitation of birth after having desired number of family size.

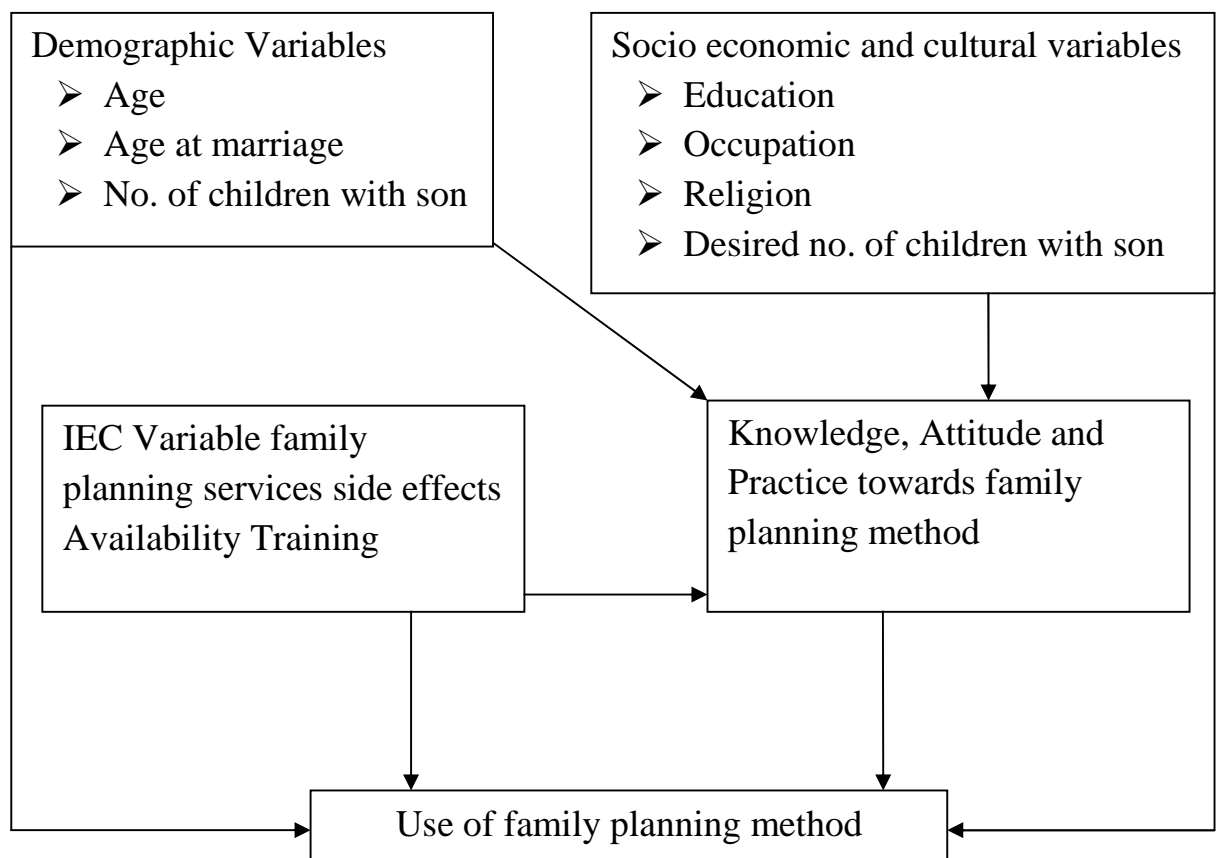
Family health division's family planning program offers contraceptives including sterilization in Nepal through different health centers. However, sterilization services are being provided through mobile camps also in rural areas. Beside this, family planning association of Nepal also provides family planning services in Nepal. These services are gradually expanding in rural areas. Despite this, it is realized that Nepal family planning program has not been successes to attract too many young women for spacing birth in their early reproductive life (Tuladhar, 1980).

The CPR for modern methods shows an increasing trend. It has increased from 37.8 percent in FY 2059/60 to 40.02 percent in FY 2060/61. The number of new acceptors of spacing methods has increased from 440, 539 in FY 2060/61 (MOH, DOHs, Annual report 2060/61) overall 37.5 percent of currently married women in the FPAN operational area are currently using a traditional method, the most widely used methods is female sterilization (12%) followed by Depo (8.9) and male sterilization (6.3%). 4.7 percent of currently married women are using condoms while 3.3 percent rely on pill. Proportions of women using the long term spacing methods viz. Norplant & IUD are insignificant, each less than 1 percent combined together, permanent methods accounts for 49.9 percent of total are 0.50 percent in the FPAN operational area reported ever having used any method of contraception. The level of current use of family planning is increasing with the increase in the age of women and reaches at the peak at the ages 35-39 which was nearly six

times higher than that of the women age less than 20 years. The drop in contraceptive use among the older currently married women may reflect the declining fertility, while lower levels among women under 25 are to be expected as many may not yet have reached their desired family size. After age 30, female sterilization is the most widely used method. It was observed that about 94 percent of women known about at least one contraception method. 75 percent know male sterilization.

### 2.3 Conceptual Framework;

On the basis of literature review the following conceptual framework is proposed.



Demographic, Socio-economic and cultural variables and family planning services are the fundamental factors influencing on the contraceptive behavior in Tharu community.

### **Demographic Variable**

Age of couples may be the major component to the acceptance of family planning methods. The couples at late stage of fertile age may have less desire to practice of family planning where as the couples at early and middle stage of fertile age may be positive towards family planning methods. The number of children of a household will also affect family planning methods.

### **Socio-economic and cultural variables**

The socio economic and cultural variable as education and occupation of couple are important factors which also affect on knowledge attitude & practice of family planning methods.

- ) High level of education plays positive role. Similarly cultural also plays an important role.
- ) Family planning services IEC programs are much valuable for the improvement development and practice of family planning services.

## **CHAPTER-III**

### **RESEARCH METHODOLOGY**

Research methodology describes the method and process applied in the entire aspects of the study focus of data, data gathering instrument and procedure, data tabulating and processing and method of analysis. Research methodology is a way to systematically solve the research problem. It may be understood as a science of studying how research is done scientifically. It is use study the various, steps that are generally adopted by a researcher in studying his research problem along with the logic behind them (Kothari, 1990.10).

This chapter will include research design, nature of data, data gathering procedure, population and samples and data processing procedures.

#### **3.1 Selection of the Study Area**

To obtain relevant informant information about knowledge, attitude and practice of family planning, the selection of the suitable field side was a fore most requirement. The study intends to analyze knowledge, attitude and practice of family planning methods of currently married women of reproductive age group (15-19 years), to identify the reasons for use and non use of family planning methods, Sharadnagar VDC selected for this purpose based on the fact that it is the area of nobody conduct such type of research till date. The area covers almost all the areas of socio-economic characteristics. For the present study 104 sample respondents had been selected from ward no 3, 4 and 6 of the selected VDC.

### **3.2 Research Design**

As far the nature of the study concern, case study, field study, descriptive and analytical research design has been followed. The case study research design describe about current status of the represents. Field study research design describes the attitude, values, perceptions and behaviors of the respondents. The descriptive research design used to assess the opinion, behaviors of characteristics of the sample and to describe the situation and events occurring at present. Analytical research design makes analysis of collected information and data and makes a critical evaluation it.

### **3.3 Source of Data**

The research work is based on primary and secondary sources of data.

#### **3.3.1 Sources of Primary Data**

The sources of primary data are the sample respondents. Primary data had been collected though the administrations of questionnaires and direct interview with respondents of the study were illiterate; the researcher herself administered the questionnaires. In order to assess the socio economic condition of the beneficiaries the observation method had been adopted.

#### **3.3.2 Source of Secondary Data**

The sources of secondary data published annual report of the different organizations like MOH/HMG, UNFPA, FPAN and CBS etc. is taken as basis source of secondary data. Similarly, related books, magazine, journals, articles, reports, bulletin newspaper, related websites



and unpublished thesis of different person etc. as well as source of secondary data. Previous related studies to be subject are collected as the source of information.

### **3.4 Construction of Tools and Instruments**

Questionnaire was designed to obtain household and individual information. The household schedule included age, sex, marital status, education and occupation of the study population. Individuals questionnaire provided detail study of married women age 15-49 years. Tharu community in ward 3,4 & 6 of Sharadnagar VDC were taken 104 household. One respondent from one household was taken under study. In this way, 104 married respondents of age group 15-49 years were taken for study in which 34 married women of age group 15-49 were from ward no. 3, and 35 from ward no 4 & 35 from ward no 6 of Sharadnagar VDC. Socio-economic and demographic characteristics as well as knowledge, attitude and practices of family planning methods on 104 married Tharu women by age 15-49 were also collected from questionnaire.

Before entering for questionnaire survey, it was decided to visit the secretary of Sharadnagar VDC. Initial meeting was held with the VDC secretary and the purpose of the research activity was explained to him. Appropriate time and date was decided for undertaking the interview survey.

### **3.5 Interview**

The interview method of collecting data for this research purpose involved the presentation of oral-verbal stimuli and reply in term of oral verbal purpose. In order to take the interview with the respondents, initially the purpose of the research work was clearly stated. Questions for the interview were explained to the interview.

### **3.6 Sample Design**

This study is a case study and it attempts to assess the knowledge, attitude and practice of family planning method of currently married women of reproductive age group (15-49 years). To identify the reasons for use and non-use of family planning method, hence, this research work is based both on exploratory and descriptive statistics. Though there were 9 wards in Sharadnagar VDC, all wards are not considered. Of the total 9 wards 3 wards were the sample for this research purpose. Each ward was in the study sampling frame. Currently married women of reproductive age of respondents (15-49 years) were the key sampling units for the study. Interviews were taken to 104 such above mentioned respondents from these 3 wards.

### **3.7 Data Analysis and Presentation**

Firstly, the collected questionnaires were edited to ensure their accuracy and completeness. The edited data were then presented by using presentation style such as table and graphical notation. The descriptive analysis tools such as frequencies and percentage were applied to analyze the data.

## **CHAPTER IV**

### **SOCIO ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF THE STUDY POPULATION**

It is essential to know some socio-economic and demographic characteristics of the study population and the eligible woman. This chapter deals with the socio-economic and demographic characteristics such as age, sex, education, occupation, family type, marital status etc. of the study population.

#### **4.1 Characteristics of the Household Population**

##### **4.1.1 Family Type**

Nuclear family is more private type and more family desires can be fulfilled and there will be closed care among the family members. Therefore, respondents were asked about their family type. Distribution of respondents by family type is tabulated in Table 4.1.

Table 4.1: Percentage distribution of household by family type

Family type	No. of households	Percentage
Nuclear	8	7.7
Joint	96	92.3
Total	104	100.0

Source: Field Survey, 2008.

Table 4.1 shows that majority of the respondents family is joint which is account for 92.3 percent and remaining 7.7 percent are nuclear.

### 4.1.2 Age and Sex Composition of the Household's Population

Age- sex structure of the population is the most- important variable in the study of population dynamics. Age and sex are the basic characteristics or the biological attributes of any population affects it social, economical and political structure of society. They also influence fertility and mortality rates, migration, marital status, manpower, the gross domestic product (GDP) education, and medical services.

Table 4.2: Percentage distribution of population by five year age group and sex composition

Age Groups	Male		Female		Total	
	Number	Percent	number	percent	number	Percent
0-4	38	6.3	27	4.8	65	5.6
5-9	60	9.9	72	12.9	132	11.3
10-14	91	15.0	68	12.2	159	13.7
15-19	62	10.2	81	14.5	143	12.3
20-24	49	8.1	31	5.6	80	6.9
25-29	33	5.4	60	10.8	93	8.0
30-34	44	7.2	51	9.2	95	8.2
35-39	59	9.7	45	8.1	104	8.9
40-44	39	6.4	10	1.8	49	4.2
45-49	23	9.8	15	2.7	38	3.3
50-54	14	2.3	20	3.6	34	2.9
55-59	21	3.5	23	4.1	44	3.8
60+	74	12.2	54	9.7	128	11.1
Total	607	100.0	557	100.0	1164	100.0

Source: Field survey 2008.

Total of 1164 persons were enumerated from 104 households. Among them, 607 (52.1%) were males and 557 (41.9%) were females. Table 4.1 shows that the percentage of children below 15 years was 30.5 percent and the percentage of elderly persons of 60 years and above age

was 11.1 percent. The population in the working ages 15-59 was 58.5 percent.

### 4.1.3 Marital Status

Marriage is almost universal in Tharu community. Table 4.3 shows that among 1099 population of age 4 and above, the majority 529 (48.1%) were married. Where as 523 (47.5%) were unmarried. The percentage of the widow/widower was found 2.5 percent and separated and divorce percentage was 1.5 and 0.3 percent. In case of males out of 569 males, 261 (45.9%) were married whereas 285 (50.1%) were unmarried.

Similarly, out of 530 females, 268 (50.6%) were married and 238 (44.9%) were unmarried. Widow was found 2.6 percent, divorce and separate was respectively 0.6 percent and 1.3 percent. Married persons were more than that of unmarried.

Table 4.3: Distribution of population by marital status and sex.

Marital Status	Male		Female		Total	
	No.	%	No.	%	No.	%
Unmarried	285	50.1	238	44.9	523	47.5
Married	261	45.9	268	50.6	529	48.1
Separated	9	1.6	7	1.3	16	1.5
Divorced	-	-	3	0.6	3	0.3
Widow/widower	14	2.4	14	2.6	28	2.5
Total	569	100.0	530	100.0	1099	100.0

Source: Field survey 2008.

#### 4.1.4 Literacy Status

Education plays an important role in all round development of any country. It affects and develops all social, economic, political and religious behaviors of people.

Table 4.4: Percentage distribution of household population aged 4 years and above by literacy status and sex

Literacy Status	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Illiterate	178	31.3	223	42.1	401	36.5
Literate	391	68.7	307	57.9	698	63.5
Total	569	100.0	530	100.0	1099	100.0
Educational attainment						
1-10 class	232	59.3	219	71.3	451	64.6
SLC	79	20.2	57	18.6	136	19.5
I.A	54	13.8	23	7.5	77	11.0
B.A Equivalent	18	4.6	8	2.6	26	3.7
M.A +	8	2.0	–	–	8	1.1
Total	391	100.0	307	100.0	698	100.0

Source: Field Survey, 2008.

In the study population, the level of education was good. Table 4.4 shows that 63.5 percent Tharu was literate and only 36.5 percent were illiterate. Among then male, literacy rate was higher (68.7%) than female literacy (57.9%). The gap between male and female literacy rate was more than 10 percentage.

According to the level of education, higher proportion of the respondents (64.6%) had attained 1-10 class of education followed by SLC (19.5%), I.A. equivalent (11.0%) and 1.1 percent respondents

having M.A. From the study, it was found that there was no female population with attainment of M.A+ level of education.

#### 4.1.5 Occupational Status

Occupational status to some extent indicates the living standard of household that also influences the use of contraceptives.

Table 4.5: Percentage distribution of population aged 4 years and above by occupational status and sex

Occupation	Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent
Ag Labor	43	7.6	70	13.2	113	10.3
Non Ag Labor	133	23.4	35	6.6	168	15.2
Self Ag Labor	56	9.8	89	16.8	145	13.2
Self non Ag labor	50	8.8	66	12.4	116	10.6
Student	236	41.4	205	38.7	441	40.1
Others	51	9.0	65	12.3	116	10.6
Total	569	100.0	530	100.0	1099	100.0

Note: Ag = Agricultural; Non ag = Non agricultural

Source: Field Survey, 2008

Table 4.5 shows distribution of population aged 4 years and above by occupational status. Nepal was a agricultural country where about 80 percent people were engaged in agriculture. In Tharu community, agricultural labor was found 10.3 percent and proportion engaged in non-agricultural labor 15.2 percent. it was found that 10.6 percent were self non agricultural labor. 7.6 percent of male and 13.2 percent of female were engaged in agricultural labor and 23.4 percent of males and 6.6

percent of females were engaged in non agricultural labor. Among them, it was found that most of the non-agricultural were migrated to India Mega cities and others country for employment. About 8.8 percent of men and 12.4 percent women were engaged in self-agricultural labor. The educational attainment (schooling) of boys was 41.4 percent and girls was 38.1 percent.

#### **4.1.6 Land Holding of the Household Population**

Table 4.6 shows distribution of own land of the household. Among 104 households, 99.0 percent have own land and only one percent are landless.

Table 4.6: Percentage distribution of household by having own land

Having own land	No of respondents	Percent
Yes	103	99.0
No	1	1.0
Total	104	100.0

Source: Field Survey, 2008.

Table 4.7: Percentage distribution of household by amount of land holding

Land in Bigha	No of households	Percent
<1	20	19.2
1-3	52	15.0
3-5	26	25.0
5+	5	4.8
No land	1	1.0
Total	104	100.0

Source: Field Survey, 2008.



Table 4.7 shows distribution of area of the land of households. Among 104 households, 19.2 percent of households were having less than 1 Bigha. The households having 1-3 bigha of land were 52 percent followed by 26 percent of households having 3-5 Bigha. Similarly, 5 percent of households had more than 5 Bigha of land. Only one percent was land less.

## **4.2 Background Characteristics of the Respondents**

This section deals with some selected characteristics of eligible women.

### **4.2.1 Respondents by Their Present Age**

Respondents age play an important role in determining the contraceptive behavior. Because only the female of reproductive ages can bear a child and women of 20-24 years of age actively involve in fertility behavior. Table 4.8 shows the distribution of respondent by 5 years age group.

Table 4.8: Percentage distributions of respondents by their present age.

Age group	No of respondents	Percent
15-19	2	1.9
20-24	13	12.5
25-29	21	20.2
30-34	32	30.8
35-39	26	25.0
40-44	8	7.7
45-49	2	1.9
Total	104	100.0

Source: Field Survey, 2008.

Table 4.8 shows that the highest percent of respondents belong to the age group 30-34 (30.8%) followed by 25-29 years age group (20.2%). The least proportion of woman were found in both age group 15-19 and 45-49 which was 1.9 percent.

#### **4.2.2 Respondents by Age at Marriage**

Age at marriage is a major component of determining fertility behavior and family size. Generally, lower age at marriage increase the probability of more children.

Table 4.9: Percentage distribution of respondents by their age at marriage

Age at Marriage	No of respondents	Percent
10-12	8	7.7
13-15	50	48.1
16-18	32	30.8
19 and above	14	13.5
Total	104	100.0

Source: Field Survey, 2008.

Table 4.9 shows distribution of age of respondents at marriage. The highest percentages of respondents were found married at age 13-15 years, which was 48.1 percent, followed by 30.8 percent of age 16-18. 13.5-percent age 19-21 years lower percent of respondents were found married at age 10-12 years, which was 7.7 percent. The study shows that early marriage was more prevalent in Tharu community.

### 4.2.3 Respondents by Education

Education gives social status of the individual. Fertility rate and contraceptives use is directly influenced by their level of education.

Table 4.10: Percentage distribution of respondents by their educational status

Literacy Status	No of respondents	percent
Literate	42	40.4
Illiterate	38	36.5
Lower secondary	3	2.9
Higher secondary	21	20.2
Total	104	100.0

Source: Field Survey, 2008.

Table 4.10 shows distribution of literacy rate (education) status of respondents. The literate respondent was 40.4 percent and illiterate respondents were found 36.5 percent. The study shows that 20.2 percent of respondents had attained higher secondary level and only 2.9 percent respondents had lower secondary level of education.

### 4.2.4 Respondents by their Husbands Education

Husband education is also an important characteristic in the study of contraceptive behavior of couple. Several previous study revealed that husband's education directly effect on the rate of fertility and use of contraceptives in our patriarchal society.

Table 4.11: Percentage distribution of respondents by their husband's education

Literacy Status	No of respondents	Percent
Literate	49	47.1
Illiterate	17	16.3
Lower secondary	1	1.0
Above secondary	37	35.6
Total	104	100.0

Source: Field Survey, 2008.

Table 4.11 shows distribution of the literacy status of respondent's husbands. Higher percent of husband were found literate (47.1%) and 35.6 percent had found above secondary level of education. Only one percent had lower secondary level of education. This shows that among the husband's the level of education was good.

#### 4.2.5 Respondents by Age at First Birth

Women who marry is the early ages are also bear the children in the early ages is likely to bear more children than that of the women who bear the children in their late ages. Respondents were asked about their first-birth, the responses are tabulated by in table 4.12.

Table 4.12: Percentage distribution of Respondents by Age at first birth.

Age Range	Number of respondents	Percent
15-17	56	53.8
18-20	37	35.6
21and above	9	8.7
Having no children	2	1.9
Total	104	100.0

Source: Field Survey, 2008.

Table 4.12 shows that maximum number of respondents (women) 53.8 percent reported having first-birth at their ages 15-17 years followed by 35.6 percent of respondents at ages of first- birth was 18-20 years. The least proportion of the respondent's woman was found to be age at first birth 21 and above years. 1.9 percent of respondents having no children.

#### **4.2.6 Respondents by Their Opinion about Ideal Number of Children**

Fertility behavior of woman depends upon the number of children they want. Their expectation of the number of children determines the use of non-use of contraceptives. Respondents were asked about their preferred number of children.

Table 4.13: Percentage distribution of Respondents by ideal number of children

Ideal Number	Number of Respondents	Percent
1	1	1.0
2	58	55.8
3	17	16.3
Don't Know	28	26.9
Total	104	100.0

Source: Field Survey, 2008.

Table 4.13 shows that majority of the respondents (55.8%) opined 2 children, followed by 16.3 percent who opined children as ideal number. Interestingly, 26.9 percent of the respondents reported that whatever they give birth would be ideal for them.

#### 4.2.7 Communication Status with Husband about Childbirth

Communication between husband and wife regarding the number of children determines the use of family planning methods and also determines the fertility behavior. If there is good communication between husband and wife to plan the family size, the couple will practice the family planning methods. In most of the rural areas, there is still no any good communication between husband and wife. The communication status between husband and wife also determines the female right to decision making. If there is share of female's decision, their status thought to be better. Respondents were asked about their communication status with husband and the distribution of responses is by their communication status with husband about childbirth responses are tabulated in table 4.14

Table 4.14: Percentage distribution of Respondents by communication status with their husband

Interaction with Husband	Number of respondents	Percent
Frequently	14	13.5
Sometimes	86	82.7
Never	4	3.8
Total	104	100.0

Source: Field Survey, 2008.

Table 4.14 shows that majority of the women (82.7%) communicate sometimes with husband regarding family size while 13.5 percent reported that they talked frequently about it. About 3.8 percent of the respondents even shy and did not want to respond on it.

## **CHAPTER - V**

### **KNOWLEDGE OF FAMILY PLANNING METHODS**

This chapter presents an analysis of the eligible women by their knowledge of family planning methods the sources of information about the various methods of family planning and the sources of contraceptive supplies.

#### **5.1 Knowledge of Family Planning Methods**

Knowledge of family planning among people is universal in Nepal (NDHS, 2001). Knowledge of contraceptive methods is an important precondition towards gaining access and then using a suitable contraceptive in a timely and effectively manner. The ability to name or recognize a family planning method is rather a high level of knowledge on it. Knowledge on the FP devices is the prime to decide to use them. Again knowledge on more methods helps the users to choose the suitable method according to their desire and health status.

##### **5.1.1 Heard of Family Planning methods**

Heard about contraceptives is a fundamental to adopt and choice the method. There are lots of obstacles in using contraceptives after hard and need of that contraceptive. For example, if one knows about condom and he needs it either for birth spacing or to protect himself from STDs, he should have easy access to the condom nearby him, that should be affordable to him and even at the time of use he needs to be sensitive using that. So, complete knowledge about contraceptives, proper supplies according to the demand, affordable to low income people etc. are necessary to convert the knowledge in to practice

Table 5.1: Percentage distribution of respondents by heard of family planning

Heard of FP Methods	Number of respondent	Percent
Yes	99	95.2
No	9	4.8
Total	104	100.0

Source: Field Survey, 2008

Table 5.1

shows that about 95.2 percent of respondents have heard about family planning methods but the rest 4.8 percent reported as ignorant about it.

### 5.1.2 Knowledge on Family Planning Method

The respondents who had said to have knowledge on family planning devices were asked about the name of devices. Table 5.2 presents distribution of respondents by knowledge on family planning method.

Table 5.2: Percentage distribution of the respondents by heard of FP methods

Method Of FP	Number of respondent	Percent
Condom	85	85.8
Vasectomy	79	79.8
IUD	40	40.4
Minilap	71	71.7
Norplant	64	64.6
Depo-Provera	80	80.8
With drawl	1	1.0

Source: Field Survey, 2008.

Note :- Percentage with multiple responses by 99 respondents.



Table 5.2 shows that among the respondents, maximum number of respondents had knowledge about condom (85.8%) followed by Depo-Provera (80.8%) vasectomy (79.8%). Minilap (71.7%), Norplant (64.6%) and IUD (40.4%). Only one percent of respondents were found to had knowledge about withdrawal.

### 5.1.3 Sources of Knowledge on Family Planning Methods by Media

There are various sources from where the respondents can get the information about family planning methods. That is why it is experienced that when we asked them through which media they heard first about family planning methods, (all of them are study here?).

Table 5.3: Percentage Distribution of Respondents by Sources of Knowledge on Family Planning

Sources	Number of respondent	Percent
Radio	76	72.7
T.V.	42	42.4
Health Worker	82	82.8
Others	1	1.0

Source: Field Survey, 2008.

Note: percentage with multiple responses by 99 respondents.

Table 6.3 shows that most of the respondents said health worker as the sources of media on family planning methods which were accounts for 82.8 percent followed by radio (72.7%) and 42.4 percent of respondents were got knowledge from T.V.

This study shows that health workers were mobilized in large extent for the motivation of Tharu community to adopt family planning methods.

#### **5.1.4 Knowledge on specific Sources of Family Planning Supplies**

Respondents were asked about the sources of family planning supplies. Some couples are found that they are confused from where to get the contraceptive and how to ask with the shopkeeper. The knowledge on the sources of contraceptives supplies according to respondents are presented in Table 5.6.

Table 5.4: Percentage Distribution by Sources of Family Planning Supplies

Sources	Number of respondent	Percent
Health Post	82	82.8
Health Worker	4	4.0
Hospital	90	90.9
Mobile health camp	50	50.5

Source: Field Survey, 2008.

Note: percentage with multiple responses by 99 respondents.

Table 5.4 shows the knowledge about specific sources of family planning method supplies in multiple responses. Among known respondents(i.e. 99) that the majority of the respondents know that the family planning services were found in hospital which was accounted for 90.9 percent followed by those who said health post (82.8%) and health worker 40.0 percent. 50.5 percent were found to say mobile health camp as a sources of FP

### 5.1.5 Knowledge about the Childbearing Age of Woman

Early marriage and early childbearing increase the probability of having large family size. Similarly, late childbearing hampers on both maternal and child health. So knowledge about the appropriate age of childbearing is important.

Table 5.5: Percentage distribution of respondents by knowledge about the childbearing age of woman

Childbearing age in Years	Number of respondent	Percent
20-24	48	46.2
24-30	15	14.4
Don't Know	41	39.4
Total	104	100.0

Source: Field Survey, 2008.

Table 5.5 shows that out of 104 respondents, the highest number of respondents (46.2%) said 20-24 years of age is the best childbearing age for women and 14.4 percent of respondents said 24-30 is the best ages. 39.5 percent of the respondent have no knowledge about childbearing age of woman.

### 5.1.6 Knowledge on Birth Spacing

The difference between first and second birth interval is called as birth spacing. Many previous studies have shown that there is negative relationship between birth spacing and risk of maternal and child death i.e., shorter the birth interval, higher the death rate of both maternal and

child. The knowledge and attitude of married couple towards birth spacing plays vital role in family planning.

Table 5.6: Percentage distribution of respondents according to their knowledge on birth spacing

Birth Spacing in years	Number of respondent	Percent
Above 5 years	3	2.3
5 years	79	76.0
3 years	2	1.9
Don't Know	20	19.2
Total	104	100.0

Source: Field Survey, 2008.

Table 5.6 shows that out of 104 respondents, maximum number of respondents (76%) said 5 years, 2.9 percent said 3 years. Among them 19.2 percent of respondents were unknown about birth spacing.

## CHAPTER - VI

### PRACTICE OF FAMILY PLANNING METHODS

Use of family planning methods depends upon various factors. Studies have shown that the use of family planning methods is dependent on the socio-economic and demographic characteristics of couples (Cobob et; Al., 1986) such as education, occupational status, number of children, age at marriage, caste, religion etc.

In this study, efforts have been made to show the relationship between the uses of family planning methods by some related demographic variables. Moreover, the objective of this study is to identify the users by age, by specific methods.

#### 6.1 Ever Use of Specific Family Planning Methods

The Term 'ever use' means use of any methods of family planning at least once currently or in the past. The respondents were asked whether they had ever used a method or not. Then they were asked which method they had used.

Table 6.1: Percentage distribution of respondents by ever use of family planning methods by herself or by her husband

FP Methods	Number of respondent	Percent
Ever user	93	89.4
Non user	11	10.6
<b>Total</b>	<b>104</b>	<b>100.00</b>
Condom	15	14.4
Vasectomy	23	22.1
IUD	8	7.7
Laparoscopy	1	1.0
Minilap	13	12.5
Norplant	11	10.6
Depo-Provera	22	21.2
Non-users	11	10.6
<b>Total</b>	<b>104</b>	<b>100.0</b>

Source: Field Survey, 2008.

Table 6.1 shows that largest number of respondents (89.4%) have ever used FP methods. The remaining 10.6 percent have never used any FP methods. Among them maximum number of respondents (22.1%) used vasectomy followed by 14.4 percent used condom. The table shows that many family planning methods are adopted by Tharu male. Among the female sterilization, 21.2 percent of respondents were used Depo-Provera, most of the Tharu women used Depo-Provera, 10.6 percent of the respondents used Norplant, 12.5 percent used minilap, 7.7 percent used laparoscopy. This shows female sterilization was found mostly adapted.

## 6.2 Current Use of Family Planning Methods

The population which is using family planning methods currently indicates the availability of contraceptives in community and the intention of users towards family planning. Table 6.2 shows the percentage of respondents who are non-users and current users of any method. According to the table maximum number of respondents (83.7%) was the current users and 16.3 percent of respondent non users. It means the contraceptive prevalence rate (CPR) in Tharu community is 83.7.

Table 6.2: Percentage distribution of respondents by current use of family planning methods

Particular	Number of respondent	Percent
Yes (current users)	87	83.7
No (non-users)	17	16.3
Total	104	100.0

Source: Field Survey, 2008.

### 6.3 Current User by Specific Methods

During the study period respondents who are using family planning methods were taken as current users. Respondents were asked whether they are using any contraceptive method at the time of survey. The respondents are tabulated in table given below.

Table 6.3: Percentage distribution of respondents by current use of family planning methods

FP Methods	Number of respondent	Percent
Condom	9	10.3
Vasectomy	25	28.7
IUD	8	9.2
Laparoscopy	1	1.1
Minilap	13	14.9
Norplant	11	12.6
Depo-Provera	20	23.0
Total	87	100.0

Source: Field Survey, 2008.

Among the 87 current users, high proportion of male (28.7%) was adopted vasectomy and 10.3 percent of the respondents used condom. Altogether, seven types of family planning methods were practiced. Out of 87 users, 23.0 percent were used Depo-Provera followed by 12.6 percent used Norplant, 14.9 percent used minilap, 9.2 percent used IUD and 1.1 percent used laparoscopy. Among the respondents female sterilization user was maximum and male sterilization users also good.

## 6.4 Current Use of Family Planning Methods by Age of Respondent

Age of women directly effect the practice of family planning method. The given table shows the number of the respondents by age who are currently using family planning methods.

Table 6.4: Current Use of Family Planning Method by Age group

Age Group	Condom		Vasectomy		IUD		Laparoscopy		Minilap		Norplant		Depo-Provera		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
15-19	1	50.0	-	-	-	-	-	-	-	-	-	-	1	50.0	2	100.0
20-24	5	55.6	1	11.1	-	-	-	-	1	11.1	-	-	2	22.2	9	100.0
25-29	2	11.8	3	17.6	3	17.6	1	5.9	2	11.8	3	17.6	3	17.6	17	100.0
30-34	1	3.4	8	27.6	4	17.2	-	-	2	6.8	7	24.1	6	20.7	28	100.0
35-39	-	-	13	54.1	-	-	-	-	4	16.7	1	2.4	6	25.0	23	100.0
40-44	-	-	-	-	-	-	-	-	3	75.0	-	-	1	25.0	6	100.0
45-49	-	-	-	-	-	-	-	-	1	50.0	-	-	1	50.0	2	100.0
Total	9	-	25	-	8	-	1	-	13	-	8	-	20	-	87	100.0

Source: Field Survey, 2008.

According to the table, there were used contraceptive in all age group 15–49. In the first stage of reproductive age 15– 9, 50 percent of respondents used condom and 50 percent respondents used Depo-Provera. Among them, more than half (55.6%) had used condom in the age group 20 – 25. Similarly maximum number of respondents (17.6%) had used vasectomy, IUD, Norplant & Depo-Provera in the age group 25–29. 27.6 percent of respondents had used vasectomy in the age group



30 – 34 followed by 54.1 percent vasectomy users at age group 35 – 39. 75.0 percent of respondents had in age group 40 – 44. The last stage of reproductive age 45 – 49, 50 Percent users in minilap & 50 percent in Depo-Provera from the study it is concludes that the lass stage of reproductive age almost users want to used permanent method of contraceptive.

## 6.5 Current users by Literacy

Literacy plays an important role on the use of family planning methods. Table 6.5 shows that number of respondents who are currently using family planning methods by literacy. From the study, it is found that out of 87 respondents, 57 literate women are used contraceptives devices as well as 30 illiterate women are also used contraceptive devices. This table shows that illiterate woman's are also conscious towards family size. Except laparoscopy all type of contraceptive devices are used both literate and illiterate. Most of the literate cowmen had used Vasectomy (29.8%). Maximum number of the illiterate women also used Depo-Provera (36.7%)

Table 6.5: Percentage distribution of current users by literacy

literacy	Condom		Vasectomy		IUD		Laparoscopy		Minilap		Norplant		Depo-Provera		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	8	14.0	17	29.8	6	10.5	1	1.8	8	14.0	8	14.0	9	15.8	57	100.0
No	1	3.3	8	26.6	2	6.7	-	-	5	16.7	3	10.0	11	36.7	30	100.0
Total	9	-	25	-	8	-	1	-	13	-	11	-	10	-	87	100.0

Source: Field Survey, 2008.

## 6.6 Current Users by Husband's Education

The education of husband also effects on the practice of family planning method. Table 6.6 shows the literacy status of husband who are currently using family planning methods by husband's education.

Table 6.6: Percentage distribution of current users by husband's education

literacy	Condom		Vasectomy		IUD		Laparoscopy		Minilap		Norplant		Depo-Provera		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Literate	5	12.5	11	27.5	3	7.5	-	-	5	12.5	9	22.7	7	17.5	40	100.0
Illiterate	1	7.14	2	14.2	1	7.14	-	-	4	28.6	-	-	6	42.8	14	100.0
L. Sec.	-	-	-	-	-	-	-	-	-	-	1	100.0	-	-	1	100.0
Sec. & Above	3	9.4	12	37.5	4	12.5	1	3.1	4	12.5	1	3.1	7	21.9	32	100.0
Total	9	-	25	-	8	-	1	-	13	-	11	-	20	-	87	100.0

Source: Field Survey, 2008.

According to the table 6.6, among the 87 current users, maximum number of vasectomy user were found in above secondary level of education followed by high proportion of Depo-Provera (42.8%) were adopted by illiterate. Most of the illiterate respondents used minilap (28.6%). More over, 100.0 percent of respondents used Norplant in the lower secondary level of education. 12.5 percent of respondents used IUD in above secondary level of education.

## 6.7 Side Effect Felt During Use of Family Planning Method

Almost all allopathic medicine has side effects on human body. In the case of family planning methods, the side effects are either physical

or mental or both. Mostly, side effect of contraceptives are physical because they have no change the internal natural environment of the body consequently adverse reactions can be seen in different extents and levels depending upon the physical characteristics were asked either you have noticed any side effects or not. Table 6.7 shows the response of respondents for above question. According to this about 64.4 percent were found feeling no side effects where as 35.6 percent were found feeling side effects.

Table 6.7: Percentage distribution of user by side effects during use of family planning methods

Side effects	No. of respondents	Percent
Yes	31	35.5
No	56	64.4
Total	87	100.0

Source: Field Survey, 2008.

Table 6.8 shows the side effects developed by specific family planning methods. Bleeding, weight gain, spotting, vomiting, weight loss, others types of side effects were noticed where the respondents give their opinion about side effects. Weight gain was found higher in Depo-Provera. By Depo-Provera, bleeding, weight loss and others was also noticed in lower extent. By Norplant, bleeding weight gain, spotting and vomiting was noticed. Similarly, bleeding, spotting and weight loss was noticed by IUD.

It shows that 3 types of family planning methods, amount used method show side effects. According to the study it was found that high

proportion of Bleeding (57.1%) had seen by IUD. Similarly 42.8 percent Bleeding saw by Norplant. 76.4 percent of weight gain had seen by Depo-Provera. By Norplant, weight gain (28.6%) & spotting (28.6%) was also Noticed. By IUD, spotting (14.3%) & vomiting (14.3%) & weight lose (14.3%) was noticed. Similarly weight lose (11.8%) & Bleeding (5.9%) were noticed by Depo-Provera. From the study we can concluded that maximum number of Depo-Provera user were suffering from Wight gain.

Table 6.8: Percentage distribution of user with specific side effect by family planning methods

Family Planning Method	Side Effects													
	Bleeding		Weight gain		Spotting		Vomiting		Weight loss		Others		Total	
	No	%	No	%	No	%	No	%	No	%	No	%	No.	%
IUD	4	57.1	-	-	1	14.3	-	-	1	14.3	-	-	7	100.0
Norplant	3	42.8	2	28.6	2	28.6	1	14.3	-	-	-	-	7	100.0
Depo-Provera	1	5.9	13	76.4	-	-	-	-	2	11.8	1	5.9	17	100.0
Total	8	-	15	-	3	-	1	-	3	-	1	-	31	100.0

Source: Field Survey, 2008.

## 6.9 Cause of Bringing Family Planning Methods from Particular Sector

The respondents were asked the cause for bringing the contraceptives from particular sectors. Table 6.7 shows the cause for the particular sectors.

Among the total of 84 current users of family planning methods, 45 respondents used contraceptives due to confidential which is found in all the government sectors. 17 respondents of current users who are found due to near to home in which maximum number of respondents (41.2%) said that they have taken services from non-government sector followed by 35.3 percent have taken services government sector and 23.5 percent taken services private sectors.

11 respondents of current user said that they have taken services due to good servicing where maximum number of respondents (72.7%) taken services from private sectors followed by the least proportion of the respondents (9.1%) have taken services from government sector. 11 respondents of current users, they have taken services due to cheap to buy in which maximum number of respondents used government sectors (90.9%) and only 9.1 percent of the respondents used other sectors. From the study it is found that government sector is more confidential and popular sector to provide family planning services in the Tharu community.

Table 6.9: Percent distribution of current users by cause of bringing of FP methods

Sector	Cheap to buy		Good servicing		Near to home		Confidential		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Gov. Sector	10	16.1	1	1.6	6	9.7	45	76.0	62	100.0
PVT. Sector	-	-	8	6.0	4	33.3	-	-	12	100.0
NGO Sector	3	25.0	2	16.7	7	58.3	-	-	12	100.0
Other Sector	1	100.0	-	-	-	-	-	-	1	100.0
Total	11	-	11	-	17	-	45	-	84	100.0

Source: Field Survey, 2008.

## CHAPTER VII

### ATTITUDE TOWARDS FAMILY PLANNING METHODS

#### 7.1 Reason for non use of Family Planning Methods

The attitudes towards family planning in recent years have changed significantly due to the awareness campaign by various organizations, governmental as well as non-governmental level. Now people in general have better understanding about the need for family planning for both spacing as well as limiting the number of children. Therefore, much more positive attitude is found towards family planning. The attitude of people towards family planning plays vital role in the acceptance and adoption of family planning methods in any given community. People with positive attitude towards the method of family planning do better in adopting methods of family planning than the people with negative attitude. Since the attitude towards family planning is very important this study attempts to identify the general attitude towards family planning prevailing in this study.

Table 7.1: Percentage distribution of respondents who do not use family planning methods by reason

Reasons for non-use	No. of non-users	Percent
Desire for more children	5	29.4
Due to pregnancy	2	11.4
Conflict between husband and wife	1	5.9
Unknown sources	1	5.9
Fear from side effect	1	5.9
No need of Sexual Contact	3	17.6
Religion and Culture	4	23.5
Total	17	100.0

Source: Field Survey, 2008.

The women who are non-users at present may have different causes of non use so the respondents were asked to tell the cause of non use of contraceptives. Table 7.1 shows the percentage distribution of women who were not adopting any family planning methods with cause among the 17 non users, largest number of respondents (29.4%) said that they want children and are not adopting family planning methods now. Similarly, 11.8 percent said pregnancy as a reason for no use of contraception. Likewise, 5.9 percent said that conflict between husband and wife was the cause. Unknown about sources are found 5.9 percent non-use due to the fear from side effect is found in 5.9 percent of women. 17.6 percent said no need of sexual contact at present. 23.5 percent said religious and cultural causes. In Hindu religion, children are god blessing so any method of limiting the children should not be applied. This intention was found in a few extents.

## **7.2 Future Intention of Use Family Planning Methods by Age**

The women who were not using any types of contraceptives at the time of survey were asked if they intended to use contraceptives in future. It is revealed that out of 17 non users 46.5 percent women want to use contraceptives in future. 23.5 percent women did not want to use contraceptives. By the age, 10 women are less than 30 year of age and 7 women are 30 and above years of age.

Among the less than 30 years old women 100 percent women said future intention to use contraceptives. In age 30 years and above only 42.9percent women said to use contraceptives in future and 57.1 percent said no intention to use contraceptives even in future. All the women aged less than 30 have future attention to use contraceptives and women

aged 30 and above have strong attention for not using contraceptives in the future.

Table 7.2: Percentage distribution of non-user respondents according to their future intention to use of family planning methods by age

Response	<30 years		30 years		Total	
	No.	%	No.	%	No.	%
Yes	10	100	3	42.9	13	46.5
No	-	-	4	57.1	4	23.5
Total	10	100.0	7	100.0	17	100.0

Source: Field Survey, 2008.

### 7.3 Future Intention to Use

From the table 7.3 it is found that 13 women had intention to use family planning methods in future and were not using now. Now they were asked the method that they will use in future. Table 7.3 shows the number of women who have future intention to use specific methods of family planning. According to the table 7.3, maximum number of women (46.1%) out of 13 women had the intention of male sterilization (vasectomy). 23.1 percent of respondents had intention to use Depo-Provera. 23.1 percent of respondent had intention to use Minilap and 7.7 percent were Norplant in future. The intention to use Norplant was lower percentage.



Table 7.3: Percentage distribution of non users with future intention to use any one methods of family planning

Family planning methods	No. of respondents	Percent
Vasectomy	6	46.1
Norplant	1	7.7
Depo-Provera	3	23.1
Minilap	3	23.1
Total	13	100.0

Source: Field Survey, 2008.

#### **7.4 Their View about Availability of Contraceptives and Means of FP Methods in their Village**

The main theme of the family planning program is to motivate for, to make knowledge about and to make practice of child limiting birth spacing and to obtain ideal family size. Family planning improves the health of children and mothers. The respondents who were to say any thing about availability of contraceptives and means of family planning in their village were asked their view. Table 7.3 shows that maximum number of respondents (38.5%) said contraceptive is a good device to birth control and it makes mother and baby healthy. 14.4 percent of the respondents did not say anything about availability of contraceptives and means of contraceptives in their village due to shyness. They did not want to talk openly about family methods. 18.3 percent of respondents said useful for all couple. 13.5 percent said contraceptives are useful to birth control. 6.7 percent of respondents said it is easily available in the health post and 8.6 percent of respondents said it is thus necessary to check the population growth.

Table 7.4: Respondent's view about availability of contraceptives and means of FP methods in their village

Respondent's View	No. of Respondents	Percent
Contraceptive is good devices to birth control and it makes healthy to mother and baby	40	38.5
Do not want to say anything	15	14.4
It is useful for all couple	19	18.3
It is useful to birth control	14	13.5
It is easily available in the health post	7	6.7
It is thus necessary to check population growth	9	8.6
Total	104	100.0

Source: Field Survey, 2008.

## **CHAPTER VIII**

### **SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **8.1 Summary**

Family planning improves the health of children and mother. Major aim of the study was to find out the knowledge, attitude and practice of family planning methods in Tharu community of Sharadanagar VDC, Chitwan. The results of the study were based on primary data which was collected from all married women of the reproductive ages (15-49). An interview schedule was prepared and the data were collected from the respondents. The data had been tabulated and analyzed according to the objectives of the study. Simple statistical techniques had been used in analysis and interpretation of data.

A total population of 1164 was enumerated in 104 households along with 607 males and 557 females. All households' religion was Hindu. The majority of the households were joint which was accounted 92.3 percent. About 48.1 percent population aged 4 years and above was married. Separate 1.5 percent, divorce 0.3 and widow/ widower 2.5 percent were found in the Tharu community. The gap between male (68.7%) and female (56.9%) literacy level (rate) was more than 10 percent. It was found that most of the non agricultural labors (15.2%) were migrated to India and other countries for employment. 99.0 percent had own land. Economic status of the Tharu was very good.

63.5 percent of respondents were found literate. Maximum number of respondents (53.8%) had first birth at their age 15-17 years.

Almost all the women 99.0 percent had knowledge about family planning methods. 46.2 percent of respondents had knowledge about the best childbearing age of women was 20-24. maximum no of respondents 76.0 percent had knowledge about birth spacing was 5 years.

There were 89.4 percent of Tharu women who were ever used any FP methods. Seven types of contraceptives were being used by Tharu women in which vasectomy 22.1 and Depo-Provera is most popular among female sterilization 83.7 percent of respondents were recurrent users. 35.6 percent of respondents had been side effect by family planning methods 76.4 percent of weight gain had seen by Depo-Provera. Maximum no of respondents 76.6 percent of respondents had taken service from government sector due to confidential.

Among the non users the reason for non use of contraceptives was to have child 29.4 percent. 46.5 percent of respondents had future intention to use contraceptives. 46.1 percent of respondents want to use vasectomy in future.

## **8.2 Findings**

Based on the obtained data taken among the selected Tharu women of Sharadanagar VDC of Chitwan district, the main findings as found from the analysis of data are presented below.

- The majority of the households (92.3%) were joint followed by the least proportion of households (7.7%) nuclear.
- The highest percentage of the households were founding literate (63.5%) whereas 63.5 percent of households were illiterate.

- The highest percentage among the households was in the age group 10-14 (13.7%) followed by 15-19 years age group (12.3%).
- High proportion of the households (64.6%) had attained 1-10 class of education followed by 1.1 percent of respondents attained in MA+ level of education.
- About 48.1 percent population aged 4 years and above is married. Divorce (0.3%) separate (1.5%) and widow and widower (2.5%) were found in Tharu community.
- Majority of the households were non-agricultural labour which was accounted for 15.2 percent followed by self agricultural labour (13.2%).
- 99 percent of households had own land.
- Higher percent among the respondents was in the age group 30-34 (30.8%) followed by 25-29 years age group (20.2%).
- The highest percentage of respondents were found married at age 13-15 years which was 48.1 percentage followed by the least proportion of the respondents were found in the age group 10-12 (7.7%).
- The literate respondents 40.4 percent and higher secondary level of education attainments of respondents 20.2 percent.
- Highest percent of the respondent's husband were found literate (47.1%). Other 16.3 percent of the respondent's husbands were found illiterate.

- Maximum number of respondents 53.8 percent had given first-birth at the age 15-17 years. Only 8.7 percent of respondents had given birth at the age 21 years and above age.
- 95.2 percent of the respondents had heard about family planning methods. 85.8 percent of respondents had knowledge about condom and 80.8 percent had knowledge about Depo-Provera.
- 82.8 percent of respondents said health workers as a sources of media followed by radio 72.7 percent.
- Among the total no. of 104 respondents, 89.4 percent had ever used FP methods. The highest proportion of the respondents 22.1 percent were found using vasectomy followed by Depo-Provera (21.2%).
- Among the current users 83.7 had current used FP method. It means the contraceptive prevalence rate (CPR) in Tharu community is very good.
- 100 percent of respondents used contraceptive in the early stage of reproductive age(15-19) and late stage(45-49)
- 29.8 percent literate women were used vasectomy as well as 26.6 percent illiterate women were also used vasectomy .
- 76.4 percent of weight gain had seen by Depo-Provera
- 76.6 percent of respondents taken services from government sector. Most of the respondents had confident towards government sectors.
- Majority of respondents said that the reason for not using contraceptives were reason of to have a child which was accounted

for 29.4 percent which was followed by religion and cultural cause 23.5 percent ..

- Among the less than 30 years old women, 100 percent of respondents said future intention to use contraceptives.
- Among the non-users, 46.1 percent of respondents wanted to use vasectomy in future followed by 23.1 percent of respondents wanted to use Depo-Provera.
- Maximum number of respondents (38.5%) said contraceptive is good device to birth control and it makes healthy to mother and baby.

### **8.3 Conclusion**

This study has examine the knowledge attitude and practice of family planning methods among married women of age 15-49 years in Tharu community. Some of socio-economic variables, religions, cultural values, social position in the community are likely to be the most fundamental factors for the acceptance of family planning methods. Women literacy rate comparatively lower than men in this locality, which had affected their opinion knowledge and attitude towards the use of family planning devices and preference for the specific sex of child.

Regarding marital status, most of the women were found married at the early ages in which 48.1 percent found married at 13-15 years of age. This shows that naturally they had given birth to more children throughout their life. The current pattern of contraceptive use among the users was found good condition as well as males were conscious to use contraceptives. The main reasons of equal use of contraceptives in the

area was highest rate of literacy and mobilization of health workers. Health workers were mobilized in large extent for motivation of Tharu community to adopt family planning. Among the modern method of contraceptives, laparoscopy has been found to be very low. Concept about contraceptive method was found to be positive. It has found that mostly women prefer that birth space should be 5 years. They were found to have used permanent method of contraceptives.

Finally, it can be concluded that in the study area is well informed about the use of contraceptives.

#### **8.4 Recommendation**

The following recommendations are made on the basis of the following of the study.

- Knowledge, attitude and use of family planning are dependent on the level of women and man education. From the study it is found that both male and female are literate but the level of education is low in female in comparison to male. In order to rise the knowledge of contraceptives among currently married couples formal and non-formal education programs should be launched emphasized and encouraged couple to use FP methods
- Couples should be trained on the importance of family planning methods and the advantage of having less number of children.
- Although, both male and female used FP methods the tendency of using it is lower in case of male in comparison to female. Therefore, male should be oriented on the importance of male



participation in use of contraceptive. They should be made practical that if they use FP methods, women's health will be improved and they become more productive and more active in the family.

- Most of the currently married women in the study area tend to use contraceptives when they attend the desired number of children. Therefore, birth spacing methods should be available and the contraceptives should be made accessible in an affordable price to them. Likewise, effective counseling and educational programs should be implemented among them through the NGOs, INGOs and health worker.
- The overall status i.e., educational status, economical status, decision making women is not so bad, so a spacing program is needed to raise the overall status of women further more.
- Depo-Provera and Norplant are the most familiar spacing methods prevalent in the study area which has made problems for female so male should be encouraged in using condoms by sensitizing that the methods helps both in spacing and to protect from other sexually transmitted diseases (STDs).
- Information, education and communication (IEC) materials should be accessible through primary health care centres to improve the level of contraceptive use and to counter the number messages.

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**TRIBHUVAN UNIVERSITY**  
**CENTRAL DEPARTMENT OF POPULATION STUDIES**  
**A Study of Knowledge, Attitude and Behaviour of Family**  
**Planning among Tharu Married Women**  
**(A Case Study of Sharadanagar VDC, Chitwan District)**

**QUESTIONNAIRE**

**Section A: Household Questionnaire**

A. Identification

1. Ward No.: .....
2. Locality: .....
3. Household No. : .....
4. Name of Household Head: .....
5. Name of Respondent: .....
6. Caste: .....
7. Religion: .....
8. Type of family:  
Nuclear ----- 1  
Joint ----- 2

## Section B: Household Schedule

[illegible]

QN.	Question to be asked	Probable answer	Go to
1.	Does your family any land?	Yes ----- 1 No ----- 2	
2.	How much land does your family own?	-----Bigha -----Kattha -----Dhur	
3.	What is your main occupation?	Agriculture wage labour - 1 Non-ag. wage labour ----- 2 Self-ag. wage Labour----- 3 Self non-ag. labour ----- 4 Student ----- 5 Others----- 6	
4.	How much is the monthly income of your family?	NRs. -----	
5.	Is your annual income sufficient to your family?	Yes ----- 1 No ----- 2	
6.	What facilities are found in your home?	Electricity ----- 1 Radio ----- 2 TV----- 3 Telephone----- 4	
7.	What kind of toilet does your family use?	Modern ----- 1 Local----- 2 Open field jungle ----- 3	

### Section C: Individual Schedule

S.N.	Question to be asked	Probable answer	Go to
8	What is you age?	----- Yrs.	
9	Can you read and write?	Yes ----- 1 No ----- 2	
10	What is your level of education?	Literate ----- 1 Illiterate ----- 2 Lower Secondary ----- 3 Higher Secondary----- 4	

11	What is your husband's level of education?	Literate ----- 1 Illiterate ----- 2 Lower Secondary ----- 3 Secondary ----- 4 Above Secondary ----- 4	
12	Did you make any income from service wage, labour etc. during the last one year period?	Yes ----- 1 No ----- 2	
13	What was your age at the time of marriage?	----- Yrs.	
14	What was your age at first birth?	----- Yrs.	
15	Do you have any children?	Yes ----- 1 No ----- 2	
16.	How many children do have now?	Son ----- 1 Daughter ----- 2	
17.	Do you want more children?	Yes ----- 1 No ----- 2	
18.	How many children do want more?	Son ----- 1 Daughter ----- 2	
19	In you opinion what is the ideal number of children for a couple?	-----	
20.	How often do you discuss with your husband about birth of children?	Frequently ----- 1 Sometimes ----- 2 Never ----- 3	



### Section D: Knowledge of Family Planning Methods

21.	Have you ever heard of any family planning methods?	Yes----- 1 No----- 2	
22.	What are the family planning methods you have heard?	Condom ----- 1 Vasectomy ----- 2 IUD (Copper T, Loop) --- 3 Laparoscopy ----- 4 Pills (Nilocon)----- 5 Minilap ----- 6 Norplant----- 7 Periodic Abstinence ----- 8 Depo-provera (sangini) -- 9 Withdrawl----- 10 Foam/jelly tablet ----- 11 Others (specify) ----- 12	
23.	From which media did you heard FP method?	Radio ----- 1 Mobile health clinic ----- 2 Tv ----- 3 Health worker ----- 4 Newspaper ----- 5 Others (specify) ----- 6	
24.	Do you know the source of FP method suppliers?	Yes----- 1 No----- 2	
25.	What are the source of FP method of suppliers?	Health post----- 1 Mobile health clinic ----- 2 Health center ----- 3 Health worker ----- 4 Hospital ----- 5 Others (specify) ----- 6	
26.	Do you get FP methods from these sources?	Yes----- 1 No----- 2	
27.	What is the best child bearing age of women?	Under 20 yrs. ----- 1 Above 30 yrs.----- 2 20-24 yrs. ----- 3 Don't know ----- 4 24-30 yrs. ----- 5	
28.	What should be the birth spacing for the better health of mother and child?	1 year ----- 1 Above 5 years ----- 2 Above 3 years ----- 3 Don't know ----- 4 5 years ----- 5 Others (specify) ----- 6	

### Section E: Practice (use) of Family Planning Methods

S.N.	Question to be asked	Probable answer	Go to
29.	Have you or husband ever used any FP methods?	Yes----- 1 No----- 2	
30.	Which method you have used?	Condom ----- 1 Vasectomy ----- 2 IUD (Copper T, Loop) --- 3 Laparoscopy ----- 4 Pills (Nilocon)----- 5 Minilap ----- 6 Norplant----- 7 Periodic Abstinence ----- 8 Depo-provera (sangini) -- 9 Withdrawl----- 10 Foam/jelly tablet ----- 11 Others (specify ----- 12	
31.	Who advice you for the first use of FP method?	Health worker ----- 1 Nobody----- 2 Friend----- 3 Relative/Neighbour----- 4 Others (Specify)----- 5	
32.	Are you currently using FP method?	Yes----- 1 No----- 2	
33.	What methods are using currently?	Condom ----- 1 Vasectomy ----- 2 IUD (Copper T, Loop) --- 3 Laparoscopy ----- 4 Pills (Nilocon)----- 5 Minilap ----- 6 Norplant----- 7 Periodic Abstinence ----- 8 Depo-provera (sangini) -- 9 Withdrawl----- 10 Foam/jelly tablet ----- 11 Others (specify ----- 12	

34.	How often do you use contraceptive?	Every time ----- 1 Only during unsacred period ----- 2	
35.	Did you notice any side effect while FP method?	Yes ----- 1 No ----- 2	
36.	What type of side effect?	Bleeding ----- 1 Weight gain ----- 2 Spotting ----- 3 Vomiting ----- 4 Weight loss ----- 5 Others (specify) ----- 6	
37.	From where did you get the FP methods which you are currently using?	Government sector ----- 1 Private sector ----- 2 Non-government sector -- 3 Others (specify) ----- 4	
38.	Why did you bring from that place?	Cheap to buy ----- 1 Good servicing ----- 2 Near to home ----- 3 Confidential ----- 4	

Service Provider:

Government Sector	Non-government sector	Private sector	Others
1. Hospital/clinic 2. Primary health center 3. Sub-health post 4. Health post 5. Community health services 6. Female community health volunteer 7. Mobile camp 8. Others (specify).....	1. Nepal family planning association 2. Meri stops 3. Nepal red cross 4. ADRA 5. Others (specify).....	1. Private hospital/clinic 2. Nursing home 3. pharmacy	1. Shop 2. Friends 3. Relatives 4. Other (specify)... .....



### Section F: Attitude towards Family Planning Methods

S.N.	Question to be asked	Probable answer	Go to
39.	If you are not using FP methods? What is the cause?	Desire for children ----- 1 Due to pregnancy-----2 Due to conflict between husband and wife-----3 Unknown about source ---4 Fear from side effect -----5 No need of sexual contact 6 Too far to buy-----7 Religious reason -----8 Religion and culture -----9	
40.	Will you use FP method in future?	Yes ----- 1 No -----2	
41.	If you use FP method in future, which one will you use?	.....	
42.	Did you want to say anything about the availability of contraceptive and means of FP methods in your village?	.....	